### **Internal Revenue**

bulletin

Bulletin No. 2005-44 October 31, 2005

## HIGHLIGHTS OF THIS ISSUE

These synopses are intended only as aids to the reader in identifying the subject matter covered. They may not be relied upon as authoritative interpretations.

#### **INCOME TAX**

#### Rev. Rul. 2005-68, page 853.

Real Estate Mortgage Investment Conduit (REMIC) net operating losses (NOLs). This ruling illustrates the interaction between the REMIC excess inclusion rules and the net operating loss rules. Section 860E(a)(1) of the Code provides that the taxable income of a holder of a residual interest in a REMIC shall not be less than the holder's "excess inclusion" (generally equivalent to REMIC phantom income) for the taxable year. Effectively this prevents the application of NOLs to offset the excess inclusion income. The statute includes NOL coordinating rules in section 860E(a)(3) with the general effect of creating a separate basket for taxing excess inclusion income, so that the amount calculated as an NOL for a year is not reduced by the excess inclusion income and NOL carryovers are not absorbed by excess inclusion income. The ruling simply illustrates the application of the coordination rules.

#### Rev. Rul. 2005-69, page 852.

**LIFO; price indexes; department stores.** The August 2005 Bureau of Labor Statistics price indexes are accepted for use by department stores employing the retail inventory and last-in, first-out inventory methods for valuing inventories for tax years ended on, or with reference to, August 31, 2005.

#### Announcement 2005-78, page 918.

The October 2005 revision of Publication 1141, *General Rules and Specifications for Substitute Forms W-2 and W-3*, originally published as Rev. Proc. 2005–65, 2005–38 I.R.B. 564, is now posted to the IRS website. Also, Section 2.06 of Part A of Publication 1141 reflects a minor change from Rev. Proc. 2005–65.

#### **EMPLOYEE PLANS**

Notice 2005-71, page 863.

Weighted average interest rate update; corporate bond indices; 30-year Treasury securities. The weighted average interest rate for October 2005 and the resulting permissible range of interest rates used to calculate current liability and to determine the required contribution are set forth.

#### **EMPLOYMENT TAX**

#### Announcement 2005-78, page 918.

The October 2005 revision of Publication 1141, *General Rules and Specifications for Substitute Forms W-2 and W-3*, originally published as Rev. Proc. 2005–65, 2005–38 I.R.B. 564, is now posted to the IRS website. Also, Section 2.06 of Part A of Publication 1141 reflects a minor change from Rev. Proc. 2005–65.

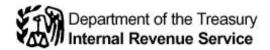
#### TAX CONVENTIONS

#### Announcement 2005-77, page 855.

**U.S.-Republic of Cape Verde reciprocal exemption agreement.** The United States and the Republic of Cape Verde have entered into a diplomatic note evidencing an agreement for the reciprocal exemption of income from the international operation of a ship or ships or aircraft for taxable years beginning on or after January 1, 2005.

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Announcements of Disbarments and Suspensions begin on page 913. Finding Lists begin on page ii. Index for July through October begins on page vi.



#### **ADMINISTRATIVE**

Rev. Proc. 2005–69, page 864. General rules and specifications for private printing of substitute forms. This procedure provides requirements for reproducing paper substitutes and for furnishing substitute recipient statements for Forms 1096, 1098, 1099, 5498, W-2G, and 1042-S. It will be reproduced as the next revision of Publication 1179. Rev. Proc. 2004–58 superseded.

October 31, 2005 2005–44 I.R.B.

### The IRS Mission

Provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all.

#### Introduction

The Internal Revenue Bulletin is the authoritative instrument of the Commissioner of Internal Revenue for announcing official rulings and procedures of the Internal Revenue Service and for publishing Treasury Decisions, Executive Orders, Tax Conventions, legislation, court decisions, and other items of general interest. It is published weekly and may be obtained from the Superintendent of Documents on a subscription basis. Bulletin contents are compiled semiannually into Cumulative Bulletins, which are sold on a single-copy basis.

It is the policy of the Service to publish in the Bulletin all substantive rulings necessary to promote a uniform application of the tax laws, including all rulings that supersede, revoke, modify, or amend any of those previously published in the Bulletin. All published rulings apply retroactively unless otherwise indicated. Procedures relating solely to matters of internal management are not published; however, statements of internal practices and procedures that affect the rights and duties of taxpayers are published.

Revenue rulings represent the conclusions of the Service on the application of the law to the pivotal facts stated in the revenue ruling. In those based on positions taken in rulings to taxpayers or technical advice to Service field offices, identifying details and information of a confidential nature are deleted to prevent unwarranted invasions of privacy and to comply with statutory requirements.

Rulings and procedures reported in the Bulletin do not have the force and effect of Treasury Department Regulations, but they may be used as precedents. Unpublished rulings will not be relied on, used, or cited as precedents by Service personnel in the disposition of other cases. In applying published rulings and procedures, the effect of subsequent legislation, regulations,

court decisions, rulings, and procedures must be considered, and Service personnel and others concerned are cautioned against reaching the same conclusions in other cases unless the facts and circumstances are substantially the same.

The Bulletin is divided into four parts as follows:

#### Part I.—1986 Code.

This part includes rulings and decisions based on provisions of the Internal Revenue Code of 1986.

#### Part II.—Treaties and Tax Legislation.

This part is divided into two subparts as follows: Subpart A, Tax Conventions and Other Related Items, and Subpart B, Legislation and Related Committee Reports.

#### Part III.—Administrative, Procedural, and Miscellaneous.

To the extent practicable, pertinent cross references to these subjects are contained in the other Parts and Subparts. Also included in this part are Bank Secrecy Act Administrative Rulings. Bank Secrecy Act Administrative Rulings are issued by the Department of the Treasury's Office of the Assistant Secretary (Enforcement).

#### Part IV.—Items of General Interest.

This part includes notices of proposed rulemakings, disbarment and suspension lists, and announcements.

The last Bulletin for each month includes a cumulative index for the matters published during the preceding months. These monthly indexes are cumulated on a semiannual basis, and are published in the last Bulletin of each semiannual period.

The contents of this publication are not copyrighted and may be reprinted freely. A citation of the Internal Revenue Bulletin as the source would be appropriate.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

2005–44 I.R.B. October 31, 2005

## Part I. Rulings and Decisions Under the Internal Revenue Code of 1986

### Section 472.—Last-in, First-out Inventories

26 CFR 1.472-1: Last-in, first-out inventories.

LIFO; price indexes; department stores. The August 2005 Bureau of Labor Statistics price indexes are accepted for use by department stores employing the retail inventory and last-in, first-out inventory methods for valuing inventories for tax years ended on, or with reference to, August 31, 2005.

#### Rev. Rul. 2005-69

The following Department Store Inventory Price Indexes for August 2005 were issued by the Bureau of Labor Statistics. The indexes are accepted by the Internal Revenue Service, under § 1.472–1(k) of the Income Tax Regulations and Rev. Proc. 86–46, 1986–2 C.B. 739, for appropriate application to inventories of department stores employing the retail inventory and last-in, first-out inventory

methods for tax years ended on, or with reference to, August 31, 2005.

The Department Store Inventory Price Indexes are prepared on a national basis and include (a) 23 major groups of departments, (b) three special combinations of the major groups - soft goods, durable goods, and miscellaneous goods, and (c) a store total, which covers all departments, including some not listed separately, except for the following: candy, food, liquor, tobacco, and contract departments.

## BUREAU OF LABOR STATISTICS, DEPARTMENT STORE INVENTORY PRICE INDEXES BY DEPARTMENT GROUPS

(January 1941 = 100, unless otherwise noted)

|      | Groups                                                      | Aug. 2004 | Aug. 2005 | Percent Change from Aug. 2004 to Aug. 2005 <sup>1</sup> |
|------|-------------------------------------------------------------|-----------|-----------|---------------------------------------------------------|
| 1.   | Piece Goods                                                 | 513.2     | 486.8     | -5.1                                                    |
| 2.   | Domestics and Draperies                                     | 525.7     | 512.2     | -2.6                                                    |
| 3.   | Women's and Children's Shoes                                | 623.7     | 661.5     | 6.1                                                     |
| 4.   | Men's Shoes                                                 | 838.6     | 875.1     | 4.4                                                     |
| 5.   | Infants' Wear                                               | 561.1     | 554.0     | -1.3                                                    |
| 6.   | Women's Underwear                                           | 502.4     | 542.8     | 8.0                                                     |
| 7.   | Women's Hosiery                                             | 337.5     | 339.1     | 0.5                                                     |
| 8.   | Women's and Girls' Accessories                              | 557.2     | 585.4     | 5.1                                                     |
| 9.   | Women's Outerwear and Girls' Wear                           | 341.4     | 331.2     | -3.0                                                    |
| 10.  | Men's Clothing                                              | 524.4     | 527.1     | 0.5                                                     |
| 11.  | Men's Furnishings                                           | 564.3     | 557.0     | -1.3                                                    |
| 12.  | Boys' Clothing and Furnishings                              | 414.5     | 384.1     | -7.3                                                    |
| 13.  | Jewelry                                                     | 902.5     | 888.5     | -1.6                                                    |
| 14.  | Notions                                                     | 794.8     | 810.5     | 2.0                                                     |
| 15.  | Toilet Articles and Drugs                                   | 992.7     | 998.0     | 0.5                                                     |
| 16.  | Furniture and Bedding                                       | 607.8     | 598.5     | -1.5                                                    |
| 17.  | Floor Coverings                                             | 581.5     | 614.0     | 5.6                                                     |
| 18.  | Housewares                                                  | 709.6     | 708.6     | -0.1                                                    |
| 19.  | Major Appliances                                            | 196.9     | 203.9     | 3.6                                                     |
| 20.  | Radio and Television                                        | 41.2      | 38.7      | -6.1                                                    |
| 21.  | Radio and Television  Recreation and Education <sup>2</sup> | 80.1      | 77.3      | -3.5                                                    |
| 22.  | Home Improvements <sup>2</sup>                              | 129.2     | 136.0     | 5.3                                                     |
| 23.  | Automotive Accessories <sup>2</sup>                         | 112.8     | 115.9     | 2.7                                                     |
| Grou | ps 1–15: Soft Goods                                         | 546.4     | 544.8     | -0.3                                                    |
|      | ps 16–20: Durable Goods                                     | 379.2     | 378.6     | -0.2                                                    |
| Grou | ps 21–23: Misc. Goods <sup>2</sup>                          | 93.1      | 92.6      | -0.5                                                    |
|      | Store Total <sup>3</sup>                                    | 487.1     | 485.7     | -0.3                                                    |

<sup>&</sup>lt;sup>1</sup>Absence of a minus sign before the percentage change in this column signifies a price increase.

 $<sup>^{2}</sup>$ Indexes on a January 1986 = 100 base.

<sup>&</sup>lt;sup>3</sup>The store total index covers all departments, including some not listed separately, except for the following: candy, food, liquor, tobacco and contract departments.

#### DRAFTING INFORMATION

The principal author of this revenue ruling is Michael Burkom of the Office of Associate Chief Counsel (Income Tax and Accounting). For further information regarding this revenue ruling, contact Mr. Burkom at (202) 622–7924 (not a toll-free call).

# Section 860E.—Treatment of Income in Excess of Daily Accruals on Residual Interests

26 CFR 1.860E-1: Treatment of taxable income of a residual interest holder in excess of daily accruals. (Also § 172.)

Real Estate Mortgage Investment Conduit (REMIC) net operating losses (NOLs). This ruling illustrates the interaction between the REMIC excess inclusion rules and the net operating loss rules. Section 860E(a)(1) of the Code provides that the taxable income of a holder of a residual interest in a REMIC shall not be less than the holder's "excess inclusion" (generally equivalent to REMIC phantom income) for the taxable year. Effectively this prevents the application of NOLs to offset the excess inclusion income. The statute includes NOL coordinating rules in section 860E(a)(3) with the general effect of creating a separate basket for taxing excess inclusion income, so that the amount calculated as an NOL for a year is not reduced by the excess inclusion income and NOL carryovers are not absorbed by excess inclusion income. The ruling simply illustrates the application of the coordination rules.

#### Rev. Rul. 2005-68

#### **ISSUES**

(1) If, during the same taxable year, the holder of a residual interest in a Real Estate Mortgage Investment Conduit (REMIC) both incurs a net operating loss (NOL) and recognizes income from an excess inclusion (as defined in section 860E(c)), then how is taxable income determined, and how is any NOL carryback or carryover computed?

(2) If an NOL is carried back or carried over to a taxable year in which an excess inclusion is recognized, how is taxable income computed?

#### **FACTS**

X, a domestic corporation, is the sole holder of the residual interest in a REMIC. During the 2004 taxable year, X has a \$25 excess inclusion attributable to its ownership of the residual interest. Also during 2004, independent of holding the REMIC residual interest, X has \$75 in gross rental income and \$65 in deductible rental expenses. During the 2005 taxable year, X has \$25 of excess inclusion income, \$75 in gross rental income, and \$90 in deductible rental expenses. X began business operations in 2004 and therefore has no income or loss carryover for any prior year.

#### LAW

Section 860C(a)(1) provides that each holder of a residual interest in a REMIC shall take into account that holder's daily portion of the taxable income or net loss of the REMIC for each day during the taxable year on which the holder held the interest. Additionally, some or all of a residual holder's allocable share of a REMIC's taxable income may be an excess inclusion. Section 860E embodies a statutory mandate to tax currently a residual holder's excess inclusion. Rev. Rul. 95–81, 1995–2

C.B. 70. To ensure that the excess inclusion is fully taxed, section 860E(a)(1) provides, "The taxable income of any holder of a residual interest in a REMIC for any taxable year shall in no event be less than the excess inclusion for such taxable year."

Section 172 provides for NOL carrybacks and carryovers to prior or future taxable years. The amount of an NOL is determined under section 172(c) for the year in which the loss arises (the "loss year"). Section 172(b)(1) then specifies the taxable years to which the NOL may potentially be carried. Under section 172(b)(2), the NOL is carried to the earliest of those years. The second sentence of section 172(b)(2) provides, "The portion of such loss which shall be carried to each of the other taxable years shall be the excess, if any, of the amount of such loss over the sum of the taxable income for each of the prior taxable years to which such loss may be carried."

Section 860E(a)(3) sets forth rules for coordinating the provisions that govern excess inclusions with the net operating loss provisions of section 172. Section 860E(a)(3)(A) provides that any excess inclusion for any taxable year shall not be taken into account "in determining under section 172 the amount of any net operating loss for such taxable year" (that is, in determining the loss for a "loss year"). Section 860E(a)(3)(B) provides that any excess inclusion for a taxable year shall not be taken into account "in determining taxable income for such taxable year for purposes of the 2nd sentence of section 172(b)(2)."

#### **ANALYSIS**

Calculation 1. *Calculation for 2004 Return*. For its 2004 return, *X* has total taxable income of \$35, calculated as indicated below

|    |                          |         | Taxable Income |
|----|--------------------------|---------|----------------|
| 1. | Excess Inclusion         |         | \$ 25          |
| 2. | Rental Gross Income      | \$ 75   |                |
|    | Rental Expenses          | (\$ 65) |                |
|    | Net Rental Income (Loss) | \$ 10   | \$ 10          |
| 3. | X's Taxable Income       |         | \$ 35          |
|    |                          |         |                |

Because gross rental income exceeds expenses, Section 860E has no effect on this calculation.

Calculation 2. Calculation for 2005. For 2005, *X* has a \$15 net rental loss plus a \$25 excess inclusion. *X*'s taxable income

of \$25 and NOL of \$15 are calculated as indicated below.

| Taxable Income | Net Operating Loss               |
|----------------|----------------------------------|
| \$ 25          |                                  |
| \$ 75          |                                  |
| (\$ 90)        |                                  |
| (\$ 15)        | \$ 15                            |
| \$ 25          | <u> </u>                         |
|                | \$ 15                            |
|                | \$ 75<br>(\$ 90)<br>(\$ 15) \$ 0 |

X's taxable income cannot be less than the amount of its excess inclusion and is, therefore, \$25. Section 860E(a)(3)(B) and \$ 1.860E-1(a). Because X's \$90 of rental expenses exceeds X's \$75 of rental gross income by \$15, a \$15 NOL is incurred.

In calculating the \$15 NOL, the current year's excess inclusion is not taken into account

Calculation 3. Application of NOL Carryback to 2004. As indicated in Calculation 1 above, on X's return as originally

filed for the 2004 gain year (now the carryback year), *X* reported \$10 of net rental income plus \$25 of excess inclusion income. The \$15 NOL carryback results in taxable income of \$25, as shown below.

|                                                            |                | Taxable Income |
|------------------------------------------------------------|----------------|----------------|
| 1. Excess Inclusion                                        |                | \$ 25          |
| 2. Rental Income                                           | \$ 75          |                |
| Rental Expenses                                            | \$ 65          |                |
| Taxable Income for NOL Absorption Purposes                 | \$ 10<br>\$ 15 | 0              |
| NOL Carryback                                              | \$ 15          | 0              |
| Excess NOL over Taxable Income for NOL Absorption Purposes | \$ 5           |                |
| 3. X's Recalculated 2004 Taxable Income                    |                | \$ 25          |
| 4. X's NOL Carryover to 2006                               |                | \$ 5           |

The \$15 NOL carryback exceeds the carryback year's \$10 in net rental income. No portion of the net operating loss carryback to 2004 can be used to offset the \$25 excess inclusion for 2004. In this case, the \$10 in net rental income is *X*'s taxable income for NOL utilization and absorption purposes.

Calculation 4: *Determination of NOL Carryover to 2006*. As illustrated in the table under Calculation 3, *X*'s NOL carryover to the 2006 taxable year is \$5. For purposes of determining the amount of the NOL carryover, in accordance with the second sentence of section 172(b)(2), *X*'s excess inclusion for 2004 is not taken into account.

In each of the calculations above, the full rental expense is either used to offset gross income (other than the excess inclusion) or used in calculating an NOL. No portion of the excess inclusion is offset either by any of the rental expense or by any NOL. No portion of the excess inclusion reduces the amount of the NOL that may be carried back or carried over.

#### **HOLDINGS**

(1) In computing an NOL for the taxable year, no excess inclusion is taken into account. If, during the same taxable year, a taxpayer both recognizes an excess inclusion and incurs an NOL, the excess inclusion may not be offset by the NOL and is not taken into account in determining the amount of the NOL that may be carried to another taxable year.

(2) If an NOL is carried back or carried over to a taxable year in which an excess inclusion is recognized, the excess inclusion cannot be offset by the NOL carryback or carry over and is not included in the calculation of taxable income for NOL absorption purposes.

#### DRAFTING INFORMATION

The principal author of this revenue ruling is Arturo Estrada of the Office of Associate Chief Counsel (Financial Institutions & Products). For further information regarding this revenue ruling, contact Mr. Estrada at 202–622–3900 (not a toll-free call).

## Part II. Treaties and Tax Legislation Subpart A.—Tax Conventions and Other Related Items

## Cape Verde Reciprocal Exemption Agreement

#### Announcement 2005-77

The Governments of the United States and the Republic of Cape Verde have exchanged diplomatic notes evidencing a reciprocal exemption agreement concerning income from the international operation of a ship or ships or aircraft. The diplomatic notes reproduced herein contain the terms of the reciprocal exemptions available for taxable years beginning on or after January 1, 2005. The text of the agreement is as follows:

## AGREEMENT BETWEEN THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND

THE GOVERNMENT OF THE REPUBLIC OF CAPE VERDE FOR

RECIPROCAL EXEMPTION OF TAXES ON INCOME FROM THE INTERNATIONAL OPERATION OF A SHIP OR SHIPS OR AIRCRAFT

The Government of the United States of America and the Government of the Republic of Cape Verde (hereinafter the "Contracting Parties"), desiring to conclude an Agreement for reciprocal exemption with respect to taxes levied on income from the international operation of a ship or ships or aircraft derived by shipping and air transport enterprises of the two countries, have agreed as follows:

#### Article I

#### TAXES COVERED

- This Agreement shall apply to all taxes on income derived from the international operation of a ship or ships or aircraft imposed by each Contracting Party irrespective of the manner in which such taxes are levied.
- There shall be regarded as taxes on income derived from the international operation of a ship or ships or aircraft all taxes imposed on the total of such income, or on elements of such income, including taxes on gains from the alienation of movable property.
- 3. The taxes that are the subject of this Agreement are:
  - a) In the case of the Republic of Cape Verde, any tax, as described in paragraphs 1 and 2 (hereinafter referred to as "Cape Verde tax"); and
  - b) In the case of the United States, Federal income taxes, as described in paragraphs 1 and 2, imposed by the Internal Revenue Code, including the taxes imposed by sections 884 and 887 (hereinafter referred to as "United States tax.")

#### Article II

#### DEFINITIONS

- In this Agreement, unless the context otherwise requires:
  - a) The term "tax" means "Cape Verde tax" or "United States tax", as the context requires;
  - b) The term "enterprise of a Contracting Party"
    means an enterprise carried on by the government
    of that State, a political subdivision or local
    authority thereof, or by individuals who are
    residents of that Contracting Party or
    corporations created under the laws of that
    Contracting Party;
  - The term "operation of a ship or ships or aircraft" means the transportation by sea or air, as the context requires, of persons, baggage, livestook, goods, merchandise or mail, including the sale of tickets and similar documents used for the purpose of such transport, and other directly related activities, carried on by the owner, lessor, or charterer of a ship or aircraft;
  - d) The term "international operation" or "international transport" means operation as defined in paragraph (c), except where the ship or aircraft is operated solely between places in the territory of a Contracting Party;
  - e) The term "income derived from the international operation of a ship or ships or aircraft" includes:
    - Income from the rental on a full (time or voyage) basis of a ship or ships or aircraft used in international transport;
    - ii) Income from the rental on a bareboat basis of a ship or ships or aircraft used in international transport;
    - iii) Income from the rental of containers and related equipment used in international transport that is incidental to income from the international operation of a ship or ships or aircraft;

- iv) Gains from the sale or other alienation of a ship or ships or aircraft used in international transport by an enterprise of a Contracting Party primarily engaged in the international operation of a ship or ships or aircraft;
- v) Income derived by an enterprise of a Contracting Party that is engaged in the international operation of a ship or ships or aircraft from its participation in a pool, an alliance, joint businesses, international operating agency, or other venture that is itself engaged in the international operation of a ship or ships or aircraft;
- (f) The term "competent authority" means:
  - i) In the case of Cape Verde, the Ministry of Finance; and
  - ii) In the case of the United States, the Secretary of the Treasury or his delegate.
- In the application of the provisions of this Agreement by a Contracting Party, any term not otherwise defined shall, unless the context otherwise requires, have the meaning which it has at that time under the laws of that Contracting Party relating to the taxes which are the subject of this Agreement.

#### Article III

#### SHIPPING AND AIR TRANSPORT

- Income derived by an enterprise of a Contracting Party from the international operation of a ship or ships or aircraft shall be exempt from tax by the other Contracting Party.
- For a corporation to claim the benefits of this
  agreement as an enterprise of a Contracting Party, it
  must satisfy any ownership or public trading
  requirements, as well as any filing requirements, of
  the other Contracting Party.

Ø

3. An enterprise of a Contracting Party engaged in the international operation of aircraft includes, but is not limited to, those airlines designated under any effective Air Transport Agreement between the Government of the United States of America and the Government of the Republic of Cape Verde.

#### Article IV

#### CONSULTATIONS AND AMENDMENT

- Consultation may be requested in writing at any time by either Contracting Party regarding the implementation of this Agreement. Such consultations shall commence within sixty (60) days of such written request.
- The competent authorities of the Contracting Parties shall endeavor to resolve by mutual agreement any questions that may arise regarding the interpretation or application of this Agreement.
- This Agreement may be amended by written agreement of the Contracting Parties.

#### Article V

#### ENTRY INTO FORCE

- The Contracting Parties shall notify each other in writing through diplomatic channels when their respective legal procedures for entry into force have been met with respect to this Agreement.
- 2. The Agreement shall enter into force as of the date of the latter of the notifications required under paragraph 1 of this article, and the provisions of this Agreement shall have effect with respect to all taxable years beginning on or after January 1, 2005.

#### Article VI

#### TERMINATION

This Agreement may be terminated by either Contracting Party giving written notice of termination through diplomatic channels. In the case of termination by notice through diplomatic channels, the Agreement shall cease to have effect for taxable periods beginning on or after 1 January of the calendar year next following the date on which notice of termination was given. If this Agreement is terminated as a consequence of any legislative act, the Contracting Party concerned will give as much notice of termination as feasible and such termination shall take effect as determined by such legislative act.

