

**Arbitrage Rebate, Yield Reduction  
and Penalty in Lieu of Arbitrage Rebate**  
Under Sections 143(g)(3) and 148(f)  
and Section 103(c)(6)(D) of the Internal Revenue Code of 1954

|  |   |   |
|--|---|---|
| <b>Part I Reporting Authority</b>  |   | Check box if <b>Amended Return</b> <input type="checkbox"/> |
| 1 Issuer's name  | 2 Issuer's employer identification number (EIN) |   |
| 3 Number and street (or P.O. box no. if mail is not delivered to street address)                     | Room/suite                                      | 4 Report number (For IRS Use Only)<br>7                     |
| 5 City, town, or post office, state, and ZIP code  |   | 6 Date of issue   |
| 7 Name of issue  |   | 8 CUSIP number  |
| 9 Name and title of officer of the issuer or other person whom the IRS may call for more information |   | 10 Telephone number of officer or other person              |

|  |             |    |               |
|--|-------------|----|---------------|
| 11 Type of issue   | Issue price | 11 | <b>Amount</b> |
| <b>Part II Arbitrage Rebate and Yield Reduction Payments</b>   |             |    |               |
| 12 Computation date to which this payment relates (MM/DD/YYYY)   |             |    |               |
| 13 Arbitrage rebate payment (see instructions) <input type="checkbox"/> check box if less than 100% of rebate amount         |             | 13 |               |
| 14 Yield reduction payment (see instructions) <input type="checkbox"/> check box if less than 100% of yield reduction amount |             | 14 |               |
| 15 Rebate payment from Qualified Zone Academy Bond (QZAB) defeasance escrow (see instructions)                               |             | 15 |               |

|   |  |    |  |
|---|--|----|--|
| <b>Part III Penalty in Lieu of Arbitrage Rebate</b>   |  |    |  |
| 16 Number of months since date of issue:<br><input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 18 mos <input type="checkbox"/> 24 mos <input type="checkbox"/> Other. No. of mos |  |    |  |
| 17 Penalty in lieu of rebate  |  | 17 |  |
| 18 Date of termination election (MM/DD/YYYY)  |  |    |  |
| 19 Penalty upon termination   |  | 19 |  |

|  |  |    |  |
|--|--|----|--|
| <b>Part IV Late Payments</b>   |  |    |  |
| 20 Does failure to pay timely qualify for waiver of penalty (see instructions) | Yes <input type="checkbox"/> No <input type="checkbox"/> |    |  |
| 21 Penalty for failure to pay on time (see instructions)                       |  | 21 |  |
| 22 Interest on underpayment (see instructions)                                 |  | 22 |  |

|  |  |    |  |
|--|--|----|--|
| <b>Part V Total Payment</b>  |  |    |  |
| 23 Total payment. Add lines 13, 14, 15, 17, 19, 21, and 22. Enter total here |  | 23 |  |

|   |  |    |        |
|---|--|----|--------|
| <b>Part VI Miscellaneous</b>  |  |    |        |
| 24 Unspent proceeds as of this computation date   |  | 24 |        |
| 25 Proceeds used to redeem bonds  |  | 25 |        |
| 26 Gross proceeds used for qualified administrative costs for guaranteed investment contracts (GICs) and defeasance escrows |  | 26 |        |
| 27 Fees paid for a qualified guarantee  |  | 27 |        |
| 28 Is the issue a variable rate issue?  |  | 28 | Yes No |
| 29 Did the issuer enter into a hedge? Name of provider _____ Term of hedge _____  |  | 29 |        |
| 30 Were gross proceeds invested in a GIC? Name of provider _____ Term of GIC _____  |  | 30 |        |
| 31 Were any gross proceeds invested beyond an available temporary period?   |  | 31 |        |
| 32 Calculations for filing of this form prepared by: <input type="checkbox"/> Issuer <input type="checkbox"/> Preparer:     |  |    |        |

**Signature and Consent**

Under penalties of perjury, I declare that I have examined this return, and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I consent to the IRS's disclosure of the issuer's return information, as necessary to process this return, to the person that I have authorized above.

Signature of issuer's authorized representative \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

|                            |                      |      |   |      |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name                | Firm's EIN           |      |   |      |
| Firm's address             | Phone no.            |      |   |      |