

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 calendar year 20 , or tax year beginning , 20 and ending 20 .

Name of tax-exempt entity _____
Employer identification number _____

In 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 Check the applicable box that describes the tax-exempt entity.

- | | |
|---|--|
| <input type="checkbox"/> An organization described in section 501(c) or 501(d) | <input type="checkbox"/> An eligible deferred compensation plan described in section 457(b) which is maintained by an employer described in section 457(e)(1)(A) |
| <input type="checkbox"/> 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 | <input type="checkbox"/> An individual retirement account |
| <input type="checkbox"/> An Indian tribal government | <input type="checkbox"/> An individual retirement annuity |
| <input type="checkbox"/> A plan described in section 401(a) which includes a trust exempt from tax under section 501(a) | <input type="checkbox"/> An Archer MSA |
| <input type="checkbox"/> An annuity plan described in section 403(a) or annuity contract described in section 403(b) | <input type="checkbox"/> A custodial account treated as an annuity contract under section 403(b)(7)(A) |
| <input type="checkbox"/> A qualified tuition program described in section 529 | <input type="checkbox"/> A Coverdell education savings account |
| | <input type="checkbox"/> 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 (whether taxable or tax-exempt) 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 any accompanying 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