DONE at RAIA , in duplicate, this 16th Lag day of Morth , 2005, in the Portuguese and English languages, each text being equally authentic. In case of divergence between the texts, the English language text shall prevail.

IN WITNESS WHEREOF, the undersigned being duly authorized by their representative governments, have signed the present Agreement.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

FOR THE GOVERNMENT OF THE REPUBLIC OF CAPE VERDE:

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### EMBASSY OF THE UNITED STATES OF AMERICA

Note<sup>o</sup> 032

The Embassy of the United States of America presents its compliments to the Ministry of Foreign Affairs of the Republic of Cape Verde and has the honor to refer to the Agreement between the Government of the United States of America and the Government of the Republic of Cape Verde for Reciprocal Exemption of Taxes on Income from the International Operation of a Ship or Ships or Aircraft signed on March 16, 2005.

The Embassy wishes to inform the Ministry that the Government of the United States of America has completed its necessary domestic legal requirements for entry into force of the Agreement. The Embassy would appreciate receiving a Note from the Ministry confirming that the Government of the Republic of Cape Verde has also completed its necessary legal requirements for entry into force of the Agreement.

The Embassy of the United States of America avails itself of this opportunity to renew to the Ministry of Foreign Affairs of the Republic of Cape Verde the assurances of its highest consideration.

Embassy of the United States of America Praia, March 17, 2005





### MINISTÉRIO DOS NEGÓCIOS ESTRANGEIROS, COOPERAÇÃO E COMUNIDADES

Gabinete de Estudos, Documentação e Assessoria Telefone: 607800 - Fax: 61 57 28

Ref. nº 108 /GEDA/8/2005

The Ministry of Foreign Affairs of the Government of Cape Verde presents its compliments to the Embassy of the United States of America and has the honor to transmit, for the purpose of deposit, the Ratification Letter of the Agreement between the Government of the Republic of Cape Verde and the Government of the United States of America for reciprocal Exemption of Taxes on Income from the International Operation of a Ship or Ships or Aircraft, thus completing its necessary domestic legal requirements to bring into force of the Agreement as feet forth in article V.

The Ministry of Foreign Affairs further has the honor to inform that, in conformity with article V, 2. The Agreement enters into force on the date of the last notifications, i.e., on 21 June 2005.

The Ministry of Foreign Affairs avails itself of this opportunity to renew to the Embassy of the United States of America the assurances of its highest consideration.

Praia, June, 21 2005

Embassy of the United States of America

2005 - Ano do Trigésimo Aniversário da Independência Nacional

### Part III. Administrative, Procedural, and Miscellaneous

## Weighted Average Interest Rates Update

#### Notice 2005-71

This notice provides guidance as to the corporate bond weighted average interest rate and the permissible range of interest rates specified under § 412(b)(5)(B)(ii)(II) of the Internal Revenue Code. In addition, it provides guidance as to the interest rate on 30-year Treasury securities under § 417(e)(3)(A)(ii)(II), and the weighted average interest rate and permissible ranges of interest rates based on the 30-year Treasury securities rate.

### CORPORATE BOND WEIGHTED AVERAGE INTEREST RATE

Sections 412(b)(5)(B)(ii) and 412(l)(7)(C)(i), as amended by the Pension Funding Equity Act of 2004, provide that the interest rates used to calculate current liability and to determine the required contribution under § 412(l) for plan years beginning in 2004 or 2005 must be within a permissible range based on the weighted average of the rates of interest on amounts invested conservatively in long term investment grade corporate bonds during the 4-year period ending on the last day before the beginning of the plan year.

Notice 2004–34, 2004–1 C.B. 848, provides guidelines for determining the corporate bond weighted average interest rate

and the resulting permissible range of interest rates used to calculate current liability. That notice establishes that the corporate bond weighted average is based on the monthly composite corporate bond rate derived from designated corporate bond indices.

The composite corporate bond rate for September 2005 is 5.44 percent. Pursuant to Notice 2004–34, the Service has determined this rate as the average of the monthly yields for the included corporate bond indices for that month.

The following corporate bond weighted average interest rate was determined for plan years beginning in the month shown below.

|         |         | Corporate |              |
|---------|---------|-----------|--------------|
| For Pla | n Years | Bond      | 90% to 100%  |
| Beginn  | ing in: | Weighted  | Permissible  |
| Month   | Year    | Average   | Range        |
| October | 2005    | 5.81      | 5.23 to 5.81 |

#### 30-YEAR TREASURY SECURITIES WEIGHTED AVERAGE INTEREST RATE

Section 417(e)(3)(A)(ii)(II) defines the applicable interest rate, which must be used for purposes of determining the minimum present value of a participant's benefit under § 417(e)(1) and (2), as the annual rate of interest on 30-year Treasury securities for the month before the date of distribution or such other time as the Secretary may by regulations prescribe. Section 1.417(e)–1(d)(3) of the Income

Tax Regulations provides that the applicable interest rate for a month is the annual interest rate on 30-year Treasury securities as specified by the Commissioner for that month in revenue rulings, notices or other guidance published in the Internal Revenue Bulletin.

Section 404(a)(1) of the Code, as amended by the Pension Funding Equity Act of 2004, permits an employer to elect to disregard subclause (II) of § 412(b)(5)(B)(ii) to determine the max-

imum amount of the deduction allowed under  $\S 404(a)(1)$ .

The rate of interest on 30-year Treasury securities for September 2005 is 4.47 percent. Pursuant to Notice 2002–26, 2002–1 C.B. 743, the Service has determined this rate as the monthly average of the daily determination of yield on the 30-year Treasury bond maturing in February 2031.

The following 30-year Treasury rates were determined for the plan years beginning in the month shown below.

|          |         | 30-Year  |              |              |
|----------|---------|----------|--------------|--------------|
| For Plan | n Years | Treasury | 90% to 105%  | 90% to 110%  |
| Beginni  | ing in: | Weighted | Permissible  | Permissible  |
| Month    | Year    | Average  | Range        | Range        |
| October  | 2005    | 4.89     | 4.40 to 5.13 | 4.40 to 5.38 |

#### **Drafting Information**

The principal authors of this notice are Paul Stern and Tony Montanaro of the Employee Plans, Tax Exempt and Government Entities Division. For further information regarding this notice, please contact the Employee Plans' taxpayer assistance telephone service at 1–877–829–5500 (a toll-free number), between the hours of 8:00 a.m. and 6:30 p.m. Eastern time, Monday through Friday. Mr. Stern may be reached at 1–202–283–9703. Mr. Montanaro may be reached at 1–202–283–9714. The telephone numbers in the preceding sentences are not toll-free.

October 31, 2005 863 2005-44 I.R.B.

NOTE: This revenue procedure will be reproduced as the next revision of IRS Publication 1179, General Rules and Specifications for Substitute Forms 1096, 1098, 1099, 5498, W-2G, and 1042-S.

26 CFR 601.602: Forms and instructions.

 $(Also\ Part\ 1,\ Sections\ 220,\ 408,\ 408A,\ 529,\ 530(h),\ 1441,\ 6041,\ 6041,\ 6042,\ 6043,\ 6044,\ 6045,\ 6047,\ 6049,\ 6050B,\ 6050B,\$ 

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### Part 1 General Information

#### Section 1.1 — Overview of Revenue Procedure 2005-69

#### 1.1.1 Purpose

The purpose of this revenue procedure is to set forth the 2005 requirements for:

- Using official Internal Revenue Service (IRS) forms to file information returns with the IRS,
- Preparing acceptable substitutes of the official IRS forms to file information returns with the IRS, and
- Using official or acceptable substitute forms to furnish information to recipients.

#### 1.1.2 Which Forms Are Covered?

This revenue procedure contains specifications for these information returns:

| Form      | Title                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------|
| 1096      | Annual Summary and Transmittal of U.S. Information Returns                                                  |
| 1098      | Mortgage Interest Statement                                                                                 |
| 1098-C    | Contributions of Motor Vehicles, Boats, and Airplanes                                                       |
| 1098-E    | Student Loan Interest Statement                                                                             |
| 1098-T    | Tuition Statement                                                                                           |
| 1099-A    | Acquisition or Abandonment of Secured Property                                                              |
| 1099-B    | Proceeds From Broker and Barter Exchange Transactions                                                       |
| 1099-C    | Cancellation of Debt                                                                                        |
| 1099-CAP  | Changes in Corporate Control and Capital Structure                                                          |
| 1099-DIV  | Dividends and Distributions                                                                                 |
| 1099-G    | Certain Government Payments                                                                                 |
| 1099-Н    | Health Coverage Tax Credit (HCTC) Advance Payments                                                          |
| 1099-INT  | Interest Income                                                                                             |
| 1099-LTC  | Long-Term Care and Accelerated Death Benefits                                                               |
| 1099-MISC | Miscellaneous Income                                                                                        |
| 1099-OID  | Original Issue Discount                                                                                     |
| 1099-PATR | Taxable Distributions Received From Cooperatives                                                            |
| 1099-Q    | Payments From Qualified Education Programs (Under Sections 529 and 530)                                     |
| 1099-R    | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| 1099-S    | Proceeds From Real Estate Transactions                                                                      |
| 1099-SA   | Distributions From an HSA, Archer MSA, or Medicare Advantage MSA                                            |

| Form     | Title                                                      |
|----------|------------------------------------------------------------|
| 5498     | IRA Contribution Information                               |
| 5498-ESA | Coverdell ESA Contribution Information                     |
| 5498-SA  | HSA, Archer MSA, or Medicare Advantage MSA Information     |
| W-2G     | Certain Gambling Winnings                                  |
| 1042-S   | Foreign Person's U.S. Source Income Subject to Withholding |

#### 1.1.3 Scope

For purposes of this revenue procedure, a substitute form or statement is one that is not printed by the IRS. For a substitute form or statement to be acceptable to the IRS, it must conform to the official form or the specifications outlined in this revenue procedure. Do not submit any substitute forms or statements listed above to the IRS for approval. Privately printed forms may not state, "This is an IRS approved form."

Filers making payments to certain recipients during a calendar year are required by the Internal Revenue Code (the Code) to file information returns with the IRS for these payments. These filers must also provide this information to their recipients. In some cases, this also applies to payments received. See *Part 4* for specifications that apply to recipient statements (generally Copy B).

In general, section 6011 of the Code contains requirements for filers of information returns. A filer must file information returns on magnetic media, through electronic media, or on paper. A filer who is required to file 250 or more information returns of any one type during a calendar year must file those returns by magnetic media or electronic media.

Although not required, small volume filers (fewer than 250 returns during a calendar year) may file the forms on magnetic media or electronically. See the legal requirements for filing information returns (and providing a copy to a payee) in the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G and the 2005 Instructions for Form 1042-S. In addition, see Revenue Procedure 2005–49 published as Publication 1220, *Specifications for Filing Forms* 1098, 1099, 5498, and W-2G Electronically or Magnetically.

#### 1.1.4 For More Information

The IRS prints and provides the forms on which various payments must be reported. Alternatively, filers may prepare substitute copies of these IRS forms and use such forms to report payments to the IRS.

- For copies of the official forms and instructions, call our toll-free number at 1-800-TAX-FORM (1-800-829-3676).
- The IRS operates a central call site to answer questions related to information returns, penalties, and backup withholding. The hours of operation are Monday through Friday from 8:30 a.m. to 4:30 p.m., Eastern time. For your convenience, you may call the toll-free number, 1-866-455-7438. You may still use the original telephone number, 304-263-8700 (not toll-free). For TTY/TDD equipment, call 304-267-3367 (not toll-free). The call site can also be reached by email at *mccirp@irs.gov*.
- For other tax information related to business returns or accounts, call 1-800-829-4933. If you have access to TTY/TDD equipment, call 1-800-829-4059 to ask tax account questions or to order forms and publications.

#### 1.1.5 What's New

The following changes have been made to this year's Revenue Procedure:

• Form 1098-C: The American Job Creation Act of 2004 (The Act), P.L. 108–357, added section 170(f)(12) that requires reporting of charitable contributions of motor vehicles, boats, and airplanes after December 31, 2004. A donee organization must provide a written acknowledgment to the donor and file the same information with the Internal Revenue Service. The new Form 1098-C may be used as a written acknowledgement and must be

- used when reporting the same information to the IRS. See the *Caution* under sec. 4.1.3, later.
- Form 1099-G: New Box 5, ATAA Payments, has been added to the form to report payments of eligible individuals under the Demonstration Project for Alternative Trade Adjustments Assistance (ATAA) for Older Workers. Beginning in 2005, the program payments are to be reported on Form 1099-G, not Form 1099-MISC as in previous years.
- Form 1099-MISC: New Boxes 15a, Section 409A Deferrals, and 15b, Section 409 Income, have been added to Form 1099-MISC.
- Form 1099-PATR: Box 6 of Form 1099-PATR that previously was used to report pass-through credits is revised to report the deduction under section 199. The open box below boxes 8 and 9 is designated as box 10 and will be used to report any pass-through credits not reported in boxes 7 or 8.
- P.L. 109–58 requires an additional box to be added to 2005 Form 1099-PATR. Form 1099-PATR, shown as Exhibit Q, is the version available at the time this publication went to print. Please note that the specifications shown for the form will not change as a result of the new box.
- Form 1099-SA and Form 5498-SA: Medicare + Choice (M+C) MSA has been replaced by Medicare Advantage (MA) MSA each place it appears on Form 1099-SA and Form 5498-SA.

### Section 1.2 — General Requirements for Acceptable Substitute Forms 1096, 1098, 1099, 5498, W-2G, and 1042-S

#### 1.2.1 Introduction

Paper substitutes for Form 1096 and Copy A of Forms 1098, 1099, 5498, W-2G, and 1042-S that totally conform to the specifications listed in this revenue procedure may be privately printed and filed as returns with the IRS. The reference to the Department of the Treasury — Internal Revenue Service should be included on all such forms.

If you are uncertain of any specification and want it clarified, you may submit a letter citing the specification, stating your understanding and interpretation of the specification, and enclosing an example of the form (if appropriate) to:

Internal Revenue Service Attn: Substitute Forms Program SE:W:CAR:MP:T:T:SP 1111 Constitution Ave., NW Room 6406 Washington, DC 20224

Note. Allow at least 45 days for the IRS to respond.

You may also contact the Substitute Forms Program via e-mail at \*taxforms@irs.gov. Please enter "Substitute Forms" on the Subject Line.

Forms 1096, 1098, 1099, 5498, W-2G, and 1042-S are subject to annual review and possible change. Therefore, filers are cautioned against overstocking supplies of privately printed substitutes. The specifications contained in this revenue procedure apply to 2005 forms only.

#### 1.2.2 Copy A Specifications

Proposed substitutes of Copy A must be an exact replica of the official IRS form with respect to layout and content. Proposed substitutes for Copy A that do not conform to the specifications in this revenue procedure are not acceptable. Further, if you file such forms with the IRS, you may be subject to a penalty for failure to file a correct information return under section 6721 of the Code. Generally, the penalty is \$50 for each return where such failure occurs (up to \$250,000). No IRS office is authorized to allow deviations from this revenue procedure.

*Caution:* Overuse of proportional fonts may cause you to be subject to penalties and delays in processing.

### **1.2.3** Copy B and Copy C Specifications

Copies B and Copies C of the following forms must contain the information in *Part 4* to be considered a "statement" or "official form" under the applicable provisions of the Code. The format of this information is at the discretion of the filer with the exception of the location of the tax year, form number, form name, and the information for composite Form 1099 statements as outlined under *Section 4.2*.

Copy B, of the forms below, are for the following recipients.

| Form                         | Recipient                                                                                      |
|------------------------------|------------------------------------------------------------------------------------------------|
| 1098                         | For Payer                                                                                      |
| 1098-C                       | For Donor                                                                                      |
| 1098-E; 1099-A               | For Borrower                                                                                   |
| 1098-T                       | For Student                                                                                    |
| 1099-C                       | For Debtor                                                                                     |
| 1099-CAP                     | For Shareholder                                                                                |
| 1099-LTC                     | For Policyholder                                                                               |
| 1099-R; W-2G                 | Indicates that these forms may require Copy B to be attached to the federal income tax return. |
| 1099-S                       | For Transferor                                                                                 |
| All other Forms 1099; 1042-S | For Recipient                                                                                  |
| 5498; 5498-SA                | For Participant                                                                                |
| 5498-ESA                     | For Beneficiary                                                                                |

Copy C of the following forms are:

| Form                 | Recipient               |
|----------------------|-------------------------|
| 1098-C               | For Donor's Records     |
| 1099-CAP             | For Corporation         |
| 1099-LTC             | For Insured             |
| 1099-R               | For Recipient's Records |
| All other Forms 1099 | See Section 4.4.2       |
| 5498-ESA             | For Trustee             |
| W-2G                 | For Winner's Records    |

**Note.** On Copy C, Form 1099-LTC, you may reverse the locations of the policyholder's and the insured's name, street address, city, state, and ZIP code for easier mailing.

#### Section 1.3 — Definitions

#### 1.3.1 Form Recipient

Form recipient means the person to whom you are required by law to furnish a copy of the official form or information statement. The form recipient may be referred to by different names on various Forms 1099 and related forms ("payer," "borrower," "student," "debtor," "policyholder," "insured," "transferor," "recipient," "participant," "donor," or, in the case of Form W-2G, the "winner"). See *Section 1.2.3*, earlier.

#### 1.3.2 Filer

Filer means the person or organization required by law to file a form listed in *Section 1.1.2* with the IRS. As outlined earlier, a filer may be a payer, creditor, recipient of mortgage or student loan interest payments, educational institution, broker, barter exchange, person reporting real estate transactions, trustee or issuer of any individual retirement arrangement or medical savings account, lender who acquires an interest in secured property or who has reason to know that the property has been abandoned, or certain donees of motor vehicles, boats, and airplanes.

#### 1.3.3 Substitute Form

Substitute form means a paper substitute of Copy A of an official form listed in *Section 1.1.2* that totally conforms to the provisions in this revenue procedure.

### 1.3.4 Substitute Form Recipient Statement

Substitute form recipient statement means a paper statement of the information reported on a form listed in *Section 1.1.2*. This statement must be furnished to a person (form recipient), as defined under the applicable provisions of the Code and the applicable regulations.

### 1.3.5 Composite Substitute Statement

Composite substitute statement means one in which two or more required statements (for example, Forms 1099-INT and 1099-DIV) are furnished to the recipient on one document. However, each statement must be designated separately and must contain all the requisite Form 1099 information except as provided under *Section 4.2*. A composite statement may not be filed with the IRS.

# Part 2 Specifications for Substitute Forms 1096 and Copies A of Forms 1098, 1099, and 5498 (All Filed with the IRS)

#### Section 2.1 — Specifications

#### 2.1.1 General Requirements

Form identifying numbers (for example, 9191 for Form 1099-DIV) must be printed in non-reflective black carbon-based ink in print positions 15 through 19 using an OCR A font. The checkboxes to the right of the form identifying numbers must be 10-point boxes. The "VOID" checkbox is in print position 25. The "CORRECTED" checkbox is in position 33. Measurements are from the left edge of the paper, not including the perforated strip. See *Exhibits E* and *N*.

The substitute form must be an exact replica of the official IRS form with respect to layout and content. To determine the correct form measurements, see *Exhibits A* through *Z* at the end of this publication.

Hot wax and cold carbon spots are not permitted on any of the internal form plies. These spots are permitted on the back of a mailer top envelope ply.

Use of chemical transfer paper for Copy A is acceptable.

The Government Printing Office (GPO) symbol must be deleted.

#### 2.1.2 Color and Paper Quality

Color and paper quality for Copy A (cut sheets and continuous pinfeed forms) as specified by JCP Code 0–25, dated November 29, 1978, must be white 100% bleached chemical wood, optical character recognition (OCR) bond produced in accordance with the following specifications.

**Note.** Reclaimed fiber in any percentage is permitted provided the requirements of this standard are met.

| • | Acidity: Ph value, average, not less than                                                                                                                   | 4.5     |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| • | Basis Weight: 17 x 22-500 cut sheets                                                                                                                        | 18-20   |
| • | Metric equivalent–g/m <sup>2</sup>                                                                                                                          | 75      |
|   | A tolerance of ±5 pct. is allowed.                                                                                                                          |         |
| • | Stiffness: Average, each direction, not less than-milligrams                                                                                                | 50      |
| • | Tearing strength: Average, each direction, not less than-grams                                                                                              | 40      |
| • | Opacity: Average, not less than-percent                                                                                                                     | 82      |
| • | Thickness: Average-inch                                                                                                                                     | 0.0038  |
| • | Metric equivalent-mm                                                                                                                                        | 0.097   |
|   | A tolerance of $+0.0005$ inch $(0.0127 \text{ mm})$ is allowed. Paper cannot vary more than $0.0004$ inch $(0.0102 \text{ mm})$ from one edge to the other. |         |
| • | Porosity: Average, not less than-seconds                                                                                                                    | 10      |
| • | Finish (smoothness): Average, each side-seconds                                                                                                             | 20-55   |
| • | For information only, the Sheffield equivalent-units                                                                                                        | 170-100 |
| • | Dirt: Average, each side, not to exceed-parts per million                                                                                                   | 8       |
|   |                                                                                                                                                             |         |

#### 2.1.3 Chemical Transfer Paper

Chemical transfer paper is permitted for Copy A only if the following standards are met:

- Only chemically backed paper is acceptable for Copy A. Front and back chemically treated paper cannot be processed properly by machine.
- Carbon-coated forms are not permitted.
- Chemically transferred images must be black.

All copies must be clearly legible. Hot wax and cold carbon spots are not permitted for Copy A. Interleaved carbon should be black and must be of good quality to assure legibility on all copies and to avoid smudging. Fading must be minimized to assure legibility.

#### 2.1.4 Printing

All print on Copy A of Forms 1098, 1099, 5498, and the print on Form 1096 above the statement, "Return this entire page to the Internal Revenue Service. Photocopies are not acceptable." must be in Flint J–6983 red OCR dropout ink or an exact match. However, the four-digit form identifying number must be in nonreflective carbon-based black ink in OCR A font.

The shaded areas of any substitute form should generally correspond to the format of the official form.

The printing for the Form 1096 statement and the following text may be in any shade or tone of black ink. Black ink should only appear on the lower part of the reverse side of Form 1096, where it will not bleed through and interfere with scanning.

**Note.** The instructions on the front and back of Form 1096, which include filing addresses, must be printed.

Separation between fields must be 0.1 inch.

Except for Form 1099-R and 1099-MISC, the numbered captions are printed as solid with no shaded background.

Other printing requirements are discussed below.

#### 2.1.5 OCR Specifications

The contractor must initiate or have a quality control program to assure OCR ink density. Readings will be made when printed on approved 20 lb. white OCR bond with a reflectance of not less than 80%. Black ink must not have a reflectance greater than 15%. These readings are based on requirements of the "Scan-Optics Series 9000" Optical Scanner using Flint J–6983 red OCR dropout ink or an exact match.

The following testers and ranges are acceptable:

- *MacBeth PCM-II*. The tested Print Contrast Signal (PCS) values when using the MacBeth PCM-II tester on the "C" scale must range from .01 minimum to .06 maximum.
- *Kidder 082A*. The tested PCS values when using the Kidder 082A tester on the Infra Red (IR) scale must range from .12 minimum to .21 maximum. White calibration disc must be 100%. Sensitivity must be set at one (1).
- Alternative testers. Alternative testers must be approved by the Government so that tested PCS values can be established. You may obtain approval by writing to the following address:

Commissioner of Internal Revenue Attn: SE:W:CAR:MP:P:B:T Business Publishing – Tax Products 1111 Constitution Ave., NW Washington, DC 20224

### 2.1.6 Typography

Type must be substantially identical in size and shape to the official form. All rules are either 1/2-point or 3/4-point. Rules must be identical to those on the official IRS form.

**Note.** The form identifying number must be nonreflective carbon-based black ink in OCR A font.

#### 2.1.7 Dimensions

Generally, three Forms 1098, 1099, or 5498 (Copy A) are contained on a single page, 8 inches wide (without any snap-stubs and/or pinfeed holes) by 11 inches deep.

**Exceptions.** Forms 1098-C, 1099-B, 1099-DIV, 1099-MISC, 1099-R, and 1042-S contain two documents per page.

There is a .33 inch top margin from the top of the corrected box, and a .25 inch right margin. There is a  $\frac{1}{32}$  (0.0313) inch tolerance for the right margin. If the right and top margins are properly aligned, the left margin for all forms will be correct. All margins must be free of print. See *Exhibits A* through *Z* in this publication for the correct form measurements.

