

**SCHEDULE V  
(Form 1120-F)**

Department of the Treasury  
Internal Revenue Service

**List of Vessels or Aircraft, Operators, and Owners**

▶ **Attach to Form 1120-F.**  
▶ **See separate instructions.**

OMB No. 1545-0126

**2009**

Name of corporation

Employer identification number

Provide the information requested on lines 1 through 9 for each vessel or aircraft with respect to which the corporation is subject to a 4% rate of tax under section 887.

	A	B	C	D
1 Name of vessel or aircraft . . . . .				
2 Vessel or aircraft ID number . . . . .				
3 Was the vessel or aircraft chartered in? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Was the vessel or aircraft chartered out? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Name of registered owner . . . . .				
6 EIN or SSN of registered owner . . . . .				
7 Name of operator . . . . .				
8 EIN or SSN of operator . . . . .				
9 U.S. source gross transportation income . . . . .				
<b>10 Total U.S. source gross transportation income.</b> Add the amounts on line 9, columns A through D (and the amounts on line 9 of any attachments) . . . . .				<b>10</b>
<b>11</b> Amount of line 10 that is exempt by treaty (attach Form 8833) . . . . .				<b>11</b>
<b>12</b> Subtract line 11 from line 10. Enter the result here and on Form 1120-F, Section I, line 9, column (b) . . . . .				<b>12</b>