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This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Information Return for Transfers Associated
 With Certain Personal Benefit Contracts**
 (Under section 170(f)(10))

For the accounting period beginning _____, _____, and ending _____, _____.

Print or type. See Specific Instructions.	Name of organization		Employer identification number
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	Telephone number ()
	City or town, state or country, and ZIP code		Check <input type="checkbox"/> if exemption application is pending

Type of organization: Organization exempt under section 501(c)() ◀ (insert number)
 Section 4947(a)(1) nonexempt charitable trust Section 664(d)(2) charitable remainder unitrust
 Section 664(d)(1) charitable remainder annuity trust Other section 170(c) organization

Part A. Personal Benefit Contracts

(a) Item number	(b) Contract Issuer Name, address, and ZIP code	(c) Policy number
No. 1	
No. 2	
No. 3	
No. 4	
No. 5	

Part B. Premiums Paid on Personal Benefit Contracts by the Organization Or Treated as Paid by the Organization

(a) Item number from Part A	(b) Date premium paid by the organization	(c) Amount of premium paid by the organization	(d) Date premium paid by others	(e) Amount of premium paid by others	(f) Total of amounts in columns (c) and (e)
No. ____					
No. ____					
No. ____					
No. ____					
No. ____					

(g) Total of amounts in column (f) ► (g) _____

(h) Amount from line (g) of Part B of the **Continuation Schedule** ► (h) _____

(i) **Total.** (Add lines (g) and (h). Enter total here and include this amount on line 8 of Part I of the Form 4720.) ► (i) _____

Part C. Beneficiaries

(a) Item number from Part A	(b) Beneficiary's name, address, and ZIP code	(c) Beneficiary's SSN or EIN
No. ____		
No. ____		
No. ____		
No. ____		
No. ____		

Part D. Transferors

(a) Item number from Part A	(b) Transferor's name, address, and ZIP code	(c) Date organization received transfer	(d) Amount of transfer
No. ____			
No. ____			
No. ____			
No. ____			
No. ____			

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____	Date _____	Type or print name and title. _____
Paid Preparer's Use Only	Preparer's signature _____	Date _____	
	Preparer's name and address _____	ZIP code _____	

Continuation Schedule (You may duplicate this Schedule. See instructions.) Page ___ of ___

Part A. Personal Benefit Contracts (cont.)

(a) Item number	(b) Contract Issuer Name, address, and ZIP code	(c) Policy number
No. ____	
No. ____	
No. ____	

Part B. Premiums Paid on Personal Benefit Contracts by the Organization Or Treated as Paid by the Organization (cont.)

(a) Item number from Part A	(b) Date premium paid by the organization	(c) Amount of premium paid by the organization	(d) Date premium paid by others	(e) Amount of premium paid by others	(f) Total of amounts in columns (c) and (e)
No. ____					
No. ____					
No. ____					

(g) Total premiums. Add the amounts in column **(f)**. (Enter here and on **Part B**, page 1, line **(h)**.) . ▶ **(g)** _____

Part C. Beneficiaries (cont.)

(a) Item number from Part A	(b) Beneficiary's name, address, and ZIP code	(c) Beneficiary's SSN or EIN
No. ____	
No. ____	
No. ____	

Part D. Transferors (cont.)

(a) Item number from Part A	(b) Transferor's name, address, and ZIP code	(c) Date organization received transfer	(d) Amount of transfer
No. ____		
No. ____		
No. ____		