

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)			
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		DEPOSIT	WITHDRAWAL	DEPOSIT	WITHDRAWAL	DEPOSIT	WITHDRAWAL		
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 Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0041. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA Fisheries, F/MB5, 1315 East West Hwy., Silver Spring, MD 20910, Attn: Richard VanGorder, and Richard.VanGorder@noaa.gov if desired.

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