

# Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction

As required by Section 6033(a)(2) of the Internal Revenue Code

**Open to Public Inspection**

For the tax year beginning in \_\_\_\_\_, 20 \_\_\_\_\_ and ending 20 \_\_\_\_\_

Name of tax-exempt entity \_\_\_\_\_ Employer identification number \_\_\_\_\_

Care of (if applicable) \_\_\_\_\_

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

**1** The tax-exempt entity is (check one):

- Described in section 501(c) or 501(d)
- A State, a possession of the United States, or the District of Columbia, a political subdivision of a State or possession of the United States
- An Indian tribal government
- A plan described in section 401(a) which includes a trust exempt from tax under section 501(a)
- An annuity plan described in section 403(a) or annuity contract described in section 403(b)
- A qualified tuition program described in section 529
- An eligible deferred compensation plan described in section 457(b) which is maintained by an employer described in section 457(e)(1)(A)
- An individual retirement account
- An individual retirement annuity
- An Archer MSA
- A custodial account treated as an annuity contract under section 403(b)(7)(A)
- A Coverdell education savings account
- A health savings account

**2** Identify the type of prohibited tax shelter transaction. Check all the box(es) that apply (see instructions).

- a**  Listed transaction      **b**  Confidential      **c**  Contractual protection

**3** If the transaction is a listed transaction or substantially similar to a listed transaction, identify the listed transactions (see instructions). \_\_\_\_\_

**4** Identity of other parties to the transaction, if known (attach additional sheets, if necessary):

Name of party \_\_\_\_\_

Number, street, and room or suite no. \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Name of party \_\_\_\_\_

Number, street, and room or suite no. \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

I declare under penalty of perjury that I am authorized to sign this disclosure, that I have examined this disclosure, including the accompanying schedules and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**

Signature of director, trustee, officer, or other authorized official \_\_\_\_\_ Date \_\_\_\_\_

Type or print name of signer \_\_\_\_\_ Type or print title or authority of signer \_\_\_\_\_