These measurements are constant for all Forms 1098, 1099, and 5498. These measurements are shown only once in this publication, on Form 1098 (Exhibit B). Exceptions to these measurements are shown on the rest of the exhibits.

The depth of the individual trim size of each form on a page must be 3<sup>2</sup>/<sub>3</sub> inches, the same depth as the official form.

**Exceptions.** The depth of Forms 1098-C, 1099-B, 1099-DIV, 1099-MISC, 1099-R, and 1042-S is  $5\frac{1}{2}$  inches.

#### 2.1.8 Perforation

Copy A (three per page; two per page for Forms 1098-C, 1099-B, 1099-DIV, 1099-MISC, 1099-R, and 1042-S) of privately printed continuous substitute forms must be perforated at each 11" page depth. No perforations are allowed between the 3<sup>2</sup>/<sub>3</sub>" forms (5<sup>1</sup>/<sub>2</sub>" for Forms 1098-C, 1099-B, 1099-DIV, 1099-MISC, or 1099-R) on a single copy page of Copy A.

The words "Do Not Cut or Separate Forms on This Page" must be printed in red dropout ink (as required by form specifications) between the three forms (two for Forms 1098-C, 1099-B, 1099-DIV, 1099-MISC, or 1099-R).

**Note.** Perforations are required between all the other individual copies (Copies B and C, and Copies 1 and 2 for Forms 1099-R and 1099-MISC, and Copy D for Forms 1098-C, 1099-LTC and 1099-R) in the set.

#### 2.1.9 What To Include

You must include the OMB Number on Copies A and Form 1096 in the same location as on the official form.

The words "For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G" must be printed on Copy A; "For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G" must be printed on Form 1096.

A postal indicia may be used if it meets the following criteria:

- It is printed in the OCR ink color prescribed for the form, and
- No part of the indicia is within one print position of the scannable area.

The printer's symbol (GPO) must not be printed on substitute Copy A. Instead, the employer identification number (EIN) of the forms printer must be entered in the bottom margin on the face of each individual form of Copy A, or on the bottom margin on the back of each Form 1096.

The Catalog Number (Cat. No.) shown on the 2005 forms is used for IRS distribution purposes and need not be printed on any substitute forms.

The form must not contain the statement "IRS approved" or any similar statement.

#### Section 2.2 — Instructions for Preparing Paper Forms That Will Be Filed with the IRS

#### 2.2.1 Recipient Information

The form recipient's name, street address, city, state, ZIP code, and telephone number (if required) should be typed or machine printed in black ink in the same format as shown on the official IRS form. The city, state, and ZIP code must be on the same line.

The following rules apply to the form recipient's name(s):

- The name of the appropriate form recipient must be shown on the first or second name line in the area provided for the form recipient's name.
- No descriptive information or other name may precede the form recipient's name.
- Only one form recipient's name may appear on the first name line of the form.
- If the multiple recipients' names are required on the form, enter on the first name line the recipient name that corresponds to the recipient taxpayer identification number (TIN) shown

on the form. Place the other form recipients' names on the second name line (only 2 name lines are allowable).

Because certain states require that trust accounts be provided in a different format, generally filers should provide information returns reflecting payments to trust accounts with the:

- Trust's employer identification number (EIN) in the recipient's TIN area,
- Trust's name on the recipient's first name line, and
- Name of the trustee on the recipient's second name line.

Although handwritten forms will be accepted, the IRS prefers that filers type or machine print data entries. Also, filers should insert data in the middle of blocks well separated from other printing and guidelines, and take measures to guarantee clear, dark black, sharp images. Carbon copies and photocopies are not acceptable.

#### 2.2.2 Account Number Box

Use the account number box on all Forms 1098, 1099, 5498, and W-2G for an account number designation when required by the official IRS form. The account number is required if you have multiple accounts for a recipient for whom you are filing more than one information return of the same type. Additionally, the IRS encourages you to include the recipients' account number on paper forms if your system of records uses the account number rather than the name or TIN for identification purposes. Also, the IRS will include the account number in future notices to you about backup withholding. If you use window envelopes and a reduced rate to mail statements to recipients, be sure the account number does not appear in the window. Otherwise, the Postal Service may not accept them for mailing.

**Exception.** Form 1098-T can have third party provider information.

### **2.2.3 Specifications and Restrictions**

Machine-printed forms should be printed using a 6 lines/inch option, and should be printed in 10 pitch pica (10 print positions per inch) or 12 pitch elite (12 print positions per inch). Proportional spaced fonts are unacceptable.

Substitute forms prepared in continuous or strip form must be burst and stripped to conform to the size specified for a single sheet before they are filed with the IRS. The size specified does not include pin feed holes. Pin feed holes must not be present on forms filed with the IRS.

#### Do not:

- Use a felt tip marker. The machine used to "read" paper forms generally cannot read this
  ink type.
- Use dollar signs (\$), ampersands (&), asterisks (\*), commas (,), or other special characters in the numbered money boxes.

**Exception.** Use decimal points to indicate dollars and cents (for example, 2000.00 is acceptable).

- Use apostrophes ('), asteriks (\*), or other special characters on the payee name line.
- Fold Forms 1096, 1098, 1099, or 5498 mailed to the IRS. Mail these forms flat in an appropriately sized envelope or box. Folded documents cannot be readily moved through the machine used in IRS processing.
- Staple Forms 1096 to the transmitted returns. Any staple holes near the return code number may impair the IRS's ability to machine scan the type of documents.
- Type other information on Copy A.
- Cut or separate the individual forms on the sheet of forms of Copy A (except Forms W-2G).

#### 2.2.4 Where To File

Mail completed paper forms to the IRS service center shown in the Instructions for Form 1096 and in the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G. Specific information needed to complete the forms mentioned in this revenue procedure are given in the specific form instructions. A chart is included in the 2005 General Instructions for Forms

1099, 1098, 5498, and W-2G giving a quick guide to which form must be filed to report a particular payment.

# Part 3 Specifications for Substitute Form W-2G (Filed with the IRS)

#### Section 3.1 — General

#### 3.1.1 Purpose

The following specifications give the format requirements for substitute Form W-2G (Copy A only), which is filed with the IRS.

A filer may use a substitute Form W-2G to file with the IRS (referred to as "substitute Copy A"). The substitute form must be an exact replica of the official form with respect to layout and content.

#### Section 3.2 — Specifications for Copy A of Form W-2G

### 3.2.1 Substitute Form W-2G (Copy A)

You must follow these specifications when printing substitute Copy A of the Form W-2G.

| Item                             | Substitute Form W-2G (Copy A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Paper Color and<br>Quality       | Paper for Copy A must be white chemical wood bond, or equivalent, 20 pound (basis 17 x 22-500), plus or minus 5 percent. The paper must consist substantially of bleached chemical wood pulp. It must be free from unbleached or ground wood pulp or post-consumer recycled paper. It also must be suitably sized to accept ink without feathering.                                                                                                                                                                                                                          |
| Ink Color and Quality            | All printing must be in a high quality nongloss black ink.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Typography                       | The type must be substantially identical in size and shape to the official form. All rules on the document are either ½ point (.007 inch), 1 point (0.015 inch), or 3 point (0.045). Vertical rules must be parallel to the left edge of the document, horizontal rules to the top edge.                                                                                                                                                                                                                                                                                     |
| Dimensions                       | The official form is 8 inches wide x 3²/3 inches deep, exclusive of a ²/3 inch snap stub on the left side of the form. Any substitute Copy A must be the same dimensions. The snap feature is not required on substitutes. All margins must be free of print. The top and right margins must be ¹/4 inch plus or minus .0313. If the top and right margins are properly aligned, the left margin for all forms will be correct. If the substitute forms are in continuous or strip form, they must be burst and stripped to conform to the size specified for a single form. |
| Hot Wax and Cold<br>Carbon Spots | Hot wax and cold carbon spots are not permitted on any of the internal form plies. These spots are permitted on the back of a mailer top envelope ply. Interleaved carbons, if used, should be black and of good quality to avoid smudging.                                                                                                                                                                                                                                                                                                                                  |

| Item             | Substitute Form W-2G (Copy A)                                                                                                                                                                                                                                                                                                            |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Printer's Symbol | The Government Printing Office (GPO) symbol must not be printed on substitute Forms W-2G. Instead, the employer identification number (EIN) of the forms printer must be printed in the bottom margin on the face of each individual Copy A on a sheet. The form must not contain the statement "IRS approved" or any similar statement. |
| Catalog Number   | The Catalog Number (Cat. No.) shown on Form W-2G is used for IRS distribution purposes and need not be printed on any substitute forms.                                                                                                                                                                                                  |

# Part 4 Substitute Statements to Form Recipients and Form Recipient Copies

#### Section 4.1 — Specifications

#### 4.1.1 Introduction

If you do not use the official IRS form to furnish statements to recipients, you must furnish an acceptable substitute statement. To be acceptable, your substitute statement must comply with the rules in this section. If you are furnishing a substitute form, see Regulations sections 1.6042-4, 1.6044-5, 1.6049-6, and 1.6050N-1 to determine how the following statements must be provided to recipients for most Forms 1099-DIV and 1099-INT, all Forms 1099-OID and 1099-PATR, and Form 1099-MISC or 1099-S for royalties. Generally, information returns may be furnished electronically with the consent of the recipient. See Section 4.5.1.

**Note.** A trustee of a grantor-type trust may choose to file Forms 1099 and furnish a statement to the grantor under Regulations sections 1.671-4(b)(2)(iii) and (b)(3)(ii). The statement required by those regulations is not subject to the requirements outlined in this section.

4.1.2 Substitute Statements to Recipients for Certain Forms 1099-INT and 1099-DIV, and for Forms 1099-OID and 1099-PATR The rules in this section apply to Form 1099-INT (except for interest reportable under section 6041), 1099-DIV (except for section 404(k) dividends), 1099-OID, and 1099-PATR only. You may furnish form recipients with Copy B of the official Form 1099 or a substitute Form 1099 (form recipient statement) if it contains the same language as the official IRS form (such as aggregate amounts paid to the form recipient, any backup withholding, the name, address, and TIN of the person making the return, and any other information required by the official form). Except for state income tax withholding information, information not required by the official form should not be included on the substitute form.

You may enter a total of the individual accounts listed on the form only if they have been paid by the same payer. For example, if you are listing interest paid on several accounts by one financial institution on Form 1099-INT, you may also enter the total interest amount. You may also enter a date next to the corrected box if that box is checked.

A substitute form recipient statement for Forms 1099-INT, 1099-DIV, 1099-OID, or 1099-PATR must comply with the following requirements:

(1) Box captions and numbers that are applicable must be clearly identified, using the same wording and numbering as on the official form.

**Note.** For Form 1099-INT, if box 3 is not on your substitute form, you may drop "not included in box 3" from the box 1 caption.

- (2) The form recipient statement (Copy B) must contain all applicable form recipient instructions provided on the front and back of the official IRS form. You may provide those instructions on a separate sheet of paper.
  - (3) The form recipient statement must contain the following in bold and conspicuous type:

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

- (4) The box caption "Federal income tax withheld" must be in boldface type on the form recipient statement.
- (5) The form recipient statement must contain the Office of Management and Budget (OMB) number as shown on the official IRS form. See *Part 5*.
- (6) The form recipient statement must contain the tax year (for example, 2005), form number (for example, Form 1099-INT), and form name (for example, Interest Income) of the official IRS Form 1099. This information must be displayed prominently together in one area of the statement. For example, the tax year, form number, and form name could be shown in the upper right part of the statement. Each copy must be appropriately labeled (such as Copy B, For Recipient). See *Section 4.4* for applicable labels and arrangement of assembly of forms. **Note.** Do not include the words "Substitute for" or "In lieu of" on the form recipient statement.
- (7) Layout and format of the form is at the discretion of the filer. However, the IRS encourages the use of boxes so that the statement has the appearance of a form and can be easily distinguished from other nontax statements.
- (8) Each recipient statement of Forms 1099-DIV, 1099-INT, 1099-OID, and 1099-PATR must include the direct access telephone number of an individual who can answer questions about the statement. Include that telephone number conspicuously anywhere on the recipient statement.
- (9) Until new regulations are issued, the IRS will not assess penalties for use of a logo (for example, the name of the payer in any typeface, font, or style, and/or a symbolic icon) or slogan on a recipient statement if the logo or slogan is used by the payer in the ordinary course of its trade or business. In addition, use of the logo or slogan must not make it less likely for a reasonable payee to recognize the importance of the statement for tax reporting purposes.
- (10) A mutual fund family may state separately on one document (for example, one piece of paper) the dividend income earned by a recipient from each fund within the family of funds as required by Form 1099-DIV. However, each fund and its earnings must be stated separately. The form must contain an instruction to the recipient that each fund's dividends and name, not the name of the mutual fund family, must be reported on the recipient's tax return. The form cannot contain an aggregate total of all funds. In addition, a mutual fund family may furnish a single statement (as a single filer) for Forms 1099-INT, 1099-DIV, and 1099-OID information. Each fund and its earnings must be stated separately. The form must contain an instruction to the recipient that each fund's earnings and name, not the name of the mutual fund family, must be reported on the recipient's tax return. The form cannot contain an aggregate total of all funds.

4.1.3 Substitute Statements to Recipients for Certain Forms 1098, 1099, 5498, and W-2G Statements to form recipients for Forms 1098, 1098-C, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-CAP, 1099-G, 1099-H, 1099-LTC, 1099-MISC, 1099-Q, 1099-R, 1099-S, 1099-SA, 5498-ESA, 5498-SA, W-2G, 1099-DIV (only for section 404(k) dividends reportable under section 6047), and 1099-INT (only for interest of \$600 or more made in the course of a trade or business reportable under section 6041) can be copies of the official forms or an acceptable substitute.

**Caution.** The IRS does not require a donee to use Form 1098-C as the written acknowledgment for contributions of motor vehicles, boats, and airplanes. However, if you choose to use copies of Form 1098-C or an acceptable substitute as the written acknowledgment, then you must follow the requirements of this section 4.1.3.

To be acceptable, a substitute form recipient statement must meet the following requirements.

(1) The tax year, form number, and form name must be the same as the official form and must be displayed prominently together in one area on the statement. For example, they may be shown in the upper right part of the statement.

- (2) The filer's and the form recipient's identifying information required on the official IRS form must be included.
- (3) Each substitute recipient statement for Forms W-2G, 1098, 1098-C, 1098-E, 1098-T, 1099-A, 1099-B, 1099-CAP, 1099-DIV, 1099-G (excluding state and local income tax refunds), 1099-H, 1099-INT, 1099-LTC, 1099-MISC (excluding fishing boat proceeds), 1099-OID, 1099-PATR, 1099-Q, and 1099-S must include the direct access telephone number of an individual who can answer questions about the statement. Include the telephone number conspicuously anywhere on the recipient statement. Although not required, payers reporting on Forms 1099-C, 1099-R, 1099-SA, 5498, 5498-ESA, and 5498-SA are encouraged to furnish telephone numbers.
- (4) All applicable money amounts and information, including box numbers, required to be reported to the form recipient must be titled on the form recipient statement in substantially the same manner as those on the official IRS form. The box caption "Federal income tax withheld" must be in boldface type on the form recipient statement.

**Exception.** If you are reporting a payment as "Other income" in box 3 of Form 1099-MISC, you may substitute appropriate language for the box title. For example, for payments of accrued wages and leave to a beneficiary of a deceased employee, you might change the title of box 3 to "Beneficiary payments" or something similar.

Note. You cannot make this change on Copy A.

**Note.** If federal income tax is withheld and shown on Form 1099-R or W-2G, Copy B and Copy C must be furnished to the recipient. If federal income tax is not withheld, only Copy C of Form 1099-R and W-2G must be furnished. However, for Form 1099-R, instructions similar to those on the back of the official Copy B and Copy C of Form 1099-R must be furnished to the recipient. For convenience, you may choose to provide both Copies B and C of Form 1099-R to the recipient.

- (5) You must provide appropriate instructions to the form recipient similar to those on the official IRS form, to aid in the proper reporting on the form recipient's income tax return. For payments reported on Forms 1099-B, and 1099-CAP, the requirement to include instructions substantially similar to those on the official IRS form may be satisfied by providing form recipients with a single set of instructions for all Forms 1099-B and 1099-CAP statements required to be furnished in a calendar year.
- (6) If you use carbonless sets to produce recipient statements, the quality of each copy in the set must meet the following standards:
- All copies must be clearly legible,
- All copies must be able to be photocopied, and
- Fading must not diminish legibility and the ability to photocopy.

In general, black chemical transfer inks are preferred, but other colors are permitted if the above standards are met. Hot wax and cold carbon spots are not permitted on any of the internal form plies. The back of a mailer top envelope ply may contain these spots.

- (7) A mutual fund family may state separately on one document (for example, one piece of paper) the Form 1099-B information for a recipient from each fund as required by Form 1099-B. However, the gross proceeds, etc., from each transaction within a fund must be stated separately. The form must contain an instruction to the recipient that each fund's (not the mutual fund family's) name and amount must be reported on the recipient's tax return. The form cannot contain an aggregate total of all funds.
- (8) You may use a Uniform Settlement Statement (under the Real Estate Settlement Procedures Act of 1974 (RESPA)) for Form 1099-S. The Uniform Settlement Statement is acceptable as the written statement to the transferor if you include the legend for Form 1099-S in *Section 4.3.2* and indicate which information on the Uniform Settlement Statement is being reported to the IRS on Form 1099-S.
- (9) For reporting state income tax withholding and state payments, you may add an additional box(es) to recipient copies as appropriate.

Note. You cannot make this change on Copy A.

(10) On Copy C of Form 1099-LTC, you may reverse the location of the policyholder's and the insured's name, street address, city, state, and ZIP code for easier mailing.

(11) If an institution insurer uses a third party service provider to file Form 1098-T, then in addition to the institution or insurers name, address, and telephone number, the same information may be included for the third party service provider in the space provided on the form.

(12) Logos are permitted on substitute recipient statements for the forms listed in this section (Section 4.1.3).

#### Section 4.2 — Composite Statements

4.2.1 Composite Substitute Statements for Certain Forms 1099-INT, 1099-DIV, 1099-MISC, and 1099-S, and for Forms 1099-OID and 1099-PATR A composite form recipient statement is permitted for reportable payments of interest, dividends, original issue discount, patronage dividends, and royalties (Forms 1099-INT (except for interest reportable under section 6041), 1099-DIV (except for section 404(k) dividends), 1099-MISC or 1099-S (for royalties only), 1099-OID, or 1099-PATR) when one payer is reporting more than one of these payments during a calendar year to the same form recipient. Generally, do not include any other Form 1099 information (for example, 1098 or 1099-A) on a composite statement with the information required on the forms listed in the preceding sentence.

**Exception.** A filer may include Form 1099-B information on a composite form with the forms listed above.

Although the composite form recipient statement may be on one sheet, the format of the composite form recipient statement must satisfy the following requirements in addition to the requirements listed earlier in *Section 4.1.2*.

- All information pertaining to a particular type of payment must be located and blocked together on the form and separate from any information covering other types of payments included on the form. For example, if you are reporting interest and dividends, the Form 1099-INT information must be presented separately from the Form 1099-DIV information.
- The composite form recipient statement must prominently display the tax year, form number, and form name of the official IRS form together in one area at the beginning of each appropriate block of information.
- Any information required by the official IRS forms that would otherwise be repeated in each information block is required to be listed only once in the first information block on the composite form. For example, there is no requirement to report the name of the filer in each information block. This rule does not apply to any money amounts (for example, federal income tax withheld) or to any other information that applies to money amounts.
- A composite statement is an acceptable substitute only if the type of payment and the recipient's tax obligation with respect to the payment are as clear as if each required statement were furnished separately on an official form.

#### 4.2.2 Composite Substitute Statements to Recipients for Forms Specified in Section 4.1.3

A composite form recipient statement for the forms specified in *Section 4.1.3* is permitted when one filer is reporting more than one type of payment during a calendar year to the same form recipient. A composite statement is not allowed for a combination of forms listed in *Section 4.1.3* and forms listed in *Section 4.1.2*.

#### **Exceptions:**

- Substitute payments in lieu of dividends reported in Box 8 of Form 1099-MISC may be reported on a composite substitute statement with Form 1099-DIV.
- Form 1099-B information may be reported on a composite form with the forms specified in *Section 4.1.2* as described in *Section 4.2.1*.
- Forms 1099-A and 1099-C transactions, if related, may be combined on Form 1099-C.
- Royalties reported on Form 1099-MISC or 1099-S may be reported on a composite form only with the forms specified in Section 4.1.2.

Although the composite form recipient statement may be on one sheet, the format of the composite form recipient statement must satisfy the requirements listed in *Section 4.2.1* as well

#### Section 4.3 — Required Legends

### 4.3.1 Required Legends for Forms 1098

Form 1098 recipient statements (Copy B) must contain the following legends:

- Form 1098—
- (1) "The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return."
- (2) "Caution. The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person."
- Form 1098-C:
  - Copy B "In order to take a deduction for this contribution you must attach this copy to your federal tax return."
    - Copy C "This information is being furnished to the Internal Revenue Service."
- Form 1098-E "This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest."
- Form 1098-T "This is important tax information and is being furnished to the Internal Revenue Service."

### 4.3.2 Required Legends for Forms 1099 and W-2G

- Forms 1099-A, 1099-C, and 1099-CAP:
  - Copy B "This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported."
- Forms 1099-B, 1099-DIV, 1099-G, 1099-INT, 1099-MISC, 1099-OID, 1099-PATR, and 1099-Q:
  - Copy B "This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported."
- Forms 1099-H:
  - Copy B "This is important tax information and is being furnished to the Internal Revenue Service."
- Form 1099-LTC:
  - Copy B "This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported."
  - Copy C "Copy C is provided to you for information only. Only the policyholder is required to report this information on a tax return."
- Form 1099-R:
  - Copy B "Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return."
    - Copy C "This information is being furnished to the Internal Revenue Service."

• Form 1099-S:

Copy B — "This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported."

• Form 1099-SA:

Copy B — "This information is being furnished to the Internal Revenue Service."

• Form W-2G:

Copy B — "This information is being furnished to the Internal Revenue Service. Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return."

Copy C — "This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported."

### 4.3.3 Required Legends for Forms 5498

Form 5498 recipient statements (Copy B) must contain the following legends:

- Form 5498 "This information is being furnished to the Internal Revenue Service."
  - **Note.** If you do not furnish another statement to the participant because no contributions were made for the year, the statement of the fair market value and any required minimum distribution, of the account must contain this legend and a designation of which information is being furnished to the IRS.
- Form 5498-ESA "The information in boxes 1 and 2 is being furnished to the Internal Revenue Service."
- Form 5498-SA "The information in boxes 1 through 6 is being furnished to the Internal Revenue Service."

#### Section 4.4 — Miscellaneous Instructions for Copies B, C, D, 1, and 2

#### **4.4.1 Copies**

Copies B, C, and in some cases, D, 1, and 2 are included in the official assembly for the convenience of the filer. You are not legally required to include all these copies with the privately printed substitute forms. Furnishing Copies B and, in some cases, C will satisfy the legal requirement to provide statements of information to form recipients.

**Note.** If an amount of federal income tax withheld is shown on Form 1099-R or W-2G, Copy B (to be attached to the tax return) and Copy C must be furnished to the recipient. Copy D (Forms 1099-R and W-2G) may be used for filer records. Only Copy A should be filed with the IRS.

#### 4.4.2 Arrangement of Assembly

Copy A ("For Internal Revenue Service Center") of all forms must be on top. The rest of the assembly must be arranged, from top to bottom, as follows. For:

- Form 1098 Copy B "For Payer"; Copy C "For Recipient."
- Form 1098-C Copy B "For Donor"; Copy C "For Donor's Records"; Copy D "For Donee."
- Form 1098-E Copy B "For Borrower"; Copy C "For Recipient."
- Form 1098-T Copy B "For Student"; Copy C "For Filer."
- Form 1099-A Copy B "For Borrower"; Copy C "For Lender."
- Forms 1099-B, 1099-DIV, 1099-G, 1099-H, 1099-INT, 1099-OID, 1099-PATR, 1099-Q, and 1099-SA Copy B "For Recipient"; Copy C "For Payer."
- Form 1099-C Copy B "For Debtor"; Copy C "For Creditor."
- Form 1099-CAP Copy B "For Shareholder"; Copy C "For Corporation."
- Form 1099-LTC Copy B "For Policyholder"; Copy C "For Insured"; and Copy D "For Payer."

