

PRIVACY ACT STATEMENT

Authority: The collection of this information is authorized by Title 45 U.S.C 1177 and 50 CFR Part 259. The data will primarily be used for the evaluation of eligibility in connection with application to establish a Capital Construction Fund Account. Establishment of the account will not be considered unless all requested information is furnished.

Purpose: In order to determine qualification for, and to administer, the Capital Construction Fund, the NOAA National Marine Fisheries Service (NMFS) requires financial information, vessel owner contact information, date of birth, Tax Identifying Number and vessel descriptive information.

Routine Uses: The Department will use this information to determine qualification for a Capital Construction Fund Agreement. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a), to be shared within the Financial Services Division, in order to coordinate monitoring of the Agreements. Disclosure of this information is also subject to all of the published routine uses as identified in [Commerce/NOAA-21](#), Financial Services Division.

Disclosure: Furnishing this information is voluntary; however, failure to provide complete and accurate information will prevent the determination of qualification for the program, and continued participation.

**Capital Construction Fund Program
DEPOSIT/WITHDRAWAL REPORT**

Mail report and tax return copy to:

NOAA Fisheries F/MB5
Capital Construction Fund Program
1315 East-West Highway
Silver Spring, MD 20910-3282
301-713-2393

Due 30 days after filing date of Federal Tax Return (including extensions). This report must be filed annually, whether or not agreement activity took place. Attach a signed copy of the Federal Income Tax Return, as filed with the IRS, to this report.

Prepare a separate Form 34-82 report for each account you maintain.
DEPOSITORY BANK, OR INVESTMENT FIRM

Name: _____
City and State: _____
Number: _____ Date Opened: _____
Type of Investment Account: Savings Money Market Checking
 Other: (describe) _____

AGREEMENT HOLDER:

Name: _____
Address: _____

Telephone No: _____

CCF CASE NUMBER

CCF - ____ - ____

REPORT OF DEPOSITORY
ACTIVITY FOR TAX YEAR ENDED

____ / ____ / ____

Did you reduce taxable income for the current tax year due to CCF activity? Amount deferred \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		CLASSIFICATION OF DEPOSITS:						SUMMARY BALANCE	Notes :
		ORDINARY INCOME (tax deferred)		CAPITAL GAIN (tax deferred)		CAPITAL (funds <u>not</u> tax deferred)			
		DEPOSIT	WITHDRAWAL	DEPOSIT	WITHDRAWAL	DEPOSIT	WITHDRAWAL		
Was a CCF deposit made during the current year for taxes deferred in the prior year? Clearly identify this deposit in Account Activity section. <input type="checkbox"/> YES <input type="checkbox"/> NO		BALANCE FORWARD - FROM PRIOR YEAR'S REPORT (Should be same as last year's "Balance - End of Year" amount. If different, attach a reconciling schedule.)							
ACCOUNT ACTIVITY FOR THE TAX YEAR Summarize interest and dividend deposits. For deposits of vessel income, provide name of vessel and Schedule A page number. For all withdrawals, provide name of vessel and Schedule B page number for project.									
	DATE	DESCRIBE	SCH. A OR SCH. B PAGE #						
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
10								10	
TOTAL EACH COLUMN (include "Balance Forward" amount for each column)			()	()	()	()			
WITHDRAWALS FOR THE YEAR (copy totals from adjacent column)		()	←	()	←	()	←		
BALANCE - END OF TAX YEAR (net amounts and Summary Balance)									

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NOAA Fisheries, F/MB5, 1315 East-West Hwy., Silver Spring, MD 20910.

I certify that for this tax year, there were no withdrawals or transfers other than those enumerated above for this Capital Construction Fund agreement. This report reflects true and complete statements in accordance with all applicable rules and regulations issued or adopted by the Secretary of Commerce pertaining to Section 607 of the Merchant Marine Act of 1936, as amended. Information on this report is complete, true and correct to the best of my knowledge and belief. **(Following Information is required.)**

SIGNATURE _____ DATE _____ Agreement holder or officer Authorized
representative