

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 8928, PAGE 1 of 2
MARGINS: TOP 13 mm (1/2"), CENTER SIDES. PRINTS: HEAD TO FOOT
PAPER: WHITE WRITING, SUB. 20. INK: BLACK
FLAT SIZE: 216 mm (8 1/2") 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 and Revised proofs requested.

Date

Form 8928 (November 2009) Department of the Treasury Internal Revenue Service

Return of Certain Excise Taxes Under Chapter 43 of the Internal Revenue Code

(Under sections 4980B, 4980D, 4980E, and 4980G)

OMB No. 1545-2148

Filer tax year beginning and ending
A Name of filer (see instructions)
B Filer's employer identification number (EIN)
Number, street, and room or suite no. (If a P.O. box, see instructions)
City or town, state, and ZIP code
E Plan sponsor's EIN
C Name of plan
F Plan year ending (MM/DD/YYYY)
D Name and address of plan sponsor
G Plan number

Part I Tax on Failure To Satisfy Continuation Coverage Requirements Under Section 4980B
Complete a separate Part I, lines 1 through 6 for unintentional failures, and a separate Part I, lines 12 through 14, for other failures, for each qualifying event for which one or more failures to satisfy continuation coverage requirements that occurred during the reporting period (see instructions).

Section A - Unintentional Failures

Table with 11 rows for Section A. Columns include line number and amount. Line 10 contains the value 500,000.

Section B - Other Failures

Table with 3 rows for Section B. Columns include line number and amount.

Section C - Total Tax Due Under Section 4980B

Table with 1 row for Section C. Column includes line number and amount.

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Name of filer:

Filer's EIN:

Part II Tax on Failure To Meet Portability, Access, and Renewability Requirements Under Section 4980D

Complete a separate Part II, lines 17 through 23, for unintentional failures, and a separate Part II, lines 29-32, for other failures to meet certain group health plan requirements that occurred during the reporting period (see instructions).

Section A - Unintentional Failures

Table with 2 columns: Description and Amount. Rows 17-28 detailing unintentional failures and associated calculations.

Section B - Other Failures

Table with 2 columns: Description and Amount. Rows 29-33 detailing other failures and associated calculations.

Section C - Total Tax Due Under Section 4980D

Table with 2 columns: Description and Amount. Row 34: Add lines 28 and 33.

Part III Tax on Failure To Make Comparable Archer MSA Contributions Under Section 4980E

Table with 2 columns: Description and Amount. Rows 35-36 detailing Archer MSA contributions.

Part IV Tax on Failure To Make Comparable HSA Contributions Under Section 4980G

Table with 2 columns: Description and Amount. Rows 37-38 detailing HSA contributions.

Part V Tax Due or Overpayment

Table with 2 columns: Description and Amount. Rows 39-42 detailing tax due or overpayment.

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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature Telephone number Date

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours, if self-employed), address, and ZIP code EIN Phone no.