- Form 1099-MISC Copy 1 "For State Tax Department"; Copy B "For Recipient"; Copy 2 "To be filed with recipient's state income tax return, when required"; and Copy C "For Payer."
- Form 1099-R Copy 1 "For State, City, or Local Tax Department"; Copy B "Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return"; Copy C "For Recipient's Records"; Copy 2 "File this copy with your state, city, or local income tax return, when required"; Copy D "For Payer."
- Form 1099-S Copy B "For Transferor"; Copy C "For Filer."
- Form 5498 Copy B "For Participant"; Copy C "For Trustee or Issuer."
- Form 5498-ESA Copy B "For Beneficiary"; Copy C "For Trustee."
- Form 5498-SA Copy B "For Participant"; Copy C "For Trustee."
- Form W-2G Copy 1 "For State Tax Department"; Copy B "Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return"; Copy C "For Winner's Records"; Copy 2 "Attach this copy to your state income tax return, if required."; Copy D "For Payer."

#### 4.4.3 Perforations

Perforations are required between forms on all copies except Copy A to make separating the forms easier. (Copy A of Form W-2G may be perforated.)

#### Section 4.5 — Electronic Delivery of Form 1099 and Form 5498 Payee Statements

### **4.5.1 Electronic Recipient Statements**

If you are required to furnish a written statement (Copy B or an acceptable substitute) to a recipient, then you may furnish the statement electronically instead of on paper. This includes furnishing the statement to recipients of Forms 1098, 1098-E, 1098-T, 1099-A, B, C, CAP, DIV, H, INT, G, LTC, MISC, OID, PATR, Q, R, S, SA, 5498, 5498-ESA, and 5498-SA. It also includes Form W-2G (except for horse and dog racing, jai alai, sweepstakes, wagering pools, and lotteries).

**Note.** Until further guidance is issued, you can not furnish Form 1098-C electronically.

If you meet the requirements listed below, you are treated as furnishing the statement timely.

#### Consent

The recipient must consent in the affirmative and not have withdrawn the consent before the statement is furnished. The consent by the recipient must be made electronically in a way that shows that he or she can access the statement in the electronic format in which it will be furnished.

You must notify the recipient of any hardware or software changes prior to furnishing the statement. A new consent to receive the statement electronically is required after the new hardware or software is put into service.

Prior to furnishing the statements electronically, you must provide the recipient a statement with the following statements prominently displayed:

- If the recipient does not consent to receive the statement electronically, a paper copy will be provided.
- The scope and duration of the consent. For example, whether the consent applies to every year the statement is furnished or only for the January 31 immediately following the date of the consent.
- How to obtain a paper copy after giving consent.
- How to withdraw the consent. The consent may be withdrawn at any time by furnishing the withdrawal in writing (electronically or on paper) to the person whose name appears on the statement. Confirmation of the withdrawal also will be in writing (electronically or on paper).
- Notice of termination. The notice must state under what conditions the statements will no longer be furnished to the recipient.

- Procedures to update the recipient's information.
- A description of the hardware and software required to access, print and retain a statement, and a date the statement will no longer be available on the website.

#### Format, Posting, and Notification

Additionally, you must:

- Ensure the electronic format contains all the required information and complies with the guidelines in this document.
- Post, on or before the January 31 due date, the applicable statement on a website accessible to the recipient through October 15 of that year.
- Inform the recipient, electronically or by mail, of the posting and how to access and print the statement.

For more information, see Regulations section 31.6051-1. For electronic furnishing of Forms 1098-E and 1098-T, see Regulations section 1.6050S-2. For electronic furnishing of Forms 1099-R, 1099-SA, 1099-Q, 5498, 5498-ESA, and 5498-SA, see Notice 2004-10, 2004-1 C.B. 433.

#### Part 5 Additional Instructions for Substitute Forms 1098, 1099, 5498, W-2G, and 1042-S

#### Section 5.1 — Paper Substitutes for Form 1042-S

#### **5.1.1 Paper Substitutes**

Paper substitutes of Copy A for Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, that totally conform to the specifications contained in this procedure may be privately printed without prior approval from the Internal Revenue Service. Proposed substitutes not conforming to these specifications must be submitted for consideration.

**Note.** Copies B, C, D, and E of Form 1042-S may contain multiple income entries for the same recipient, that is multiple rows of the top boxes 1-8 of the Form.

### **5.1.2 Time Frame For Submission of Form 1042-S**

The request should be submitted by November 15 of the year prior to the year the form is to be used. This is to allow the Service adequate time to respond and the submitter adequate time to make any corrections. These requests should contain a copy of the proposed form, the need for the specific deviation(s), and the number of information returns to be printed.

#### 5.1.3 Revisions

Form 1042-S is subject to annual review and possible change. Withholding agents and form suppliers are cautioned against overstocking supplies of the privately printed substitutes.

#### **5.1.4 Obtaining Copies**

Copies of the official form for the reporting year may be obtained from most Service offices. The Service provides only cut sheets (no carbon interleaves) of these forms. Continuous fan-fold/pin-fed forms are not provided.

### **5.1.5** Instructions For Withholding Agents

Instructions for withholding agents:

- Only original copies may be filed with the Service. Carbon copies and reproductions are not acceptable.
- The term "Recipient's U.S. TIN" for an individual means the social security number (SSN) or IRS individual taxpayer identification number (ITIN), consisting of nine digits separated by hyphens as follows: 000-00-0000. For all other recipients, the term means employer identification number (EIN) or qualified intermediary employer identification number (QI-EIN). The QI-EIN designation includes a withholding foreign partnership employer identification number (WP-EIN) and a withholding foreign trust employer identification

- number (WT-EIN). The EIN and QI-EIN consist of nine digits separated by a hyphen as follows: 00-0000000. The taxpayer identification number (TIN) must be in one of these formats.
- Withholding agents are requested to type or machine print whenever possible, provide quality data entries on the forms (that is, use black ribbon and insert data in the middle of blocks well separated from other printing and guidelines), and take other measures to guarantee a clear, sharp image. Withholding agents are not required, however, to acquire special equipment solely for the purpose of preparing these forms.
- The "VOID," "CORRECTED," and "PRO-RATA BASIS REPORTING" boxes must be printed at the top center of the form under the title and checked, if applicable.
- Substitute forms prepared in continuous or strip form must be burst and stripped to conform to the size specified for a single form before they are filed with the Service. The dimensions are found below. Computer cards are acceptable provided they meet all requirements regarding layout, content, and size.

### **5.1.6 Substitute Form 1042-S** Format Requirements

| Property                  | Substitute Form 1042-S Format Requirements                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Printing                  | Privately printed substitute Forms 1042-S must be exact replicas of the official forms with respect to layout and content. Only the dimensions of the substitute form may differ. The Government Printing Office (GPO) symbol must be deleted. The exact dimensions are found below.                                                                                                                                    |
| Box Entries               | Only one item of income may be represented on the copy submitted to the Service (Copy A). Multiple income items may be shown on copies provided to recipients or retained by withholding agent. All boxes appearing on the official form must be present on the substitute form, with appropriate captions.                                                                                                             |
| Color and Quality of Ink  | All printing must be in high quality non-gloss black ink. Bar codes should be free from picks and voids.                                                                                                                                                                                                                                                                                                                |
| Typography                | Type must be substantially identical in size and shape to corresponding type on the official form. All rules on the document are either 1 point (0.015") or 3 point (0.045"). Vertical rules must be parallel to the left edge of the document; horizontal rules must be parallel to the top edge.                                                                                                                      |
| Carbons                   | Carbonized forms or "spot carbons" are not permissible. Interleaved carbons, if used, must be of good quality to preclude smudging and should be black.                                                                                                                                                                                                                                                                 |
| Assembly                  | If all five parts are present, the parts of the assembly shall be arranged from top to bottom as follows: Copy A (Original) "for Internal Revenue Service," Copies B, C, and D "for Recipient," and Copy E "for Withholding Agent."                                                                                                                                                                                     |
| Color Quality of<br>Paper | • Paper for Copy A must be white chemical wood bond, or equivalent, 20 pound (basis 17 x 22–500), plus or minus 5 percent; or offset book paper, 50 pound (basis 25 x 38–500). No optical brighteners may be added to the pulp or paper during manufacture. The paper must consist of principally bleach chemical wood pulp or recycled printed paper. It also must be suitably sized to accept ink without feathering. |
|                           | Copies B, C, D (for Recipient), and E (For Withholding Agent) are provided in the official assembly solely for the convenience of the withholding agent. Withholding agents may choose the format, design, color, and quality of the paper used for these copies.                                                                                                                                                       |

| Property     | Substitute Form 1042-S Format Requirements                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dimensions   | • The official form is 8 inches wide x 5½ inches deep, exclusive of a ½ inch snap stub on the left side of the form. The snap feature is not required on substitutes.                                                                                                                                                                                                                                                          |
|              | • The width of a substitute Copy A must be a minimum of 7 inches and a maximum of 8 inches, although adherence to the size of the official form is preferred. If the width of substitute Copy A is reduced from that of the official form, the width of each field on the substitute form must be reduced proportionately. The left margin must be ½ inch and free of all printing other than that shown on the official form. |
|              | • The depth of a substitute Copy A must be a minimum of 51/6 inches and a maximum of 51/2 inches.                                                                                                                                                                                                                                                                                                                              |
| Other Copies | Copies B, C, and D must be furnished for the convenience of payees who must send a copy of the form with other federal and state returns they file. Copy E may be used as a withholding agent's record/copy.                                                                                                                                                                                                                   |

#### Section 5.2 — OMB Requirements for All Forms in This Revenue Procedure

#### **5.2.1 OMB Requirements**

The Paperwork Reduction Act (the Act) of 1995 (Public Law 104-13) requires that:

- OMB approves all IRS tax forms that are subject to the Act. Each IRS form contains (in or near the upper right corner) the OMB approval number, if any. (The official OMB numbers may be found on the official IRS printed forms and are also shown on the forms in the exhibits in *Part 6*.)
- Each IRS form (or its instructions) states:
  - (1) Why the IRS needs the information,
  - (2) How it will be used, and
  - (3) Whether or not the information is required to be furnished to the IRS.

This information must be provided to any users of official or substitute IRS forms or instructions.

### **5.2.2 Substitute Form Requirements**

The OMB requirements for substitute IRS forms are:

- Any substitute form or substitute statement to a recipient must show the OMB number as it appears on the official IRS form.
- For Copy A, the OMB number must appear exactly as shown on the official IRS form.
- For any copy other than Copy A, the OMB number must use one of the following formats.
  - (1) OMB No. XXXX-XXXX (preferred) or
  - (2) OMB # XXXX-XXXX (acceptable).

## **5.2.3** Required Explanation to Users

All substitute forms (Copy A only) must state "For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G." (or "For Privacy Act and Paperwork Reduction Act Notice, see separate instructions." for Copy A of Form 1042-S).

If no instructions are provided to users of your forms, you must furnish them with the exact text of the Privacy Act and Paperwork Reduction Act Notice.

#### **Section 5.3** — Reproducible Copies of Forms

#### 5.3.1 Introduction

You can order official IRS forms and publications 24 hours a day, 7 days a week, by calling 1-800-TAX-FORM (1-800-829-3676). Other ways to get federal tax material include:

- The Internet.
- CD-ROM.
- GPO Superintendent of Documents Bookstores.

**Note.** Several IRS forms are provided electronically on the IRS home page and on the Federal Tax Forms CD-ROM, but Copy A of Forms 1096, the 1098 series, 1099 series, and 5498 series cannot be used for filing with the IRS when printed from a conventional printer. These forms contain drop-out ink requirements as described in Part 2 of this publication.

#### 5.3.2 Internet

You can download tax materials from the Internet by visiting the IRS web site at www.irs.gov.

### **5.3.3 IRS Federal Tax Forms CD-ROM**

The IRS also offers an alternative to downloading electronic files and provides current and prior-year access to tax forms and instructions through its *Federal Tax Forms CD-ROM*. The CD, Pub. 1796, *Federal Tax Products on CD-ROM*, will be available for the upcoming filing season. You may buy the CD-ROM on the Internet at <u>www.irs.gov/cdorders</u> or by calling 1-877-CDFORMS (1-877-233-6767).

## **5.3.4 GPO Supt. of Documents Bookstores**

The Government Printing Office (GPO) Superintendent of Documents Bookstores also sell individual copies of tax forms, instructions, and publications.

#### Section 5.4 — Effect on Other Revenue Procedures

#### **5.4.1 Other Revenue Procedures**

Revenue Procedure 2004-58, 2004-2 C.B. 602, which provides rules and specifications for private printing of 2004 substitute forms and statements to recipients, is superseded.

#### Part 6 Exhibits

#### Section 6.1 — Exhibits of Forms in the Revenue Procedure

#### 6.1.1 Purpose

Exhibits A through Z illustrate some of the specifications that were discussed earlier in this revenue procedure. The dimensions apply to the actual size forms, but the exhibits have been reduced in size.

Generally, the illustrated dimensions apply to all like forms. For example, Exhibit B shows 11.00" from the top edge to the bottom edge of Form 1098 and .85" between the bottom rule

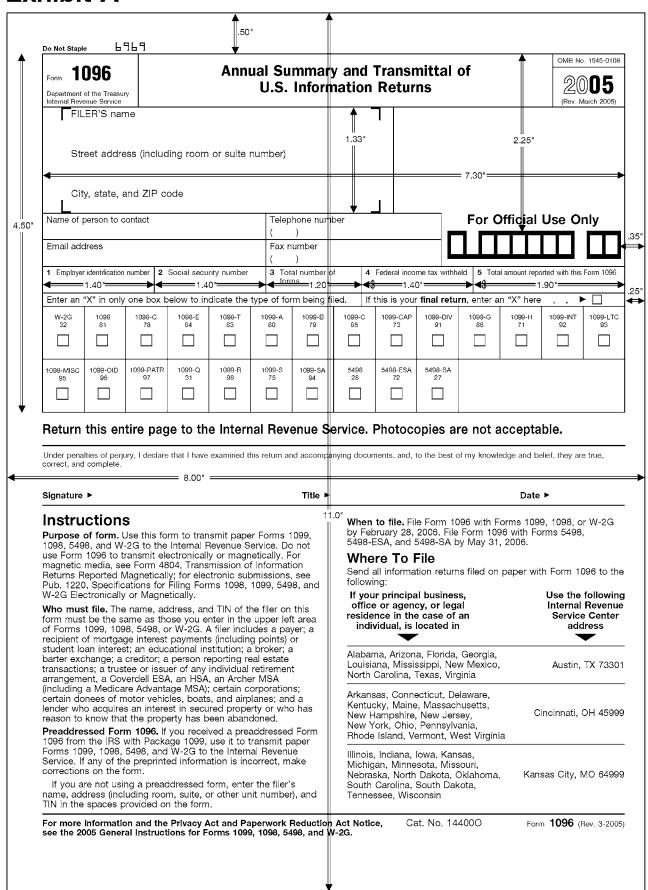
of the top form and the top rule of the second form on the page. These dimensions apply to all forms that are printed three to a page.

#### 6.1.2 Guidelines

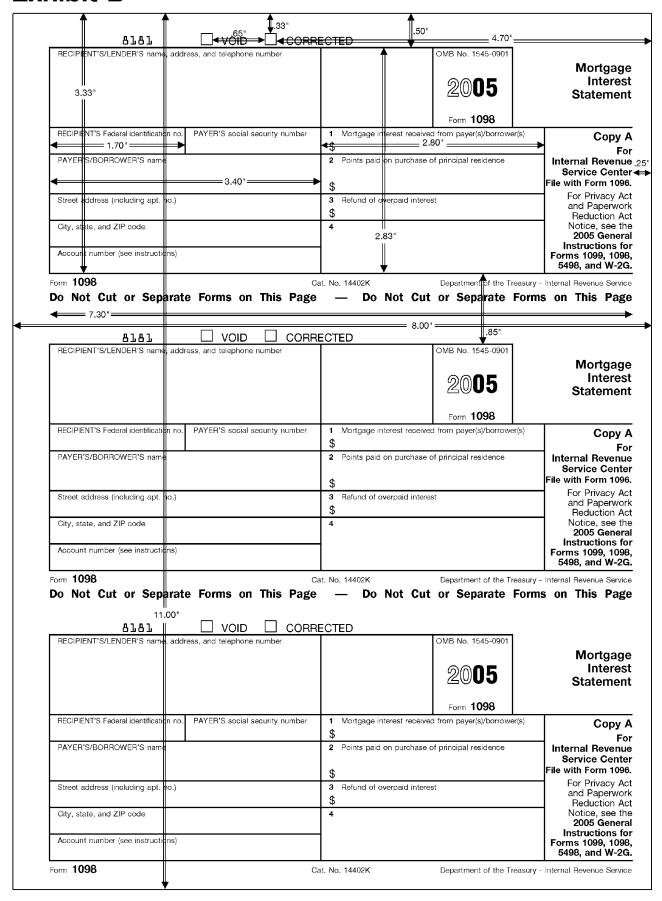
Keep in mind the following guidelines when printing substitute forms.

- Closely follow the specifications to avoid delays in processing the forms.
- Always use the specifications as outlined in this revenue procedure and illustrated in the exhibits.
- Do not add the text line "Do Not Cut or Separate Forms on This Page" to the bottom form. This will cause inconsistency with the specifications.

#### Exhibit A



### **Exhibit B**



## **Exhibit C**

| ontributions of<br>Motor Vehicles<br>Boats, an<br>Airplane                                                                                                                              | _       | 20 <b>05</b> Form 1098-C                                                                                                           | Date of contribution  Make, model, and year of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | one no.                  | e, and teleph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | state, ZIP coc              | es, city,                  | ame, street addr                                                | DONEE'S                                             |
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## **Exhibit D**

|                                                                                                              | e, address, and telephone number                                        | RRECTED OMB No. 1545-1576                                                    |                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                              | o, address, and toroprioris names                                       | OND HO. TO IS TO IS                                                          | Studen                                                                                                               |
|                                                                                                              |                                                                         | 2005                                                                         | Loan Interes                                                                                                         |
|                                                                                                              |                                                                         |                                                                              | Statemen                                                                                                             |
|                                                                                                              |                                                                         | Form <b>1098-E</b>                                                           |                                                                                                                      |
| RECIPIENT'S Federal identificati                                                                             | ion no. BORROWER'S social security nun                                  |                                                                              | Copy A                                                                                                               |
|                                                                                                              |                                                                         | <b>◆\$</b> 2.80" =                                                           | Fo                                                                                                                   |
| BORROWER'S name                                                                                              |                                                                         |                                                                              | Internal Revenue<br>Service Cente                                                                                    |
|                                                                                                              | 3.40"                                                                   | <b>→</b>                                                                     | File with Form 1096                                                                                                  |
| Street address (including apt.                                                                               | no.)                                                                    |                                                                              | For Privacy Adams and Paperwor                                                                                       |
|                                                                                                              |                                                                         |                                                                              | Reduction Ad<br>Notice, see th                                                                                       |
| City, state, and ZIP code 2.8                                                                                | 3"                                                                      |                                                                              | 2005 Genera                                                                                                          |
| Account number (see instructi                                                                                | ons)                                                                    | 2 Check if box 1 includes loan origination fees                              | Instructions for Forms 1099, 1098                                                                                    |
|                                                                                                              |                                                                         | and/or capitalized interest                                                  | 5498, and W-2G                                                                                                       |
| Form <b>1098-E</b>                                                                                           |                                                                         | Cat. No. 25088U Department of the Treasury                                   |                                                                                                                      |
| 20 1101 <b>Cut</b> 01 <b>Cop</b>                                                                             | arate Forms on This Pa                                                  | ge — Do Not Cut or Separate Form                                             |                                                                                                                      |
| 8484                                                                                                         |                                                                         | RRECTED                                                                      |                                                                                                                      |
| RECIPIENT'S/LENDER'S name                                                                                    | e, address, and telephone number                                        | OMB No. 1545-1576                                                            | Studen                                                                                                               |
|                                                                                                              |                                                                         | 20 <b>05</b>                                                                 | Loan Interes                                                                                                         |
|                                                                                                              |                                                                         |                                                                              | Statemen                                                                                                             |
|                                                                                                              |                                                                         | Form <b>1098-E</b>                                                           |                                                                                                                      |
| RECIPIENT'S Federal identificati                                                                             | ion no. BORROWER'S social security nun                                  |                                                                              | Commit                                                                                                               |
|                                                                                                              | · ·                                                                     | \$                                                                           | Copy A                                                                                                               |
| BORROWER'S name                                                                                              |                                                                         |                                                                              | Internal Revenue                                                                                                     |
|                                                                                                              |                                                                         |                                                                              | Service Cente                                                                                                        |
| Street address (including apt.                                                                               | no.)                                                                    |                                                                              | For Privacy Ac                                                                                                       |
|                                                                                                              |                                                                         |                                                                              | Reduction Ad                                                                                                         |
| City, state, and ZIP code                                                                                    |                                                                         |                                                                              | Notice, see th                                                                                                       |
| Account number (see instructi                                                                                | ons)                                                                    | 2 Check if box 1 includes loan origination fees                              | Instructions for Forms 1099, 1098                                                                                    |
| ,                                                                                                            | •                                                                       | and/or capitalized interest                                                  | 5498, and W-2G                                                                                                       |
| Form 1098-E<br>Do Not Cut or Sep                                                                             | arate Forms on This Pa                                                  | Cat. No. 25088U Department of the Treasury  ge — Do Not Cut or Separate Form | - Internal Revenue Service                                                                                           |
| ДПДП                                                                                                         |                                                                         | DDECTED                                                                      |                                                                                                                      |
| 品4品4<br>RECIPIENT'S/LENDER'S name                                                                            | VOID COI                                                                | RRECTED OMB No. 1545-1576                                                    |                                                                                                                      |
|                                                                                                              |                                                                         |                                                                              | Studen                                                                                                               |
|                                                                                                              |                                                                         | OMB No. 1545-1576                                                            | Loan Interes                                                                                                         |
|                                                                                                              |                                                                         |                                                                              | Studen<br>Loan Interes<br>Statemen                                                                                   |
|                                                                                                              |                                                                         | OMB No. 1545-1576                                                            | Loan Interes                                                                                                         |
|                                                                                                              | e, address, and telephone number                                        | OMB No. 1545-1576 2005  Form 1098-E                                          | Loan Interes<br>Statemen                                                                                             |
| RECIPIENT'S/LENDER'S name                                                                                    | e, address, and telephone number                                        | OMB No. 1545-1576 2005  Form 1098-E                                          | Loan Interes<br>Statemen<br>Copy A                                                                                   |
| RECIPIENT'S/LENDER'S name                                                                                    | e, address, and telephone number                                        | OMB No. 1545-1576 2005  Form 1098-E                                          | Copy / Fo Internal Revenue Service Cente                                                                             |
| RECIPIENT'S/LENDER'S name  RECIPIENT'S Federal identificati  BORROWER'S name                                 | e, address, and telephone number  on no. BORROWER'S social security num | OMB No. 1545-1576 2005  Form 1098-E                                          | Copy / Fo Internal Revenue Service Center File with Form 1096                                                        |
| RECIPIENT'S/LENDER'S name                                                                                    | e, address, and telephone number  on no. BORROWER'S social security num | OMB No. 1545-1576 2005  Form 1098-E                                          | Copy A Fo Internal Revenue Service Cente File with For Privacy Ac and Paperwor                                       |
| RECIPIENT'S/LENDER'S name  RECIPIENT'S Federal identificati  BORROWER'S name  Street address (including apt. | e, address, and telephone number  on no. BORROWER'S social security num | OMB No. 1545-1576 2005  Form 1098-E                                          | Copy A Fo Internal Revenus Service Cente File with Form 1096 For Privacy Ac and Paperwor Reduction Ac Notice, see th |
| RECIPIENT'S/LENDER'S name  RECIPIENT'S Federal identificati  BORROWER'S name                                 | e, address, and telephone number  on no. BORROWER'S social security num | OMB No. 1545-1576 2005  Form 1098-E                                          | Copy A Fo Internal Revenus Service Cente File with Form 1096 For Privacy Ac and Paperwor Reduction Ac                |

