

TLS, have you transmitted all R text files for this cycle update?

I.R.S. SPECIFICATIONS TO BE REMOVED BEFORE PRINTING
INSTRUCTIONS TO PRINTERS
FORM 8925, PAGE 1 of 2
MARGINS: TOP 13 mm (1/2"), CENTER SIDES. PRINTS: FACE ONLY
PAPER: WHITE WRITING, SUB. 20. INK: BLACK
FLAT SIZE: 203 mm (8") x 279 mm (11")
PERFORATE: NONE
DO NOT PRINT — DO NOT PRINT — DO NOT PRINT — DO NOT PRINT

Table with 3 columns: Action, Date, Signature. Rows include O.K. to print, Revised proofs requested.

APPROVED FOR TPCC CHAIRPERSON "AS CORRECTED" JOHNNY CERVANTES 12/13/2007

However, you are not required to file Form 8925 for any tax year ending before November 14, 2007.

(January 2008)

Ref. checks

Reviewer changes

[BOLD FACE]

Form 8925 Report of Employer-Owned Life Insurance Contracts. Includes fields for Name(s) shown on return, Identifying number, Type of business, and employee counts.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Use Form 8925 to report the number of employees covered by employer-owned life insurance contracts issued after August 17, 2006, and the total amount of employer-owned life insurance in force on those employees at the end of the tax year.

Definitions

Employer-owned life insurance contract. For purposes of Form 8925, an insurance contract is an employer-owned life insurance contract if it is owned by a policyholder as defined below, and covers the life of the policyholder's employee(s) on the date the life insurance contract is issued.

Policyholder. Generally, a policyholder is a person who is (1) engaged in a trade or business which employs the person insured under the employer-owned life insurance contract and (2) the direct or indirect beneficiary of the employer-owned life insurance contract.

Related person. A related person is considered a policyholder if (1) related to the policyholder (defined above) under sections 267(b) or 707(b)(1), or (2) engaged in a trade or business under common control with the policyholder.

Employee. Employee includes an officer, director, and highly compensated employees under section 414(q).

Insured. An individual must be a U.S. citizen or resident to be considered insured under an employer-owned life insurance contract.

Notice and consent requirements. To qualify as an employer-owned life insurance contract, the policyholder must meet the notice and consent requirements listed below before the issuance of the contract.

- 1. Written notification to the employee stating the policyholder intends to insure the employee's life and the maximum face amount for which the employee could be insured at the time the contract was issued.
2. Written notification to the employee that the policyholder will be a beneficiary of any proceeds payable upon the death of the employee.
3. Written consent from the employee. See Valid consent under the instructions for line 4a.

Who Must File

Generally, every policyholder owning one or more employer-owned life

insurance contracts issued after August 17, 2006, must file Form 8925 for each year the contract(s) is owned.

Section 1035 exchanges. Policyholders are not required to complete Form 8925 for a life insurance contract issued after August 17, 2006, as part of a section 1035 exchange for a contract issued on or before August 18, 2006.

However, any increase in the death benefit or other material change to the contract will cause it to be treated as a new contract and the policyholder is required to file Form 8925.

See sections 1035 and 264(f)(4)(E) for more information.

When and How To File

Attach Form 8925 to the policyholder's income tax return for each tax year during which the policyholder has employer-owned life insurance contract(s) in force.

Recordkeeping

You must keep adequate records to support the information reported on Form 8925.

Specific Instructions

Name of Policyholder

Enter the name of the policyholder (defined earlier).

ending after November 13, 2007,

Form 8925 (12-2007) (1-2008)

paragraph

Identifying Number

The identifying number of an individual is the social security number. For all other taxpayers, it is the employer identification number.

a
an

Type of Business

Enter the policyholder's trade or business activity.

paragraph

Line 4a

Valid consent. Before the issuance of the employer-owned life insurance contract, the employee must provide written consent (a) to be insured under the contract and (b) that coverage may continue after the insured terminates employment.

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Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their content may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential as required by section 6103.

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The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is shown below.

- Recordkeeping** . . . 2 hrs., 23 min.
- Learning about the law or the form** 30 min.
- Preparing the form** 33 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

1 hr., 00 min.

1 hr., 04 min.