## Exhibit E

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| FILER'S Federal identification no.                                                                                                | STUDENT'S social security number                | 2 Adjustmente made for a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4 Scholarships or grants                                                                                                                                                  | Сору                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| STUDENT'S name                                                                                                                    | -                                               | 5 Adjustments to scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,                                                                                                                                                                         | Internal Revenu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Street address (including apt. no.)                                                                                               |                                                 | 6 Check this box if the<br>amount in box 1 or 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ol> <li>Reimbursements or refund<br/>of qualified tuition and</li> </ol>                                                                                                 | ds and Paperwo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| City, state, and ZIP code                                                                                                         |                                                 | beginning January-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.80"                                                                                                                                                                     | → 2005 Gener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Service Provider/Acct. No. (see insti                                                                                             | ructions)                                       | March 2006 ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ΙΨ                                                                                                                                                                        | Instructions forms 1099, 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| FILER'S Federal identification no.                                                                                                | STUDENT'S social security number                | ar 3 Adjustments made for a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4 Scholarships or grants                                                                                                                                                  | Сору                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Street address (including apt. no.)                                                                                               |                                                 | 6 Check this box if the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7 Reimbursements or refund                                                                                                                                                | For Privacy A and Paperwo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| City, state, and ZIP code                                                                                                         |                                                 | an academic period beginning January-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | insurance contract                                                                                                                                                        | Notice, see the 2005 Gener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Service Provider/Acct. No. (see instr                                                                                             | ructions)                                       | 8 Check if at least                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9 Check if a graduate                                                                                                                                                     | Forms 1099, 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                   |                                                 | half-time student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | student                                                                                                                                                                   | _   0+30, and ₩-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| -orm 1098-T                                                                                                                       |                                                 | Cat. No. 25097 I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Department of the Treasure                                                                                                                                                | v - Internal Revenue Comit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Oo Not Cut or Separat                                                                                                             | te Forms on This Page                           | RECTED or 1 Payments received for qualified tuition and related expenses \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OMB No. 1545-1574                                                                                                                                                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Oo Not Cut or Separat                                                                                                             | te Forms on This Page                           | RECTED  The proper of the prop | OMB No. 1545-1574                                                                                                                                                         | ms on This Pag<br>Tuitio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Do Not Cut or Separat                                                                                                             | te Forms on This Page                           | RECTED  To Payments received for qualified tuition and related expenses  Amounts billed for qualified tuition and related expenses  Amounts billed for qualified tuition and related expenses  To Adjustments made for a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants                                                                                                            | ms on This Pag<br>Tuitio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| A3A3 FILER'S name, street address, city, FILER'S Federal identification no.                                                       | VOID CORF                                       | PRECTED  or 1 Payments received for qualified tuition and related expenses  2 Amounts billed for qualified tuition and related expenses  \$ 1 Payments received for qualified tuition and related expenses  or 3 Adjustments made for a prior year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants \$                                                                                                         | Tuition Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| A3A3 FILER'S name, street address, city,                                                                                          | VOID CORF                                       | RECTED  To Payments received for qualified tuition and related expenses  Amounts billed for qualified tuition and related expenses  Amounts billed for qualified tuition and related expenses  To Adjustments made for a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants \$                                                                                                         | Tuition Statement Copy Internal Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A3A3  FILER'S name, street address, city,                                                                                         | VOID CORF                                       | PRECTED  or 1 Payments received for qualified tuition and related expenses  2 Amounts billed for qualified tuition and related expenses  \$ 3 Adjustments made for a prior year  5 Adjustments to scholarships or grants for a prior year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants \$                                                                                                         | Tuition Statement Copy Internal Revenue Service Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| A3A3  FILER'S name, street address, city,  FILER'S Federal identification no.                                                     | VOID CORF                                       | RECTED  The proper of the prop | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants                                                                                                            | Tuitio Statemen  Copy Internal Revenu Service Cente File with Form 109 For Privacy A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| A3A3  FILER'S name, street address, city,                                                                                         | VOID CORF                                       | PRECTED  If I Payments received for qualified tuition and related expenses  Amounts billed for qualified tuition and related expenses  Adjustments made for a prior year  Adjustments to scholarships or grants for a prior year  Check this box if the amount in box 1 or 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OMB No. 1545-1574  OMB No. 1545-1574  OMB No. 1545-1574  OMB No. 1545-1574  Som 1098-T  4 Scholarships or grants  5  7 Reimbursements or refunct of qualified tuition and | Tuition Statement  Copy For Internal Revenus Service Centre File with Form 109 For Privacy A and Paperwo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Baaa FILER'S name, street address, city,  FILER'S Federal identification no.  STUDENT'S name  Street address (including apt. no.) | VOID CORF                                       | RECTED  The proper of the prop | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants  8                                                                                                         | Tuition Statement  Copy For Internal Revenus Service Centre File with Form 109 For Privacy A and Paperwo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| A3A3  FILER'S name, street address, city,  FILER'S Federal identification no.                                                     | VOID CORF                                       | RECTED  To Payments received for qualified tuition and related expenses  Amounts billed for qualified tuition and related expenses  Adjustments made for a prior year  Adjustments to scholarships or grants for a prior year  Check this box if the amount in box 1 or 2 includes amounts for an academic period beginning January                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants  7 Reimbursements or refunctor qualified tuition and related expenses from an insurance contract           | Tuition Statement  Copy Copy Conternal Revenus Service Centre File with Form 109 For Privacy A and Paperwo Reduction A Notice, see the 2005 General Content Co |
| Baba FILER'S name, street address, city,  FILER'S Federal identification no.  STUDENT'S name  Street address (including apt. no.) | VOID CORF State, ZIP code, and telephone number | RECTED  The proper of the prop | OMB No. 1545-1574  2005  Form 1098-T  4 Scholarships or grants  7 Reimbursements or refunction of qualified tuition and related expenses from an                          | Tuition Statement  Copy For Internal Revenus Service Center File with Form 109 For Privacy A and Paperwo Reduction A Notice, see the service of the service  |

## **Exhibit F**

| LENDER'S name, street address, city, state, ZIP code, and telephone no.                                                                                                                                                                         | RECTED                                                                                              |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| zz sz s iamo, sirost address, erty, etate, zir sode, and telephone no.                                                                                                                                                                          | 1                                                                                                   | OMB No. 1545-0877                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                                                                                                                 |                                                                                                     | Form 1099-A                                                                                                | Secured Propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                 | 1 Date of lender's acquisition or                                                                   | 2 Balance of principal                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| LENDER'S Federal Identification number   BORROWER'S identification number                                                                                                                                                                       | knowledge of abandonment                                                                            | outstanding                                                                                                | Сору                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| BORROWER'S name                                                                                                                                                                                                                                 | 3                                                                                                   | 4 Fair market value of                                                                                     | property Service Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                 |                                                                                                     | 1,40"=                                                                                                     | File with Form 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Street address (including apt. no.)                                                                                                                                                                                                             | 5 Was borrower personally lia                                                                       | ble for rensyment of the                                                                                   | For Privacy A and Paperwo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| choot datases (moteum graph, no.)                                                                                                                                                                                                               | o reac porcervary ma                                                                                | Yes [                                                                                                      | No Reduction A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| City, state, and ZIP code                                                                                                                                                                                                                       | 6 Description of property                                                                           |                                                                                                            | Notice, see tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                 |                                                                                                     | <b>←</b>                                                                                                   | 1.80 Instructions for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Account number (see instructions)                                                                                                                                                                                                               |                                                                                                     |                                                                                                            | Forms 1099, 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                                            | 5498, and W-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Form 1099-A<br>Do Not Cut or Separate Forms on This Pag                                                                                                                                                                                         | Cat. No. 14412G                                                                                     |                                                                                                            | easury - Internal Revenue Servi<br><b>Forms on This Pag</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Do Not Cut of Separate Forms on This Fag                                                                                                                                                                                                        | e — Do Not Cui                                                                                      | or Separate                                                                                                | ruins un mis rag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 8080 UVOID CORF                                                                                                                                                                                                                                 | RECTED                                                                                              |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| LENDER'S name, street address, city, state, ZIP code, and telephone no.                                                                                                                                                                         |                                                                                                     | OMB No. 1545-0877                                                                                          | g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                 |                                                                                                     | Form <b>1099-A</b>                                                                                         | Secured Propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| LENDER'S Federal identification number   BORROWER'S identification number                                                                                                                                                                       | knowledge of shandonment                                                                            | outstanding                                                                                                | Сору                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                                            | File with Form 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| City, state, and ZIP code                                                                                                                                                                                                                       | 6 Description of property                                                                           | Yes                                                                                                        | Notice, see the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Account number (see instructions)                                                                                                                                                                                                               |                                                                                                     |                                                                                                            | Instructions forms 1099, 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Do Not Cut or Separate Forms on This Pag                                                                                                                                                                                                        | e — Do Not Cui                                                                                      | or Separate                                                                                                | Forms on This Pag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                 | RECTED                                                                                              | OMB No. 1545-0877                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| BDBD □ VOID □ CORF LENDER'S name, street address, city, state, ZIP code, and telephone no.                                                                                                                                                      | Date of lender's acquisition or     knowledge of shandgament                                        | 2005 Form 1099-A 2 Balance of principal                                                                    | Abandonment of Secured Propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| BOBO VOID CORF LENDER'S name, street address, city, state, ZIP code, and telephone no.  LENDER'S Federal Identification number BORROWER'S identification number                                                                                 | 1 Date of lender's acquisition or knowledge of abandonment                                          | 2005 Form 1099-A  2 Balance of principal outstanding \$                                                    | Abandonment of Secured Propert Copy Internal Revenu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| BOBO VOID CORF LENDER'S name, street address, city, state, ZIP code, and telephone no.  LENDER'S Federal Identification number BORROWER'S identification number                                                                                 | 1 Date of lender's acquisition or knowledge of abandonment                                          | 2005 Form 1099-A  2 Balance of principal outstanding \$ 4 Fair market value of                             | Abandonment of Secured Propert  Copy Figure Internal Revenument Copy Service Centre File with Form 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| BOBO VOID CORF  LENDER'S name, street address, city, state, ZIP code, and telephone no.  LENDER'S Federal Identification number BORROWER'S identification number BORROWER'S name                                                                | 1 Date of lender's acquisition or knowledge of abandonment  3                                       | 2005 Form 1099-A  2 Balance of principal outstanding \$ 4 Fair market value of                             | Abandonment of Secured Property  Copy Internal Revent Service Centre File with Form 109 For Privacy A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| BOBO VOID CORF LENDER'S name, street address, city, state, ZIP code, and telephone no.  LENDER'S Federal Identification number BORROWER'S identification number                                                                                 | 1 Date of lender's acquisition or knowledge of abandonment                                          | 2005 Form 1099-A  2 Balance of principal outstanding \$ 4 Fair market value of                             | Abandonment of Secured Property  Copy Internal Revenus Service Centre File with Form 109 For Privacy A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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## **Exhibit G**

| Proceeds Fro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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No. 14411V                                                                                                                                                                                                                                                                                | □ corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | □ VOID                  | 2.80° = 2.80° = 79.79 'S name, street address, city,                                                                            |
| Proceeds Fro<br>Broker ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Department of the Treasury -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V                                                                                                                                                                                                                                                                                | □ corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | 099-B<br>7979                                                                                                                   |
| Proceeds Fro<br>Broker ar<br>Barter Exchang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Department of the Treasury -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V                                                                                                                                                                                                                                                                                | □ corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | 099-B<br>7979                                                                                                                   |
| Proceeds Fro<br>Broker ar<br>Barter Exchang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Proceeds Fro<br>Broker an<br>Barter Exchang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A.15"  Department of the Treasury -  OMB No. 1545-0715  2005  Form 1099-B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CTED  1a Date of sale or exchange  1b CUSIP no.                                                                                                                                                                                                                                               | □ corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | 099-B<br>7979                                                                                                                   |
| Proceeds Fro<br>Broker an<br>Barter Exchang<br>Transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Department of the Treasury -  OMB No. 1545-0715  OMB No. 1545-0715  OMB No. 1545-0715  OMB No. 1545-0715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.                                                                                                                                                                                                        | □ corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         | 099-B<br>7979                                                                                                                   |
| Proceeds Fro<br>Broker an<br>Barter Exchang<br>Transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Department of the Treasury -  OMB No. 1545-0715  OMB No. 1545-0715  OMB No. 1545-0715  OMB No. 1545-0715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.                                                                                                                                                                                                                        | CORRECT CONTROL CONTRO |                         | 099-B<br>7979                                                                                                                   |
| Proceeds Froi<br>Broker and<br>Barter Exchang<br>Transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Department of the Treasury -  OMB No. 1545-0715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering                                                                                                                                                                                        | CORRECT CONTROL CONTRO | state, ZIP code, and    | <b>7979</b> 'S name, street address, city,                                                                                      |
| Proceeds Froi<br>Broker an<br>Barter Exchang<br>Transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Department of the Treasury -  OMB No. 1545-0715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering                                                                                                                                                                                        | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city,                                                                                             |
| Proceeds From Broker and Barter Exchange Transaction ommissions and option premit Copy F. Internal Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Department of the Treasury -  OMB No. 1545-0715                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering                                                                                                                                                                                        | CORRECT CONTROL CONTRO | state, ZIP code, and    | <b>7979</b> 'S name, street address, city,                                                                                      |
| Proceeds Froi<br>Broker an<br>Barter Exchang<br>Transaction  Copy Finternal Revenus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Department of the Treasury -  OMB No. 1545-0715  OM | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering                                                                                                                                                                                        | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city,                                                                                             |
| Proceeds Froi<br>Broker and<br>Barter Exchang<br>Transaction  Copy Finternal Revenuservice Cent File with Form 108 and Paperwo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Department of the Treasury -  OMB No. 1545-0715  OM | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering  \$ 5 No. of shares exchanged                                                                                                                                                          | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city, s                                                                                           |
| Proceeds Froi<br>Broker and<br>Barter Exchang<br>Transaction  Copy Finternal Revenuservice Centus For Privacy All and Paperwood Reduction All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Department of the Treasury -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering  \$ 5 No. of shares exchanged  7 Description                                                                                                                                           | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city, s                                                                                           |
| Proceeds Froi<br>Broker and<br>Barter Exchang<br>Transaction  Copy Internal Revenuservice Centus For Privacy And Papervoland Papervolan | Department of the Treasury -  4.15"  Department of the Treasury -  OMB No. 1545-0715  OMB No. 1545-0715  Gross proceeds  Form 1099-B  Reported   Gross proceeds on IRS   Gross proceeds less colored   Gross proceeds   Gross proceeds less colored   Gross proceeds   Gross proceeds | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering  \$ 5 No. of shares exchanged  7 Description  8 Profit or (loss) realized in 2005                                                                                                      | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city, see S Federal identification number ENT'S name                                              |
| Proceeds Froi<br>Broker and<br>Barter Exchang<br>Transaction  Copy Finternal Revenue Service Center File with Form 109 and Paperwood Reduction A Notice, see to 2005 General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Department of the Treasury -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering  \$ 5 No. of shares exchanged  7 Description  8 Profit or (loss) realized in 2005  \$ 10 Unrealized profit or (loss) on                                                                | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city, see S Federal identification number ENT'S name                                              |
| Proceeds Froi<br>Broker and<br>Barter Exchang<br>Transaction  Copy  Internal Revenument Service Center File with Form 109 For Privacy A and Paperwork Reduction A Notice, see the 2005 General Instructions for Forms 1099, 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Department of the Treasury -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering  \$ 5 No. of shares exchanged  7 Description  8 Profit or (loss) realized in 2005  \$ 10 Unrealized profit or (loss) on open contracts-12/31/2005                                      | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city, see S Federal identification number ENT'S name address (including apt. no.)                 |
| Proceeds Froi<br>Broker an<br>Barter Exchang<br>Transaction  Copy  Internal Revenument Service Center File with Form 109 For Privacy A and Paperwo Reduction A Notice, see at 2005 Gener Instructions for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Department of the Treasury -  4.15"  Department of the Treasury -  OMB No. 1545-0715  OMB No. 1545-0715  OMB No. 1545-0715  OGRAPHIC STATE OF TREASURY -  OMB No. 1545-0715  Omb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering  \$ 5 No. of shares exchanged  7 Description  8 Profit or (loss) realized in 2005  \$ 10 Unrealized profit or (loss) on open contracts—12/31/2005  \$ 12 Check the box if recipient ca | CORRECT CONTROL CONTRO | state, ZIP code, and    | 7979 'S name, street address, city, see S Federal identification number ENT'S name address (including apt. no.)                 |
| Proceeds From Broker and Barter Exchang Transaction of the Internal Revenue Service Center File with Form 109 For Privacy A and Paperwo Reduction A Notice, see the 2005 Gener Instructions forms 1099, 109 5498, and W-24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Department of the Treasury -  4.15"  Department of the Treasury -  OMB No. 1545-0715  OMB No. 1545-0715  OMB No. 1545-0715  OGRAPHIC STATE OF TREASURY -  OMB No. 1545-0715  Omb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at. No. 14411V  CTED  1a Date of sale or exchange  1b CUSIP no.  2 Stocks, bonds, etc.  \$ 3 Bartering  \$ 5 No. of shares exchanged  7 Description  8 Profit or (loss) realized in 2005  \$ 10 Unrealized profit or (loss) on open contracts—12/31/2005  \$                                  | CORRE- telephone no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | state, ZIP code, and    | 7979 'S name, street address, city, s S Federal identification number ENT'S name address (including apt. no.) ate, and ZIP code |

## Exhibit H

| ## CREDITOR'S name, street address, city, state, and ZIP code           | RECTED T                       | OMB No. 1545-1424                     |                                                           |
|-------------------------------------------------------------------------|--------------------------------|---------------------------------------|-----------------------------------------------------------|
| Onlibrion Sitiatile, street address, city, state, and zim code          |                                | ONID NO. 1945-1424                    |                                                           |
|                                                                         |                                | 2005                                  | Cancellat<br>of D                                         |
|                                                                         |                                | Form <b>1099-C</b>                    |                                                           |
| CREDITOR'S Federal Identification number DEBTOR'S identification number | 1 Date canceled 1.40"          | 2 Amount of debt canceled 1.40"       | Сор                                                       |
| DEBTOR'S name                                                           | 3 Interest if included in box  |                                       | Internal Reve                                             |
| 3.40"                                                                   | <b>→</b> \$                    |                                       | Service Ce<br>File with Form 1                            |
| Street address (including apt. no.)                                     | 5 Debt description             |                                       | For Privacy<br>and Paper                                  |
|                                                                         | _                              |                                       | Reduction<br>Notice, se                                   |
| City, state, and ZIP code                                               |                                |                                       | 2005 Ger                                                  |
| Account number (see instructions)                                       | 6 Check for bankruptcy         | 7 Fair market value of property       | 7                                                         |
| Form 1099-C                                                             | Cat. No. 26280W                | Department of the Treasury -          | Internal Revenue S                                        |
| 8585 VOID CORF                                                          | RECTED                         | OMB No. 1545-1424                     |                                                           |
|                                                                         |                                | 2005                                  | Cancellat<br>of D                                         |
|                                                                         |                                | Form <b>1099-C</b>                    |                                                           |
| CREDITOR'S Federal identification number DEBTOR'S identification number | 1 Date canceled                | 2 Amount of debt canceled \$          | Cop                                                       |
| DEBTOR'S name                                                           | 3 Interest if included in box  |                                       | Internal Reve<br>Service Ce                               |
|                                                                         | \$                             |                                       | File with Form 1                                          |
| Street address (including apt. no.)                                     | 5 Debt description             |                                       | and Paper<br>Reduction<br>Notice, se                      |
| City, state, and ZIP code                                               |                                |                                       | 2005 Ger                                                  |
| Account number (see instructions)                                       | 6 Check for bankruptcy         | 7 Fair market value of property       | Forms 1099, 1<br>5498, and W                              |
|                                                                         | Cat. No. 26280W                | Department of the Treasury -          |                                                           |
| Do Not Cut or Separate Forms on This Pag                                | e — Do Not C                   | ut or Separate Forms                  | s on This P                                               |
| TERE DVOID DOODS                                                        | JECTED.                        |                                       |                                                           |
| A 5 A 5 VOID CORF                                                       | RECTED                         | OMB No. 1545-1424                     |                                                           |
|                                                                         |                                | 2005                                  | Cancellat<br>of D                                         |
| CREDITOR'S Federal identification number DEBTOR'S identification number | 1 Date canceled                | Form 1099-C 2 Amount of debt canceled | Cor                                                       |
| DEBTOR'S name                                                           | 3 Interest if included in box  | \$ 2 4                                | Internal Reve                                             |
| DEDICATO Hame                                                           | \$ Interest if included in box |                                       | Service Ce<br>File with Form 1                            |
|                                                                         |                                | ı                                     | For Privacy and Paper                                     |
| Street address (including apt. no.)                                     | 5 Debt description             |                                       | Reduction                                                 |
| Street address (including apt. no.)  City, state, and ZIP code          | 5 Debt description             |                                       | Reduction<br>Notice, se<br><b>2005 Gei</b><br>Instruction |

## Exhibit I

| 9191 UVOID UCORR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RECTED                                                                             |                                       |                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORPORATION'S name, street address, city, state, ZIP code, and telephone no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | o. 1 Date of sale or exchange                                                      | OMB No. 1545-1814                     | Changes                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | 900 <b>5</b>                          | Corpor                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Aggregate amount received                                                        |                                       | Control a                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.40"                                                                              | Form 1099-CAP                         | Capital Struct                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 No. of shares exchanged                                                          | 4 Classes of stock exch               | anged1.35"                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | 1.40"=                                | Cop                                                                                                                                                        |
| CORPORATION'S Federal identification no. SHAREHOLDER'S identification no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                       |                                                                                                                                                            |
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| SHAREHOLDER'S name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                       | File with Form 1                                                                                                                                           |
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| Street address (including apt. no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                       | Reduction                                                                                                                                                  |
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| City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                       | 2005 Ger<br>Instructions                                                                                                                                   |
| 3.4"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>▶</b>                                                                           |                                       | Forms 1099, 1                                                                                                                                              |
| Account number (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 Check the box if sharehold                                                       | ler cannot take a loss on             | 5498, and W                                                                                                                                                |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | their tax return based on the                                                      | ne amount in box 2 , .                |                                                                                                                                                            |
| Form 1099-CAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cat. No. 35115M                                                                    | Department of the Trea                | asury - Internal Revenue Se                                                                                                                                |
| 9191 VOID CORR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RECTED  o. 1 Date of sale or exchange                                              | OMB No. 1545-1814                     | Changes                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                 | Form <b>1099-CAP</b>                  | Capital Struct                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 No. of shares exchanged                                                          | 4 Classes of stock exch               |                                                                                                                                                            |
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| CORPORATION'S Federal identification no. SHAREHOLDER'S identification no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                       |                                                                                                                                                            |
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| SHAREHOLDER'S name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7                                                                                  |                                       | File with Form 1                                                                                                                                           |
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| Street address (including apt. no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7                                                                                  |                                       | Reduction                                                                                                                                                  |
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| City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | $\neg$                                                                             |                                       | 2005 Gen<br>Instructions                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                       | Forms 1099, 1                                                                                                                                              |
| Account number (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 Check the box if sharehold                                                       | ler cannot take a loss on             | 5498, and W                                                                                                                                                |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | their tax return based on the                                                      | ne amount in box 2.                   |                                                                                                                                                            |
| Form 1099-CAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cat. No. 35115M                                                                    |                                       | asury - Internal Revenue Se                                                                                                                                |
| Do Not Cut or Separate Forms on This Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                       | orms on This Pa                                                                                                                                            |
| 9191 UVOID CORR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECTED                                                                             |                                       | Changes                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o. 1 Date of sale or exchange                                                      | 20 <b>05</b>                          | Corpor<br>Control a<br>Capital Struct                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul><li>Date of sale or exchange</li><li>Aggregate amount received</li></ul>       | 2005                                  | Corpor<br>Control a<br>Capital Struct                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of sale or exchange     Aggregate amount received                             | 20 <b>05</b> Form 1099-CAP            | Corpor<br>Control a<br>Capital Struct                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of sale or exchange     Aggregate amount received                             | 20 <b>05</b> Form 1099-CAP            | Corpor<br>Control a<br>Capital Struct                                                                                                                      |
| CORPORATION'S name, street address, city, state, ZIP code, and telephone no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of sale or exchange     Aggregate amount received                             | 20 <b>05</b> Form 1099-CAP            | Corpor Control a Capital Struct                                                                                                                            |
| CORPORATION'S name, street address, city, state, ZIP code, and telephone no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of sale or exchange     Aggregate amount received                             | 20 <b>05</b> Form 1099-CAP            | Corpor Control a Capital Struct Cop                                                                                                                        |
| CORPORATION'S name, street address, city, state, ZIP code, and telephone no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of sale or exchange     Aggregate amount received                             | 20 <b>05</b> Form 1099-CAP            | Corpor Control a Capital Struct Cop Internal Reve Service Cel File with Form 1                                                                             |
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| CORPORATION'S name, street address, city, state, ZIP code, and telephone not composed to the code of t | Date of sale or exchange     Aggregate amount received                             | 20 <b>05</b> Form 1099-CAP            | Corpor Control a Capital Struct  Cop Internal Reve Service Ce File with Form 1 For Privacy and Papen                                                       |
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| CORPORATION'S name, street address, city, state, ZIP code, and telephone not composed to the code of t | Date of sale or exchange     Aggregate amount received                             | 20 <b>05</b> Form 1099-CAP            | Corpor Control a Capital Struct  Internal Reve Service Ce File with Form 1 For Privacy and Paper Reductior Notice, see 2005 Ger                            |
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| CORPORATION'S name, street address, city, state, ZIP code, and telephone not composed to the code of t | Date of sale or exchange  Aggregate amount received  No. of shares exchanged  5    | Form 1099-CAP 4 Classes of stock exch | Corpor Control a Capital Struct Cop Internal Reve                                                                                                          |
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## **Exhibit J**

| PAYER'S name, street address, city,                                                                                                                          | VOID L<br>state, ZIP code, and tele | CORREC           | 1a Total ordinary dividends                                                                                                                                                                   | OMB No. 1545-0110                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                              |                                     |                  | 1b Qualified dividends                                                                                                                                                                        | <u>@</u> \UJ                                                                                                                                                                                                                 | Distributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                                                                                                                                                              |                                     |                  | \$ Tatal against main distan                                                                                                                                                                  | Form 1099-DIV                                                                                                                                                                                                                | in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                              |                                     |                  | 2a Total capital gain distr.                                                                                                                                                                  | <b>2b</b> Unrecap. Sec. 1250                                                                                                                                                                                                 | Copy A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| PAYER'S Federal identification number                                                                                                                        | RECIPIENT'S identification          | ation            |                                                                                                                                                                                               |                                                                                                                                                                                                                              | Internal Revenue<br>Service Cente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                              |                                     |                  |                                                                                                                                                                                               |                                                                                                                                                                                                                              | File with Form 1096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| RECIPIENT'S name                                                                                                                                             |                                     |                  | 2c Section 1202 gain                                                                                                                                                                          | 2d Collectibles (28%) ga                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                              |                                     |                  | 3 Nondividend distributions \$                                                                                                                                                                | 4 Federal income tax wit                                                                                                                                                                                                     | Reduction Ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Street address (including apt. no.)                                                                                                                          |                                     |                  | Ψ                                                                                                                                                                                             | 5 Investment expenses                                                                                                                                                                                                        | Matica assits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| City, state, and ZIP code                                                                                                                                    |                                     |                  | 6 Foreign tax paid                                                                                                                                                                            | 7 Foreign country or U.S. poss                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A                                                                                                                                                            |                                     | In a Table       | \$                                                                                                                                                                                            | 0 None of E 11.0                                                                                                                                                                                                             | 1098, 5498<br>and W-2G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Account number (see instructions)                                                                                                                            |                                     | 2nd TIN not.     | 8 Cash liquidation<br>distributions                                                                                                                                                           | <ol> <li>Noncash liquidation<br/>distributions</li> </ol>                                                                                                                                                                    | and W 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4                                                                                                                                                            |                                     |                  | \$                                                                                                                                                                                            | \$ 4.50"                                                                                                                                                                                                                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2.80"                                                                                                                                                        |                                     | .60"             | Ψ                                                                                                                                                                                             | ΙΨ                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| orm 1099-DIV<br>Do Not Cut or Separat                                                                                                                        | □ VOID □                            | his Page         | CTED                                                                                                                                                                                          |                                                                                                                                                                                                                              | sury - Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Do Not Cut or Separat                                                                                                                                        | □ VOID □                            | his Page         | — Do Not Cut                                                                                                                                                                                  |                                                                                                                                                                                                                              | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Oo Not Cut or Separat                                                                                                                                        | □ VOID □                            | his Page         | — Do Not Cut                                                                                                                                                                                  | OMB No. 1545-0110                                                                                                                                                                                                            | rms on This Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Oo Not Cut or Separat                                                                                                                                        | □ VOID □                            | his Page         | Do Not Cut  CTED  1a Total ordinary dividends                                                                                                                                                 | or Separate Fo                                                                                                                                                                                                               | oms on This Page  Dividends and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Oo Not Cut or Separat                                                                                                                                        | □ VOID □                            | his Page         | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends                                                                                                                    | or Separate Fo                                                                                                                                                                                                               | oms on This Page  Dividends and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Oo Not Cut or Separat                                                                                                                                        | □ VOID □                            | his Page         | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends                                                                                                                    | OMB No. 1545-0110 2005 Form 1099-DIV                                                                                                                                                                                         | Dividends and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Oo Not Cut or Separat                                                                                                                                        | □ VOID □                            | his Page         | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.                                                                                   | OMB No. 1545-0110 2005 Form 1099-DIV 2b Unrecap. Sec. 1250                                                                                                                                                                   | Dividends and Distributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PAYER'S name, street address, city,                                                                                                                          | VOID, state, ZIP code, and tele     | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends                                                                                                                    | OMB No. 1545-0110 2005 Form 1099-DIV                                                                                                                                                                                         | Dividends and Distributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Oo Not Cut or Separat                                                                                                                                        | □ VOID □                            | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.                                                                                   | OMB No. 1545-0110 2005 Form 1099-DIV 2b Unrecap. Sec. 1250                                                                                                                                                                   | Dividends and Distributions  Gain Copy / Fo Internal Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PAYER'S Federal identification                                                                                                                               | VOID state, ZIP code, and tele      | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.                                                                                   | OMB No. 1545-0110 2005 Form 1099-DIV 2b Unrecap. Sec. 1250                                                                                                                                                                   | Dividends and Distributions  Gain Copy / Fo Internal Revenue Service Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 9191 PAYER'S name, street address, city, PAYER'S Federal identification number                                                                               | VOID state, ZIP code, and tele      | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$                                                                               | OMB No. 1545-0110 2005 Form 1099-DIV 2b Unrecap. Sec. 1250                                                                                                                                                                   | Dividends and Distributions  Gain Copy A For Internal Revenus Service Center File with Form 1096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PAYER'S Federal identification                                                                                                                               | VOID state, ZIP code, and tele      | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$                                                                               | OMB No. 1545-0110 2005 Form 1099-DIV 2b Unrecap. Sec. 1250 \$                                                                                                                                                                | Dividends and Distributions  Gain Copy / Fo Internal Revenus Service Center File with Form 1096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9191 PAYER'S name, street address, city, PAYER'S Federal identification number                                                                               | VOID state, ZIP code, and tele      | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$                                                                               | OMB No. 1545-0110 2005 Form 1099-DIV 2b Unrecap. Sec. 1250                                                                                                                                                                   | Dividends and Distributions  Gain Copy / For Internal Revenus Service Center File with Form 1096 and Paperwork and Paperwork file with Paperwork and Paperwork file with Paperwork file wi |
| 9191 PAYER'S name, street address, city, PAYER'S Federal identification number                                                                               | VOID state, ZIP code, and tele      | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$                                                                               | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250 \$                                                                                                                                                             | Dividends and Distributions  Gain Copy / For Internal Revenus Service Center File with Form 1096 and Paperwork Reduction Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 9191 PAYER'S name, street address, city, PAYER'S Federal identification number                                                                               | VOID state, ZIP code, and tele      | CORRECTED        | TED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$  2c Section 1202 gain  \$ 3 Nondividend distributions                                        | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250  \$  2d Collectibles (28%) gs  \$  4 Federal income tax with                                                                                                   | Dividends and Distributions  Gain Copy A For Internal Revenus Service Center File with Form 1090 and Paperwor Reduction Act Notice, see the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PAYER'S Federal identification number  RECIPIENT'S name                                                                                                      | VOID state, ZIP code, and tele      | CORRECTED        | TED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$  2c Section 1202 gain  \$ 3 Nondividend distributions                                        | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250  \$  2d Collectibles (28%) ge \$  4 Federal income tax wil \$  5 Investment expenses                                                                           | Dividends and Distributions  Gain Copy A For Internal Revenus Service Center File with Form 1096 and Paperwork Reduction Act Notice, see the 2005 General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PAYER'S rederal identification number  RECIPIENT'S name  Street address (including apt. no.)                                                                 | VOID state, ZIP code, and tele      | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$  2c Section 1202 gain  \$ 3 Nondividend distributions \$                      | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250 \$  2d Collectibles (28%) gas  4 Federal income tax will  5 Investment expenses                                                                                | Dividends and Distributions  Gain Copy / For Internal Revenus Service Center File with Form 1096  For Privacy Adand Paperwor Reduction Ad Notice, see the 2005 General Instructions for the contraction of  |
| PAYER'S Federal identification number  RECIPIENT'S name                                                                                                      | VOID state, ZIP code, and tele      | CORRECTED        | TED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$ 3 Nondividend distributions  \$ 5 5 6 Foreign tax paid                                       | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250  \$  2d Collectibles (28%) ge \$  4 Federal income tax wil \$  5 Investment expenses                                                                           | Dividends and Distributions  Gain Copy / For Internal Revenus Service Center File with Form 1096 Theid Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PAYER'S rederal identification number  RECIPIENT'S name  Street address (including apt. no.)                                                                 | VOID state, ZIP code, and tele      | CORRECTED        | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$ 3 Nondividend distributions  \$ 6 Foreign tax paid  \$ 8 Cash liquidation     | or Separate Fo  OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250 \$  2d Collectibles (28%) gs \$  4 Federal income tax will \$  5 Investment expenses \$  7 Foreign country or U.S. poss  9 Noncash liquidation | Dividends and Distributions  Gain Copy / For Internal Revenus Service Center File with Form 1096 and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1098, 5498                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PAYER'S name, street address, city,  PAYER'S Federal identification number  RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code | VOID state, ZIP code, and tele      | CORRECEPHONE NO. | TED  1a Total ordinary dividends  \$  1b Qualified dividends  \$  2a Total capital gain distr.  \$  3 Nondividend distributions  \$  6 Foreign tax paid  \$  8 Cash liquidation distributions | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250 \$  2d Collectibles (28%) gs \$  4 Federal income tax with \$  5 Investment expenses \$  7 Foreign country or U.S. poss  9 Noncash liquidation distributions   | Dividends and Distributions  Gain Copy A For Internal Revenue Service Center File with Form 1096  For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for the page 10 for th |
| PAYER'S Federal identification number  RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code                                      | VOID state, ZIP code, and tele      | CORRECEPHONE NO. | — Do Not Cut  CTED  1a Total ordinary dividends  \$ 1b Qualified dividends  \$ 2a Total capital gain distr.  \$ 3 Nondividend distributions  \$ 6 Foreign tax paid  \$ 8 Cash liquidation     | or Separate Fo  OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250 \$  2d Collectibles (28%) gs \$  4 Federal income tax will \$  5 Investment expenses \$  7 Foreign country or U.S. poss  9 Noncash liquidation | Dividends and Distributions  Gain Copy A For Internal Revenus Service Center File with Form 1090 and Paperwor Reduction Act Notice, see the 2005 General Instructions for Forms 1098, 5498                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PAYER'S name, street address, city,  PAYER'S Federal identification number  RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code | VOID state, ZIP code, and tele      | CORRECEPHONE NO. | TED  1a Total ordinary dividends  \$  1b Qualified dividends  \$  2a Total capital gain distr.  \$  3 Nondividend distributions  \$  6 Foreign tax paid  \$  8 Cash liquidation distributions | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250 \$  2d Collectibles (28%) gs \$  4 Federal income tax with \$  5 Investment expenses \$  7 Foreign country or U.S. poss  9 Noncash liquidation distributions   | Dividends and Distributions  Gain Copy A For Internal Revenus Service Center File with Form 1090 and Paperwor Reduction Act Notice, see the 2005 General Instructions for Forms 1098, 5498                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PAYER'S name, street address, city,  PAYER'S Federal identification number  RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code | VOID state, ZIP code, and tele      | CORRECEPHONE NO. | TED  1a Total ordinary dividends  \$  1b Qualified dividends  \$  2a Total capital gain distr.  \$  3 Nondividend distributions  \$  6 Foreign tax paid  \$  8 Cash liquidation distributions | OMB No. 1545-0110  2005  Form 1099-DIV  2b Unrecap. Sec. 1250 \$  2d Collectibles (28%) gs \$  4 Federal income tax with \$  5 Investment expenses \$  7 Foreign country or U.S. poss  9 Noncash liquidation distributions   | Dividends and Distribution  Gain Copy For Internal Revenus Service Center File with Form 109  Thin For Privacy Ad and Paperwor Reduction Ad Notice, see the 2005 General Instructions for Forms 1098, 5498                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Exhibit K

|                                                                                  | state, ZIP code, and telephone no.           | 1 Unemployment compensation                              | OMB No. 1545-0120                            |                                                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                                  |                                              | 1.40"                                                    |                                              | Certa                                                                                                              |
|                                                                                  |                                              | \$ 1.40                                                  | 2005                                         | Governme                                                                                                           |
|                                                                                  |                                              | 2 State or local income tax                              | <u> </u>                                     | Paymen                                                                                                             |
|                                                                                  |                                              | refunds, credits, or offsets                             |                                              |                                                                                                                    |
| BANGOLO E L. L.L. W. W.                                                          | T ====================================       | \$                                                       | Form <b>1099-G</b>                           | . 1                                                                                                                |
| PAYER'S Federal identification number                                            | RECIPIENT'S identification number            | 3 Box 2 amount is for tax year                           | 4 Federal income tax withheld                | 1 <b>Copy</b>                                                                                                      |
| RECIPIENT'S name                                                                 | ,                                            | 5 ATAA payments                                          | 6 Taxable grants                             | Internal Revenu                                                                                                    |
|                                                                                  |                                              | <b> </b> \$                                              | <b> </b> \$                                  | Service Cent<br>File with Form 109                                                                                 |
| Street address (including apt. no.)                                              |                                              | 7 Agriculture payments                                   | 8 Check if box 2 is                          | For Privacy A                                                                                                      |
|                                                                                  |                                              | \$                                                       | trade or business income                     | Reduction A                                                                                                        |
| City, state, and ZIP code                                                        |                                              |                                                          |                                              | Notice, see t<br>2005 Gener                                                                                        |
| Account number (see instructions)                                                |                                              | -                                                        |                                              | Instructions f<br>Forms 1099, 109                                                                                  |
| (                                                                                |                                              |                                                          |                                              | 5498, and W-2                                                                                                      |
| Form 1099-G                                                                      | Ca                                           | t. No. 14438M                                            | Department of the Treasu                     | ry - Internal Revenue Serv                                                                                         |
| PAYER'S name, street address, city.                                              | VOID CORRE                                   | 1 Unemployment compensation                              | OMB No. 1545-0120                            | 0                                                                                                                  |
|                                                                                  |                                              | \$                                                       |                                              | Certa<br>Governme                                                                                                  |
|                                                                                  |                                              | 2 State or local income tax                              | 2005                                         | Paymen                                                                                                             |
|                                                                                  |                                              | refunds, credits, or offsets                             |                                              | i ayınının                                                                                                         |
|                                                                                  | _                                            | \$                                                       | Form 1099-G                                  |                                                                                                                    |
| PAYER'S Federal identification number                                            | RECIPIENT'S identification number            | 3 Box 2 amount is for tax year                           | 4 Federal income tax withheld                | Сору                                                                                                               |
| RECIPIENT'S name                                                                 | <u>.                                    </u> | 5 ATAA payments                                          | 6 Taxable grants                             | Internal Revenu                                                                                                    |
|                                                                                  |                                              | \$                                                       | <b> </b><br> \$                              | Service Cent<br>File with Form 109                                                                                 |
| Street address (including apt. no.)                                              |                                              | 7 Agriculture payments                                   | 8 Check if box 2 is                          | For Privacy A                                                                                                      |
|                                                                                  |                                              | \$                                                       | trade or business income                     | Reduction A                                                                                                        |
| City, state, and ZIP code                                                        |                                              |                                                          |                                              | Notice, see t<br>2005 Gener                                                                                        |
| Account number (see instructions)                                                |                                              | ┪                                                        |                                              | Instructions 1<br>Forms 1099, 109                                                                                  |
| , 1000 and 1007 (000 men actions)                                                |                                              |                                                          |                                              | 5498, and W-2                                                                                                      |
| Form 1099-G<br>Do Not Cut or Separate<br>AbAb                                    |                                              |                                                          | Department of the Treasu<br>or Separate Form | ry - Internal Revenue Serv                                                                                         |
| PAYER'S name, street address, city,                                              |                                              | 1 Unemployment compensation                              | OMB No. 1545-0120                            |                                                                                                                    |
|                                                                                  |                                              |                                                          |                                              | Certa                                                                                                              |
|                                                                                  |                                              | \$                                                       | 2005                                         | Governmer                                                                                                          |
|                                                                                  |                                              | 2 State or local income tax refunds, credits, or offsets |                                              | Payment                                                                                                            |
|                                                                                  |                                              | \$                                                       | Form <b>1099-G</b>                           |                                                                                                                    |
|                                                                                  | RECIPIENT'S identification number            | 3 Box 2 amount is for tax year                           | 4 Federal income tax withheld                | Сору                                                                                                               |
| PAYER'S Federal identification number                                            |                                              | 1                                                        | \$                                           | — F                                                                                                                |
|                                                                                  | <u> </u>                                     | 5 ATAA payments                                          | 6 Taxable grants                             |                                                                                                                    |
| PAYER'S Federal identification number RECIPIENT'S name                           | <u> </u>                                     | 5 ATAA payments                                          | 6 Taxable grants                             | Service Cent                                                                                                       |
|                                                                                  |                                              | 5 ATAA payments                                          | 6 Taxable grants                             | Service Center File with Form 109                                                                                  |
|                                                                                  |                                              | \$ 7 Agriculture payments                                | \$ 8 Check if box 2 is                       | Service Cent<br>File with Form 109<br>For Privacy A                                                                |
| RECIPIENT'S name  Street address (including apt. no.)                            |                                              | \$                                                       | \$                                           | Service Cent<br>File with Form 109<br>For Privacy A<br>and Paperwo<br>Reduction A                                  |
| RECIPIENT'S name                                                                 |                                              | \$ 7 Agriculture payments                                | \$ 8 Check if box 2 is trade or business     | Internal Revent Service Centric File with Form 109 For Privacy A and Paperwo Reduction A Notice, see ti 2005 Gener |
| RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code |                                              | \$ 7 Agriculture payments                                | \$ 8 Check if box 2 is trade or business     | Service Cent File with Form 105 For Privacy A and Paperwo Reduction A Notice, see ti 2005 Genei Instructions 1     |
| RECIPIENT'S name  Street address (including apt. no.)                            |                                              | \$ 7 Agriculture payments                                | \$ 8 Check if box 2 is trade or business     | Service Cent<br>File with Form 109<br>For Privacy A<br>and Paperwo<br>Reduction A<br>Notice, see t<br>2005 Gene    |

## Exhibit L

| 7171                                                                                                                                                     |                                     |                                                                                                                                  |                                                                       | ,        |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------|
| ISSUER'S/PROVIDER'S name, street a telephone no.                                                                                                         | address, city, state, ZIP code, and | Amount of HCTC advance payments                                                                                                  | OMB No. 1545-1813                                                     |          |                                                                                                                           |
| telephone no.                                                                                                                                            |                                     | \$                                                                                                                               |                                                                       |          | ealth Coverag                                                                                                             |
|                                                                                                                                                          |                                     | 2 No. of mos. HCTC advance                                                                                                       | 20 <b>05</b>                                                          |          | Credit (HCT)                                                                                                              |
|                                                                                                                                                          |                                     | payments received                                                                                                                | Form 1099-H                                                           | Adv      | ance Paymen                                                                                                               |
| ISSUER'S/PROVIDER'S Federal identification no.                                                                                                           | RECIPIENT'S identification number   | <b>3</b> Jan.                                                                                                                    | 9 July                                                                |          | I                                                                                                                         |
| TOOCT OF TOO TOO TOO TOO TOO TOO                                                                                                                         | Theorie Ett o taskinadan hambar     | \$                                                                                                                               | 1.40"=                                                                | <b>→</b> | Сору                                                                                                                      |
| RECIPIENT'S name                                                                                                                                         |                                     | 4 Feb.                                                                                                                           | 10 Aug.                                                               |          | F<br>Internal Reven                                                                                                       |
|                                                                                                                                                          |                                     | \$                                                                                                                               | \$                                                                    |          | Service Cent                                                                                                              |
| 3.40"                                                                                                                                                    | <del></del>                         | 5 Mar.                                                                                                                           | 11 Sept.                                                              |          | File with Form 10                                                                                                         |
|                                                                                                                                                          |                                     | \$                                                                                                                               | \$                                                                    |          | For Privacy and Paperwi                                                                                                   |
| Street address (including apt. no.)                                                                                                                      |                                     | 6 Apr.<br>1.40" →                                                                                                                | 12 Oct.                                                               |          | Reduction A                                                                                                               |
| City, state, and ZIP code                                                                                                                                |                                     | <b>7</b> May                                                                                                                     | 13 Nov.                                                               |          | 2005 Gene                                                                                                                 |
|                                                                                                                                                          |                                     | \$                                                                                                                               | \$                                                                    |          | Instructions                                                                                                              |
|                                                                                                                                                          |                                     | 8 June                                                                                                                           | 14 Dec.                                                               |          | Forms 1099, 109<br>5498, and W-2                                                                                          |
| -orm <b>1099-H</b>                                                                                                                                       |                                     | \$<br>. No. 34912D                                                                                                               | \$                                                                    |          | Internal Revenue Serv                                                                                                     |
| 7171 ISSUER'S/PROVIDER'S name, street a telephone no.                                                                                                    | VOID CORRE                          | CTED  1 Amount of HCTC advance payments \$ 2 No. of mos. HCTC advance                                                            | омв No. 1545-1813<br>200 <b>5</b>                                     |          | ealth Coverag<br>Credit (HCT)                                                                                             |
|                                                                                                                                                          |                                     | 2 No. of mos. HCTC advance payments received                                                                                     | Form <b>1099-H</b>                                                    |          | ance Paymen                                                                                                               |
| ISSUER'S/PROVIDER'S Federal identification no.                                                                                                           | RECIPIENT'S identification number   | 3 Jan.<br>\$                                                                                                                     | 9 July<br>S                                                           |          | Сору                                                                                                                      |
| RECIPIENT'S name                                                                                                                                         |                                     | 4 Feb.                                                                                                                           | 10 Aug.                                                               |          | F<br>Internal Reven                                                                                                       |
|                                                                                                                                                          |                                     | \$                                                                                                                               | \$                                                                    |          | Service Cent                                                                                                              |
|                                                                                                                                                          |                                     | 5 Mar.                                                                                                                           | 11 Sept.                                                              |          | File with Form 10                                                                                                         |
|                                                                                                                                                          |                                     | \$                                                                                                                               | \$                                                                    |          | For Privacy /<br>and Paperwo                                                                                              |
| Street address (including apt. no.)                                                                                                                      |                                     | 6 Apr.<br>\$                                                                                                                     | 12 Oct.                                                               |          | Reduction /                                                                                                               |
| City, state, and ZIP code                                                                                                                                |                                     | 7 May                                                                                                                            | 13 Nov.                                                               |          | Notice, see 2005 Gene                                                                                                     |
|                                                                                                                                                          |                                     | \$                                                                                                                               | \$                                                                    |          | Instructions                                                                                                              |
|                                                                                                                                                          |                                     | 8 June                                                                                                                           | 14 Dec.                                                               |          | Forms 1099, 10<br>5498, and W-2                                                                                           |
|                                                                                                                                                          |                                     | \$                                                                                                                               | \$                                                                    |          | 5490, and w-2                                                                                                             |
| - <sub>orm</sub> 1099-H<br>Do Not Cut or Separate                                                                                                        |                                     |                                                                                                                                  | or Separate F                                                         | orms     | on This Page                                                                                                              |
| 7171<br>ISSUER'S/PROVIDER'S name, street a<br>telephone no.                                                                                              |                                     | 1 Amount of HCTC advance payments     \$     2 No. of mos. HCTC advance payments received                                        | OMB No. 1545-1813 2005 Form 1099-H                                    | Tax      | Credit (HCTC<br>ance Paymen                                                                                               |
| ISSUER'S/PROVIDER'S name, street a telephone no.                                                                                                         |                                     | Amount of HCTC advance payments     No. of mos. HCTC advance payments received                                                   | 2005<br>Form 1099-H                                                   | Tax      | Credit (HCTČ<br>ance Paymen<br>Copy                                                                                       |
| ISSUER'S/PROVIDER'S name, street a telephone no.  ISSUER'S/PROVIDER'S Federal identification no.                                                         | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments     2 No. of mos. HCTC advance payments received                                               | 20 <b>05</b><br>Form <b>1099-</b> H                                   | Tax      | Credit (HCTČ<br>ance Paymen<br>Copy                                                                                       |
| ISSUER'S/PROVIDER'S name, street a                                                                                                                       | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments  2 No. of mos. HCTC advance payments received  3 Jan.  4 Feb.  5                               | 2005 Form 1099-H 9 July 8 10 Aug.                                     | Tax      | Credit (HCTC<br>ance Paymen<br>Copy<br>F<br>Internal Reven<br>Service Cent                                                |
| ISSUER'S/PROVIDER'S name, street at telephone no.  ISSUER'S/PROVIDER'S Federal identification no.                                                        | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments  2 No. of mos. HCTC advance payments received  3 Jan.  4 Feb.  5 Mar.                          | 2005 Form 1099-H  9 July s 10 Aug. \$ 11 Sept.                        | Tax      | Credit (HCTC ance Paymen  Copy Internal Reven Service Cent File with Form 10:                                             |
| ISSUER'S/PROVIDER'S name, street at telephone no.  ISSUER'S/PROVIDER'S Federal identification no.  RECIPIENT'S name                                      | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments  2 No. of mos. HCTC advance payments received  3 Jan.  4 Feb.  5 Mar.  8                       | 2005 Form 1099-H 9 July 8 10 Aug. \$ 11 Sept. \$                      | Tax      | Credit (HCTC<br>ance Paymen<br>Copy<br>F<br>Internal Reven<br>Service Cent                                                |
| ISSUER'S/PROVIDER'S name, street a telephone no.  ISSUER'S/PROVIDER'S Federal identification no.                                                         | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments \$ 2 No. of mos. HCTC advance payments received  3 Jan. \$ 4 Feb. \$ 5 Mar. \$ 6 Apr.          | 2005 Form 1099-H  9 July s 10 Aug. s 11 Sept. s 12 Oct.               | Tax      | Credit (HCTC ance Paymen  Copy Finternal Reven Service Cent File with Form 10 For Privacy J and Paperwi Reduction J       |
| ISSUER'S/PROVIDER'S name, street at telephone no.  ISSUER'S/PROVIDER'S Federal identification no.  RECIPIENT'S name  Street address (including apt. no.) | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments  2 No. of mos. HCTC advance payments received  3 Jan.  4 Feb.  5 Mar.  6 Apr.  8               | 9 July s 10 Aug. s 11 Sept. s 12 Oct.                                 | Tax      | Credit (HCTC ance Paymen  Copy Internal Reven Service Cent File with Form 10 For Privacy and Paperw Reduction Notice, see |
| ISSUER'S/PROVIDER'S name, street at telephone no.  ISSUER'S/PROVIDER'S Federal identification no.  RECIPIENT'S name                                      | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments \$ 2 No. of mos. HCTC advance payments received  3 Jan. \$ 4 Feb. \$ 5 Mar. \$ 6 Apr. \$ 7 May | 2005 Form 1099-H  9 July s  10 Aug. s  11 Sept. s  12 Oct. s  13 Nov. | Tax      | Credit (HCTC ance Paymen  Copy Finternal Reven Service Cent File with Form 10: For Privacy and Paperwi                    |
| ISSUER'S/PROVIDER'S name, street at telephone no.  ISSUER'S/PROVIDER'S Federal identification no.  RECIPIENT'S name  Street address (including apt. no.) | address, city, state, ZIP code, and | 1 Amount of HCTC advance payments  2 No. of mos. HCTC advance payments received  3 Jan.  4 Feb.  5 Mar.  6 Apr.  8               | 9 July s 10 Aug. s 11 Sept. s 12 Oct.                                 | Tax      | Credit (HCTC ance Paymen  Copy File with Form 10: For Privacy and Paperwith Reduction Notice, see 12005 Gene              |

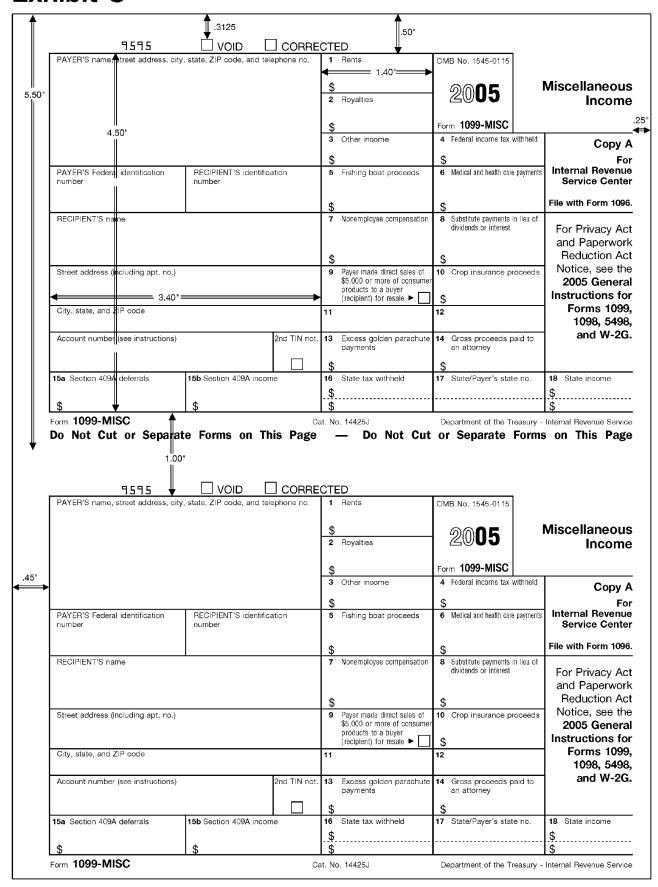
## Exhibit M

| 9292 PAYER'S name, street address, city, state                          | VOID L<br>e, ZIP code, and tele | CORREC          | Payer's RTN (optional)           | OMB No. 1545-0112                 |                                                    |
|-------------------------------------------------------------------------|---------------------------------|-----------------|----------------------------------|-----------------------------------|----------------------------------------------------|
|                                                                         |                                 |                 |                                  | 2005                              | nterest Incom                                      |
|                                                                         |                                 |                 |                                  | Form <b>1099-INT</b>              |                                                    |
| PAYER'S Federal identification number RE                                | ECIPIENT'S identifica           | ation number    | 1 Interest income not inclu      | ided in box 3                     | Сору                                               |
| RECIPIENT'S name                                                        |                                 |                 | 2 Early withdrawal penalty 1.40" | Bonds and Treas. obliq            | Internal Reven<br>Service Cen<br>File with Form 10 |
| Street address (including apt. no.)                                     |                                 |                 | Federal income tax withh         | '                                 | For Privacy and Paperw                             |
| City, state, and ZIP code                                               |                                 |                 | \$ 6 Foreign tax paid            | 7 Foreign country or U            | Reduction .  Notice, see 2005 Gene                 |
| Account number (see instructions)                                       |                                 | 2nd TIN not.    | _                                | ·                                 | Instructions<br>Forms 1099, 10<br>5498, and W-     |
| <b>←</b> 2.80" <b>←</b> 1099-INT                                        |                                 |                 | t. No. 14410K                    | 4.15"                             | asury - Internal Revenue Sen                       |
| Do Not Cut or Separate  9292  PAYER'S name, street address, city, state | □ void □                        | CORRE           |                                  | ut or Separate F                  |                                                    |
|                                                                         |                                 |                 |                                  | 2005                              | nterest Incom                                      |
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|                                                                         |                                 |                 | \$                               |                                   | Copy                                               |
| RECIPIENT'S name                                                        |                                 |                 | 2 Early withdrawal penalty       | Bonds and Treas. obliq            |                                                    |
| Street address (including apt. no.)                                     |                                 |                 | \$ 4 Federal income tax withh    | ' '                               | For Privacy                                        |
| City, state, and ZIP code                                               |                                 |                 | \$ 6 Foreign tax paid            | 7 Foreign country or U possession | S. Notice, see 2005 Gene                           |
| Account number (see instructions)                                       |                                 | 2nd TIN not.    | <b>c</b>                         |                                   | Instructions<br>Forms 1099, 10<br>5498, and W-2    |
| -orm 1099-INT                                                           |                                 | Ca              | t. No. 14410K                    | Department of the Tre             | asury - Internal Revenue Sen                       |
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| The To Hallo, Globs dealess, Oly, said                                  | s, z.ii oode, and tole          | рнопо по.       | rayor o trint (optional)         |                                   | nterest Incom                                      |
|                                                                         |                                 |                 |                                  | Form <b>1099-INT</b>              |                                                    |
| PAYER'S Federal identification number RI                                | ECIPIENT'S identifica           | ition number    | 1 Interest income not inclu      | uded in box 3                     | Сору                                               |
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| Street address (including apt. no.)                                     |                                 |                 | 4 Federal income tax withh       | \$ seld 5 Investment expenses \$  | For Privacy and Paperw Reduction                   |
| City, state, and ZIP code                                               |                                 |                 | 6 Foreign tax paid               | 7 Foreign country or U possession | Madian                                             |
| Account number (see instructions)                                       |                                 | On all TINI mak |                                  | 1                                 |                                                    |
| Account number (see instructions)                                       |                                 | 2nd TIN not.    |                                  |                                   | Forms 1099, 10                                     |

## **Exhibit N**

| Accelerated death benefits paid  \$ Form 1099-LTC  PAYER'S Federal identification number   POLICYHOLDER'S identification number   3 Check one:   Reimbursed amount   1.40*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ 2 Accelerated death benefits paid \$ Form 1099-LTC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Save and ZIP code    Color   Color   Color                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| PAYER'S Federal identification number  POLICYHOLDER'S identification number  POLICYHOLDER'S identification number  POLICYHOLDER'S identification number  3 Check one: Per Reimbursed amount  INSURED'S name  Internal Reservice of File with Form  Street address (including apt. no.)  Street address (including apt. no.)  City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Accelerated death benefits paid  \$ Form 1099-LTC  The POLICYHOLDER'S identification number   3 Check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Accelerated Dear Ber  \$ Form 1099-LTC  PAYER'S Federal identification number   POLICYHOLDER'S identification number   \$ Form 1099-LTC  PAYER'S Federal identification number   POLICYHOLDER'S identification number   \$ Form 1099-LTC  POLICYHOLDER'S name   INSURED'S name   INSURED'S social security no.   Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| PAYER'S Federal identification number  POLICYHOLDER'S identification number  POLICYHOLDER'S identification number    Output                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Street address (including apt. no.)   Street address (including apt.     | PAYER'S Federal identification number POLICYHOLDER'S identification number   3 Check one:   Per   diem   amount   1.40"   Count number   1.40"   Count number   2.80"   Count number    |
| POLICYHOLDER'S name  INSURED'S name  INSURED'S name  Street address (including apt. no.)  Street address (including apt. no.)  City, state, and ZIP code  City, state, and ZIP code  Account number (see instructions)  A Qualified contract (optional)  (optional)  Contional)  City amount  Insured amount  Insured amount  Insured amount  Street address (including apt. no.)  City, state, and ZIP code  Cotional)  Date certified  Forms 1098                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Street address (including apt. no.)   For Privacy Ar and Paperwork   Reduction Are Notice, see the 2005 General Instructions for forms 1099, 1099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Per   diem   Reimbursed   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.40"   1.   |
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| Street address (including apt. no.)  Street address (including apt. no.)  Street address (including apt. no.)  City, state, and ZIP code  Account number (see instructions)  4 Qualified contract (optional) (optional)  Coptional)  Coptional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Street address (including apt. no.)    Street address (including apt. no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Street address (including apt. no.)  Street address (including apt. no.)  Street address (including apt. no.)  City, state, and ZIP code  Composite the contract of the contract  |
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#### Exhibit O



## Exhibit P

|                                                                                              | OMB No. 1545-0117                                                        | Original issue discount<br>for 2005                                                                               | elephone no.   | tate, ZIP code, and t                 | ne, street address, city, s                                       |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|-------------------------------------------------------------------|
| Original los                                                                                 |                                                                          | 1.40"                                                                                                             |                |                                       |                                                                   |
| Original Iss<br>Discou                                                                       | ∤ 20 <b>05</b> ∣                                                         | 2 Other periodic interest                                                                                         |                |                                       |                                                                   |
| <b>D</b> .0000                                                                               |                                                                          | 2 Other periodic interest                                                                                         |                |                                       |                                                                   |
|                                                                                              | Form <b>1099-OID</b>                                                     | \$                                                                                                                |                |                                       |                                                                   |
| Сору                                                                                         | 4 Federal income tax withheld                                            | 3 Early withdrawal penalty<br>\$                                                                                  | ication number | RECIPIENT'S identif                   | ral identification number                                         |
| Internal Rever<br>Service Cen<br>File with Form 10                                           | 14                                                                       | 5 Description                                                                                                     |                |                                       | name                                                              |
| For Privacy<br>and Paperv<br>Reduction                                                       | J.S. Treasury obligations                                                | 6 Original issue discount on U                                                                                    |                |                                       | s (including apt. no.)                                            |
| Notice, see<br><b>2005 Gen</b>                                                               |                                                                          | 7 Investment expenses                                                                                             |                |                                       | id ZIP code                                                       |
| Instructions<br>Forms 1099, 10                                                               |                                                                          | Ψ                                                                                                                 | 2nd TIN not.   |                                       | per (see instructions)                                            |
| 5498, and W-                                                                                 | 4.15"                                                                    |                                                                                                                   | <b>→</b> □←    |                                       | 2.80"—                                                            |
|                                                                                              | Department of the Treasury - or Separate Forms                           | . No. 14421R<br>— <b>Do Not Cut</b>                                                                               |                | Eorme on '                            | OID<br>Cut or Separate                                            |
| OII IIIIS FA                                                                                 | or Separate Forms                                                        | — Do Not Cut                                                                                                      | —              | ; <b>F</b> OIIIS OII                  | out or Separate                                                   |
|                                                                                              | OMB No. 1545-0117                                                        | 1 Original issue discount                                                                                         | CORRE          | tate, ZIP code, and t                 | 9696<br>ne, street address, city, s                               |
|                                                                                              |                                                                          | for 2005                                                                                                          |                |                                       |                                                                   |
| Original Iss<br>Discou                                                                       | 2005                                                                     | \$                                                                                                                |                |                                       |                                                                   |
| DISCOL                                                                                       |                                                                          | 2 Other periodic interest                                                                                         |                |                                       |                                                                   |
|                                                                                              | Form <b>1099-OID</b>                                                     | \$                                                                                                                |                |                                       |                                                                   |
| Сору                                                                                         | 4 Federal income tax withheld                                            | 3 Early withdrawal penalty \$                                                                                     | ication number | RECIPIENT'S identif                   | ral identification number                                         |
| Internal Rever<br>Service Cen<br>File with Form 10<br>For Privacy                            |                                                                          | 5 Description                                                                                                     |                |                                       | name                                                              |
| and Paperv<br>Reduction                                                                      | J.S. Treasury obligations                                                | 6 Original issue discount on L<br>\$                                                                              |                | · · · · · · · · · · · · · · · · · · · | s (including apt. no.)                                            |
| Notice, see<br>2005 Gen-<br>Instructions                                                     |                                                                          | 7 Investment expenses                                                                                             |                |                                       | d ZIP code                                                        |
| Forms 1099, 10<br>5498, and W-                                                               |                                                                          | •                                                                                                                 | 2nd TIN not.   |                                       | per (see instructions)                                            |
|                                                                                              | Department of the Treasury -                                             | . No. 14421R                                                                                                      |                |                                       | OID                                                               |
| Internal Revenue Se                                                                          |                                                                          |                                                                                                                   | This Page      |                                       |                                                                   |
|                                                                                              | or Separate Forms  LOMB No. 1545-0117                                    | CTED                                                                                                              | CORRE          | □ void                                | Out or Separate  9696  9696  9696  9696  9696  9696  9696         |
| on This Pa                                                                                   | OMB No. 1545-0117                                                        | TED<br>1 Original issue discount<br>for 2005                                                                      | CORRE          | □ void                                | -                                                                 |
| on This Pa                                                                                   |                                                                          | TED  1 Original issue discount                                                                                    | CORRE          | □ void                                | 9696                                                              |
| on This Pa                                                                                   | OMB No. 1545-0117                                                        | TED 1 Original issue discount for 2005 \$ 2 Other periodic interest                                               | CORRE          | VOID tate, ZIP code, and t            | 9696                                                              |
| Original Iss<br>Discou                                                                       | OMB No. 1545-0117                                                        | TED  1 Original issue discount for 2005  \$ 2 Other periodic interest                                             | CORRE          | □ void                                | 9696                                                              |
| Original Iss Discou                                                                          | OMB No. 1545-0117 2005  Form 1099-OID 4 Federal income tax withheld      | TED 1 Original issue discount for 2005 \$ 2 Other periodic interest \$ 3 Early withdrawal penalty                 | CORRE          | VOID tate, ZIP code, and t            | <b>ግዜባ</b> ዜ<br>ne, street address, city, s                       |
| Original Iss Discou  Copy Internal Reverservice Cer File with Form 16 For Privacy and Paperv | OMB No. 1545-0117  2005  Form 1099-OID  4 Federal income tax withheld \$ | 1 Original issue discount for 2005  \$ 2 Other periodic interest  \$ 3 Early withdrawal penalty  \$ 5 Description | CORRE          | VOID tate, ZIP code, and t            | 무나무나<br>ne, street address, city, s                               |
|                                                                                              | OMB No. 1545-0117  2005  Form 1099-OID  4 Federal income tax withheld \$ | 1 Original issue discount for 2005  \$ 2 Other periodic interest  \$ 3 Early withdrawal penalty  \$ 5 Description | CORRE          | VOID tate, ZIP code, and t            | <b>ግሬባሪ</b> ne, street address, city, s ral identification number |

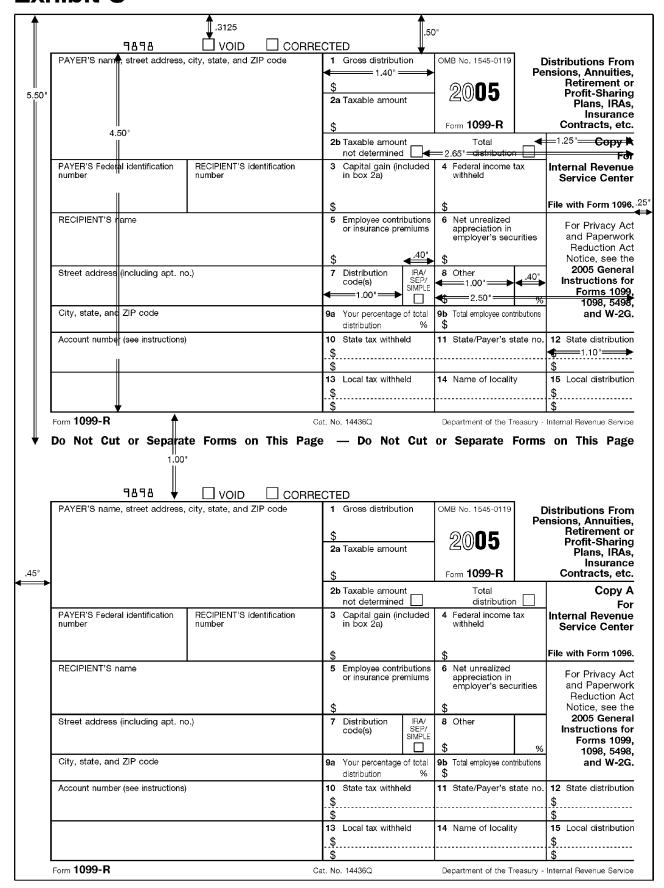
## Exhibit Q

|                                                                                                                                                                                                                                               | OMB No. 1545-0118                                                                                              | CTED  1 Patronage dividends                                                                                                                                                                                                |                                        | VOID L<br>tate, ZIP code, and tel | PAYER'S name, street address, city, s                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------|
| Taxab                                                                                                                                                                                                                                         |                                                                                                                | 1.40"                                                                                                                                                                                                                      |                                        |                                   |                                                                                                   |
| Distribution<br>Received Fro                                                                                                                                                                                                                  | 2005                                                                                                           | 2 Nonpatronage distributions \$                                                                                                                                                                                            |                                        |                                   |                                                                                                   |
| Cooperative                                                                                                                                                                                                                                   |                                                                                                                | 3 Per-unit retain allocations                                                                                                                                                                                              |                                        |                                   |                                                                                                   |
|                                                                                                                                                                                                                                               | Form 1099-PATR                                                                                                 | \$                                                                                                                                                                                                                         | ************************************** | DECIDIENTIO : 1                   | DAVEDIO Estadad de la la                                                                          |
| Сору                                                                                                                                                                                                                                          |                                                                                                                | 4 Federal income tax withheld<br>\$                                                                                                                                                                                        | tion number                            | RECIPIENT'S identifica            | PAYER'S Federal identification number                                                             |
| Internal Reven                                                                                                                                                                                                                                | Domestic production activities deduction                                                                       | 5 Redemption of nonqualified notices and retain allocations                                                                                                                                                                |                                        |                                   | RECIPIENT'S name                                                                                  |
| File with Form 10                                                                                                                                                                                                                             | \$                                                                                                             | \$                                                                                                                                                                                                                         |                                        |                                   |                                                                                                   |
| For Privacy and Paperw                                                                                                                                                                                                                        | 7 Investment credit                                                                                            |                                                                                                                                                                                                                            |                                        |                                   | Street address (including apt. no.)                                                               |
| Reduction A                                                                                                                                                                                                                                   | Patron's AMT adjustment                                                                                        | 8 Work opportunity credit                                                                                                                                                                                                  |                                        |                                   | City state and ZIP ands                                                                           |
| 2005 Gene                                                                                                                                                                                                                                     | \$                                                                                                             | \$ Work opportunity credit                                                                                                                                                                                                 |                                        |                                   | City, state, and ZIP code                                                                         |
| Forms 1099, 10                                                                                                                                                                                                                                |                                                                                                                | 10                                                                                                                                                                                                                         | 2nd TIN not.                           |                                   | Account number (see instructions)                                                                 |
| 5498, and W-2                                                                                                                                                                                                                                 | 4.15"                                                                                                          | \$                                                                                                                                                                                                                         | <u> </u>                               |                                   | 2.80" —                                                                                           |
| inis on this ra                                                                                                                                                                                                                               | or Separate Form                                                                                               |                                                                                                                                                                                                                            | CORRE                                  | VOID [                            | Oo Not Cut or Separate                                                                            |
| Taxab                                                                                                                                                                                                                                         | OMB No. 1545-0118                                                                                              | 1 Patronage dividends                                                                                                                                                                                                      | phone no.                              | tate, ZIP code, and tel           | PAYER'S name, street address, city, s                                                             |
| Distribution                                                                                                                                                                                                                                  | മെട                                                                                                            | 2 Nonpatronage distributions                                                                                                                                                                                               |                                        |                                   |                                                                                                   |
| Received Fro<br>Cooperative                                                                                                                                                                                                                   | 2005                                                                                                           | \$                                                                                                                                                                                                                         |                                        |                                   |                                                                                                   |
| Ocoperativ                                                                                                                                                                                                                                    | Form 1099-PATR                                                                                                 | 3 Per-unit retain allocations                                                                                                                                                                                              |                                        |                                   |                                                                                                   |
| Сору                                                                                                                                                                                                                                          | 1000 1711                                                                                                      | 4 Federal income tax withheld                                                                                                                                                                                              | tion number                            | RECIPIENT'S identifica            | PAYER'S Federal identification number                                                             |
| F                                                                                                                                                                                                                                             |                                                                                                                | \$                                                                                                                                                                                                                         |                                        |                                   | OF OUR ENTRO                                                                                      |
| Internal Reven<br>Service Cent<br>File with Form 10                                                                                                                                                                                           | Domestic production activities deduction                                                                       | 5 Redemption of nonqualified notices and retain allocations                                                                                                                                                                |                                        |                                   | RECIPIENT'S name                                                                                  |
| For Privacy                                                                                                                                                                                                                                   | 7 Investment credit                                                                                            | \$                                                                                                                                                                                                                         |                                        |                                   | Street address (including apt. no.)                                                               |
| and Paperw<br>Reduction                                                                                                                                                                                                                       | \$                                                                                                             |                                                                                                                                                                                                                            |                                        |                                   |                                                                                                   |
| ent Notice, see                                                                                                                                                                                                                               | 9 Patron's AMT adjustment                                                                                      | 8 Work opportunity credit                                                                                                                                                                                                  |                                        |                                   | City, state, and ZIP code                                                                         |
| 2005 Gene                                                                                                                                                                                                                                     | [\$                                                                                                            | \$<br>10                                                                                                                                                                                                                   | 2nd TIN not.                           |                                   | Account number (see instructions)                                                                 |
| 2005 Gene<br>Instructions                                                                                                                                                                                                                     |                                                                                                                |                                                                                                                                                                                                                            |                                        |                                   |                                                                                                   |
| 2005 Gene<br>Instructions<br>Forms 1099, 10<br>5498, and W-2                                                                                                                                                                                  |                                                                                                                | \$                                                                                                                                                                                                                         |                                        |                                   |                                                                                                   |
| 2005 Gene Instructions Forms 1099, 10 5498, and W-2                                                                                                                                                                                           | Department of the Treasury  or Separate Form  OMB No. 1545-0118                                                | .t. No. 14435F  — Do Not Cut                                                                                                                                                                                               | nis Page                               | UOID [                            | 90 Not Cut or Separate                                                                            |
| 2005 Gene Instructions Forms 1099, 10 5498, and W-2 ury - Internal Revenue Serv rms on This Pag                                                                                                                                               | ,                                                                                                              |                                                                                                                                                                                                                            | nis Page                               | UOID [                            | Oo Not Cut or Separate                                                                            |
| 2005 Gene Instructions Forms 1099, 10 5498, and W-2 ury - Internal Revenue Serv rms on This Page Taxab Distribution                                                                                                                           | or Separate Form                                                                                               | .t. No. 14435F  — Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions                                                                                                                                 | nis Page                               | UOID [                            | Not Cut or Separate                                                                               |
| 2005 Gene Instructions Forms 1099, 10 5498, and W-2 ury - Internal Revenue Ser rms on This Pay  Taxab Distribution Received Fro                                                                                                               | or Separate Form                                                                                               | tt. No. 14435F  — Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$                                                                                                                              | nis Page                               | UOID [                            | Not Cut or Separate                                                                               |
| 2005 Gene Instructions Forms 1099, 10 5498, and W-2 ury - Internal Revenue Serv rms on This Page Taxab Distribution                                                                                                                           | or Separate Form                                                                                               | .t. No. 14435F  — Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions                                                                                                                                 | nis Page                               | UOID [                            | Not Cut or Separate                                                                               |
| 2005 Gene Instructions Forms 1099, 10 5498, and W-2 ury - Internal Revenue Ser rms on This Pay  Taxab Distribution Received Fro                                                                                                               | or Separate Form  OMB No. 1545-0118  2005                                                                      | tt. No. 14435F  — Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$ 3 Per-unit retain allocations \$ 4 Federal income tax withheld                                                               | CORRE                                  | UOID [                            | Not Cut or Separate                                                                               |
| 2005 Gene Instructions Forms 1099, 10 5498, and W-2 ury - Internal Revenue Serv rms on This Page Taxab Distribution Received Fro Cooperative                                                                                                  | OMB No. 1545-0118  2005  Form 1099-PATR                                                                        | tt. No. 14435F  — Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$ 3 Per-unit retain allocations \$ 4 Federal income tax withheld \$                                                            | CORRE                                  | VOID [tate, ZIP code, and tel     | 9797 PAYER'S name, street address, city, s                                                        |
| Taxab Distribution Received Fro Cooperative  Internal Revenue  Topy  Taxab Cooperative  Copy  Internal Revenue  Copy  Internal Revenue  Service Centrol  Construction  Service Centrol  Construction  Copy  Internal Revenue  Service Centrol | OMB No. 1545-0118  2005  Form 1099-PATR                                                                        | t. No. 14435F  — Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$ 3 Per-unit retain allocations \$ 4 Federal income tax withheld \$ 5 Redemption of nonqualified notices and retain allocations | CORRE                                  | VOID [tate, ZIP code, and tel     | 90 Not Cut or Separate 9797 PAYER'S name, street address, city, s                                 |
| Taxab Distribution Received Fro Cooperative  Internal Revenue  Copy Internal Revenue Service Centrile with Form 10 For Privacy                                                                                                                | OMB No. 1545-0118  2005  Form 1099-PATR  6 Domestic production activities deduction                            | Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$ 3 Per-unit retain allocations \$ 4 Federal income tax withheld \$ 5 Redemption of nonqualified                                                 | CORRE                                  | VOID [tate, ZIP code, and tel     | 9797 PAYER'S name, street address, city, s PAYER'S Federal identification number                  |
| Taxab Distribution Received Fro Cooperative  Internal Revenue  Taxab Distribution Received Fro Cooperative  Internal Revenue Service Cent File with Form 10                                                                                   | OMB No. 1545-0118  2005  Form 1099-PATR                                                                        | t. No. 14435F  — Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$ 3 Per-unit retain allocations \$ 4 Federal income tax withheld \$ 5 Redemption of nonqualified notices and retain allocations | CORRE                                  | VOID [tate, ZIP code, and tel     | 9797 PAYER'S name, street address, city, s                                                        |
| Taxab Distribution Received Fro Cooperative  Service Cent File with Form 10 For Privacy, and Paperwant Reduction, Notice, see                                                                                                                 | OMB No. 1545-0118  2005  Form 1099-PATR  6 Domestic production activities deduction  \$ 7 Investment credit    | Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$ 3 Per-unit retain allocations \$ 4 Federal income tax withheld \$ 5 Redemption of nonqualified notices and retain allocations \$               | CORRE                                  | VOID [tate, ZIP code, and tel     | 9797 PAYER'S name, street address, city, s PAYER'S Federal identification number RECIPIENT'S name |
| Taxab Distribution Received Fro Cooperative  Copy Internal Revenue Serv  Taxab Distribution Received Fro Cooperative  Internal Revenue Service Cent File with Form 10 For Privacy, and Paperw Reduction                                       | OMB No. 1545-0118  2005  Form 1099-PATR  6 Domestic production activities deduction  \$ 7 Investment credit \$ | Do Not Cut  CCTED  1 Patronage dividends \$ 2 Nonpatronage distributions \$ 3 Per-unit retain allocations \$ 4 Federal income tax withheld \$ 5 Redemption of nonqualified notices and retain allocations \$               | CORRE                                  | VOID [tate, ZIP code, and tel     | 9797 PAYER'S name, street address, city, s PAYER'S Federal identification number RECIPIENT'S name |

## Exhibit R

|                                                  | 3131                                                                                  | ☐ VOID                       | ☐ CORRE              | ECTED                                                                                                            |                                                                                                                 |                                                                                                                |
|--------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|                                                  | STEE'S name, street address,                                                          |                              |                      | 1 Gross distribution  1.4"  \$ 2 Earnings                                                                        | 2005                                                                                                            | Payments Froi<br>Qualifie<br>Educatio<br>Program<br>(Under Section<br>529 and 53                               |
| PAYER'S/TRU                                      | TEE'S Federal identification no.                                                      | RECIPIENT'S so               | cial security number | \$ 3 Basis \$                                                                                                    | Form 1099-Q  4 Trustee-to-trustee  transfer 1.4"                                                                | Сору                                                                                                           |
| RECIPIENT                                        | S name                                                                                |                              |                      | Check one:     Qualified tuition program—     Private                                                            | 6 Check if the recipier not the designated beneficiary = 3.25"                                                  | t is Internal Revenu<br>Service Center<br>File with Form 109                                                   |
| Street addr                                      | ess (including apt. no.)                                                              |                              |                      | ◆ Coverdell ESA                                                                                                  | - 3.25                                                                                                          | For Privacy A<br>and Paperwo<br>Reduction A                                                                    |
| ·                                                | and ZIP code<br>mber (see instructions)                                               |                              |                      |                                                                                                                  |                                                                                                                 | Notice, see t<br>2005 Gener<br>Instructions f<br>Forms 1099, 109                                               |
| Form 1099<br><b>Do Not</b>                       | <del>∛</del><br>P-Q<br>Cut or Separat                                                 | e Forms or                   |                      | t. No. 32223J<br>— <b>Do Not Cut</b>                                                                             |                                                                                                                 | 5498, and W-2<br>sury - Internal Revenue Servi<br>orms on This Pag                                             |
|                                                  | 3131                                                                                  | □ VOID                       | ☐ CORRE              |                                                                                                                  |                                                                                                                 |                                                                                                                |
| PAYER'S/TRU                                      | USTEE'S name, street address                                                          | , city, state, ZIP code,     | and telephone number | 1 Gross distribution                                                                                             | OMB No. 1545-1760                                                                                               | Payments Fro<br>Qualific<br>Educatio                                                                           |
|                                                  |                                                                                       |                              |                      | \$ 2 Earnings                                                                                                    | 2005                                                                                                            | Program<br>(Under Section<br>529 and 53                                                                        |
| PAYER'S/TRUS                                     | STEE'S Federal identification no.                                                     | RECIPIENT'S so               | cial security number | \$ 3 Basis                                                                                                       | Form 1099-Q 4 Trustee-to-trustee transfer                                                                       | Сору                                                                                                           |
| RECIPIENT                                        | "S name                                                                               |                              |                      | 5 Check one:  • Qualified tuition program—  Private or State                                                     | 6 Check if the recipier not the designated beneficiary                                                          | Service Cent                                                                                                   |
| Street addr                                      | ress (including apt. no.)                                                             |                              |                      | Coverdell ESA                                                                                                    |                                                                                                                 | For Privacy A<br>and Paperwo<br>Reduction A                                                                    |
|                                                  | and ZIP code umber (see instructions)                                                 |                              |                      |                                                                                                                  |                                                                                                                 | Notice, see t<br>2005 Gene<br>Instructions 1<br>Forms 1099, 109                                                |
|                                                  | imber (see instructions)                                                              |                              |                      |                                                                                                                  |                                                                                                                 | 5498, and W-2                                                                                                  |
|                                                  | -O                                                                                    |                              | Ca                   | + No. 300031                                                                                                     | Department of the Trees                                                                                         |                                                                                                                |
| Form <b>1099</b>                                 | Cut or Separat                                                                        |                              | This Page            |                                                                                                                  | Department of the Treat t or Separate Fo                                                                        | •                                                                                                              |
| Form 1099<br>Do Not                              |                                                                                       | ☐ VOID                       | This Page            | — Do Not Cut                                                                                                     | OMB No. 1545-1760                                                                                               | orms on This Pag<br>Payments Fro<br>Qualific<br>Educatio                                                       |
| Form 1099<br>Do Not                              | Cut or Separat                                                                        | ☐ VOID                       | This Page            | — Do Not Cut  ECTED  1 Gross distribution  \$ 2 Earnings                                                         | OMB No. 1545-1760                                                                                               | Payments Fro<br>Qualific<br>Educatic<br>Progran<br>(Under Section                                              |
| Form 1099<br>Do Not                              | Cut or Separat                                                                        | VOID, city, state, ZIP code. | This Page            | — Do Not Cut  ECTED  1 Gross distribution  \$ 2 Earnings  \$ 3 Basis                                             | OMB No. 1545-1760                                                                                               | Payments Fro Qualific Education Program (Under Section 529 and 53                                              |
| Form 1099 Do Not                                 | Cut or Separat  3131  USTEE'S name, street address  STEE'S Federal identification no. | VOID, city, state, ZIP code. | This Page  CORRE     | — Do Not Cut  ECTED  1 Gross distribution  \$ 2 Earnings                                                         | OMB No. 1545-1760  2005  Form 1099-Q  4 Trustee-to-trustee                                                      | Payments Fro Qualific Educatic Program (Under Section 529 and 53  Copy Fint is Service Cent File with Form 108 |
| PAYER'S/TRU  PAYER'S/TRU  RECIPIENT  Street addr | Cut or Separat  3131  USTEE'S name, street address  STEE'S Federal identification no. | VOID, city, state, ZIP code. | This Page  CORRE     | — Do Not Cut  ECTED  1 Gross distribution  \$ 2 Earnings  \$ 3 Basis  5 Check one:  • Qualified tuition program— | OMB No. 1545-1760  2005  Form 1099-Q  4 Trustee-to-trustee transfer  6 Check if the recipier not the designated | Payments Fro Qualific Educatic Program (Under Section 529 and 53                                               |

#### **Exhibit S**



## **Exhibit T**

| FILER'S name, street address, city, state, ZIP code, and telephone no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 Date of closing                                                          | OMB No. 1545-0997                                                                                                                            |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.40"                                                                      |                                                                                                                                              |                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Gross proceeds                                                           | <b>∤ 2005  </b>                                                                                                                              | Proceeds From Re<br>Estate Transaction                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Gloss proceeds                                                           |                                                                                                                                              | Estate Transactio                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                         | Form <b>1099-S</b>                                                                                                                           |                                                                                                                                                 |
| FILER'S Federal identification number TRANSFEROR'S identification number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3 Address or legal description                                             | (including city, state, and ZIP                                                                                                              | code) <b>Copy</b>                                                                                                                               |
| 1.70 → 1.70 1.70 1.70 1.70 1.70 1.70 1.70 1.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                                                          |                                                                                                                                              | Internal Reven                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                                              | Service Cen                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.                                                                         | 80"=====                                                                                                                                     | File with Form 10                                                                                                                               |
| Street address (including apt. no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                                                              | and Paperw<br>Reduction                                                                                                                         |
| City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4 Check here if the transfer                                               | or received or will receive                                                                                                                  | Notice, see                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | property or services as par                                                | t of the consideration.                                                                                                                      | ☐ Instructions                                                                                                                                  |
| Account or escrow number (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 Buyer's part of real estate                                              | tax                                                                                                                                          | Forms 1099, 10<br>5498, and W-                                                                                                                  |
| form 1099-S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | тат. No. 64292E                                                            | Department of the Treas                                                                                                                      | ury - Internal Revenue Ser                                                                                                                      |
| 7575 UOID CORRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 Date of closing                                                          | OMB No. 1545-0997                                                                                                                            |                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Gross proceeds                                                           | 2005                                                                                                                                         | Proceeds From Re<br>Estate Transaction                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                                              |                                                                                                                                                 |
| EU SOLO SILILIA LI SILILIA SIL | \$                                                                         | Form 1099-S                                                                                                                                  | 1 _                                                                                                                                             |
| FILER'S Federal identification number TRANSFEROR'S identification number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3 Address or legal description                                             | (including city, state, and ZIP                                                                                                              | code) Copy                                                                                                                                      |
| TRANSFEROR'S name Street address (including apt. no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                          |                                                                                                                                              | Internal Reven<br>Service Cen<br>File with Form 10<br>For Privacy<br>and Paperw<br>Reduction                                                    |
| City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4 Check here if the transfer                                               | or received or will receive                                                                                                                  | Notice, see                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | property or services as par                                                | t of the consideration.                                                                                                                      | <u> </u>                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                                                              |                                                                                                                                                 |
| Account or escrow number (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 Buyer's part of real estate to                                           | tax                                                                                                                                          | Forms 1099, 10<br>5498, and W-                                                                                                                  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5 Buyer's part of real estate s<br>\$<br>Cat. No. 64292E                   |                                                                                                                                              |                                                                                                                                                 |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ Sat. No. 64292E                                                         |                                                                                                                                              | 5498, and W-                                                                                                                                    |
| Orm 1099-S  Oo Not Cut or Separate Forms on This Page 7575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sat. No. 64292E  Do Not Cut  ECTED  1 Date of closing                      | Department of the Treas or Separate Fo                                                                                                       | s498, and W-i                                                                                                                                   |
| Orm 1099-S  Oo Not Cut or Separate Forms on This Page 7575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ Cat. No. 64292E  Do Not Cut  ECTED                                      | Department of the Treas  or Separate Fo  OMB No. 1545-0997                                                                                   | 5498, and W-:<br>ury - Internal Revenue Ser<br>rms on This Pa                                                                                   |
| orm 1099-S  Oo Not Cut or Separate Forms on This Page  7575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ Cat. No. 64292E                                                         | Department of the Treas or Separate Fo  OMB No. 1545-0997 2005 Form 1099-S                                                                   | s498, and Warry - Internal Revenue Ser  rms on This Pa                                                                                          |
| Orm 1099-S  Oo Not Cut or Separate Forms on This Page 7575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ Cat. No. 64292E  Do Not Cut  ECTED  1 Date of closing  2 Gross proceeds | Department of the Treas or Separate Fo  OMB No. 1545-0997 2005 Form 1099-S                                                                   | s498, and W-i ury - Internal Revenue Ser rms on This Pa  Proceeds From Re Estate Transactio                                                     |
| orm 1099-S  Do Not Cut or Separate Forms on This Page  7575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ Cat. No. 64292E                                                         | Department of the Treas or Separate Fo  OMB No. 1545-0997 2005 Form 1099-S                                                                   | s498, and Warry - Internal Revenue Ser  rms on This Pa                                                                                          |
| TRANSFEROR'S name  On Not Cut or Separate Forms on This Page  7575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ Cat. No. 64292E                                                         | Department of the Treas or Separate Fo  OMB No. 1545-0997 2005 Form 1099-S                                                                   | rms on This Pa  Proceeds From Re Estate Transactio  Code)  Copy Internal Revenue Service Cen File with Form 10 For Privacy and Paperw Reduction |
| orm 1099-S  Do Not Cut or Separate Forms on This Page  7575                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ Cat. No. 64292E                                                         | Department of the Treas  or Separate Fo  OMB No. 1545-0997  2005  Form 1099-S  (including city, state, and ZIP)  or received or will receive | rms on This Pa  Proceeds From R Estate Transactio  Code)  Copy Internal Revenue Service Cen File with Form 10 For Privacy and Paperw            |

## **Exhibit U**

| Distribution<br>From an HSA, c<br>Archer MSA, c<br>ledicare Advantag<br>MS.                                                                                                                                                                                                         | OMB No. 1545-1517  2005  Form 1099-SA                                                      |                                                                                 | 9494 L VOID L CORRE                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------|
| nt. Copy                                                                                                                                                                                                                                                                            | 2 Earnings on excess conf                                                                  | 1 Gross distribution                                                            | dentification number RECIPIENT'S identification number |
| Internal Revenu<br>Service Center<br>File with Form 109                                                                                                                                                                                                                             | \$ 4 FMV on date of death                                                                  | 3 Distribution code                                                             | le                                                     |
| For Privacy A<br>and Paperwol<br>Reduction A                                                                                                                                                                                                                                        | Ψ                                                                                          | 5 HSA Archer                                                                    | cluding apt. no.)                                      |
| Notice, see the 2005 General Instructions for                                                                                                                                                                                                                                       |                                                                                            | MSA 🔲 MA 🔲 MSA                                                                  | P code                                                 |
| Forms 1099, 109<br>5498, and W-20                                                                                                                                                                                                                                                   |                                                                                            |                                                                                 | see instructions)                                      |
|                                                                                                                                                                                                                                                                                     | or Separate Forn                                                                           |                                                                                 | or Separate Forms on This Page  9494                   |
| Distributior<br>From an HSA<br>Archer MSA, o<br>ledicare Advantag                                                                                                                                                                                                                   | 2005                                                                                       |                                                                                 | ·                                                      |
| MS                                                                                                                                                                                                                                                                                  | Form 1099-SA                                                                               |                                                                                 |                                                        |
| Сору                                                                                                                                                                                                                                                                                | 2 Earnings on excess conf                                                                  | 1 Gross distribution                                                            | dentification number RECIPIENT'S identification number |
| Internal Revenu<br>Service Center<br>File with Form 109                                                                                                                                                                                                                             | 4 FMV on date of death                                                                     | 3 Distribution code                                                             | ne l                                                   |
| For Privacy A<br>and Paperwo<br>Reduction A                                                                                                                                                                                                                                         | \$                                                                                         | 5 HSA  Archer  MSA                                                              | cluding apt. no.)                                      |
|                                                                                                                                                                                                                                                                                     |                                                                                            | MSA 📙 MA 🗖 MSA                                                                  | P code                                                 |
| Notice, see the 2005 Gener                                                                                                                                                                                                                                                          |                                                                                            | 141031                                                                          |                                                        |
|                                                                                                                                                                                                                                                                                     |                                                                                            | 141071                                                                          | see instructions)                                      |
| 2005 General Instructions of Forms 1099, 109 5498, and W-2                                                                                                                                                                                                                          | Department of the Treasury                                                                 | ıt. No. 38471D                                                                  | C                                                      |
| 2005 Gener<br>Instructions forms 1099, 109<br>5498, and W-2                                                                                                                                                                                                                         | Department of the Treasury  or Separate Forn                                               | ut. No. 38471D — Do Not Cut                                                     |                                                        |
| 2005 Gener Instructions for Forms 1099, 109 5498, and W-20 rry - Internal Revenue Service rms on This Pag  Distribution                                                                                                                                                             | OMB No. 1545-1517                                                                          | ut. No. 38471D — Do Not Cut                                                     | or Separate Forms on This Page                         |
| 2005 Gener Instructions f Forms 1099, 109 5498, and W-2  ry - Internal Revenue Servi rms on This Pag  Distribution From an HSA Archer MSA, of                                                                                                                                       | OMB No. 1545-1517                                                                          | ut. No. 38471D — Do Not Cut                                                     | or Separate Forms on This Page                         |
| 2005 Gener Instructions for Forms 1099, 109 5498, and W-2 ry - Internal Revenue Service rms on This Pag  Distribution From an HSA, Archer MSA, Colledicare Advantage MS                                                                                                             | OMB No. 1545-1517 2005  Form 1099-SA                                                       | nt. No. 38471D  — Do Not Cut  CTED                                              | or Separate Forms on This Page  9494                   |
| 2005 Gener Instructions f Forms 1099, 109 5498, and W-2 ry - Internal Revenue Servi rms on This Pag  Distribution From an HSA Archer MSA, of dedicare Advantag MS                                                                                                                   | OMB No. 1545-1517                                                                          | ut. No. 38471D — Do Not Cut                                                     | or Separate Forms on This Page                         |
| Distribution From an HSA Archer MSA, of dedicare Advantag MS  nt. Copy Internal Revenue File with Form 109  Constribution From an HSA Copy Internal Revenue Service Centre File with Form 109                                                                                       | OMB No. 1545-1517  2005  Form 1099-SA  2 Earnings on excess cont                           | nt. No. 38471D  — Do Not Cut  CTED  1 Gross distribution \$ 3 Distribution code | or Separate Forms on This Page  9494                   |
| Distribution From an HSA Archer MSA, a  Internal Revenue Servi  Trom an HSA Archer MSA, a  Internal Revenue Servi  Internal Revenue Servi  Internal Revenue Servi  Internal Revenue Servi  Internal Revenue Service Cent File with Form 100 For Privacy A and Paperwork Reduction A | OMB No. 1545-1517  2005  Form 1099-SA  2 Earnings on excess cont \$ 4 FMV on date of death | nt. No. 38471D  — Do Not Cut  CTED  1 Gross distribution \$                     | or Separate Forms on This Page  9494                   |
| 2005 Gener Instructions f Forms 1099, 109 5498, and W-2 ry - Internal Revenue Servi rms on This Pag  Distribution From an HSA, Archer MSA, of dedicare Advantag MS  nt. Copy Fi                                                                                                     | OMB No. 1545-1517  2005  Form 1099-SA  2 Earnings on excess cont \$ 4 FMV on date of death | tt. No. 38471D  — Do Not Cut  CTED  1 Gross distribution \$ 3 Distribution code | or Separate Forms on This Page  9494                   |

## Exhibit V

|                                                                                                                                                                                 |                                                                                                                                                             | CTED                                                                                                                                                                                                                                   |                                                              |                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| IR                                                                                                                                                                              | OMB No. 1545-0747                                                                                                                                           | IRA contributions (other than amounts in boxes                                                                                                                                                                                         | ress, city, state, and ZIP code                              | TRUSTEE'S or ISSUER'S name, stree                                                                                                    |
| Contributio                                                                                                                                                                     | @@ <b>0</b> F                                                                                                                                               | 2–4 and 8–10)                                                                                                                                                                                                                          |                                                              |                                                                                                                                      |
| Informatio                                                                                                                                                                      | 2005                                                                                                                                                        | 2 Rollover contributions                                                                                                                                                                                                               |                                                              |                                                                                                                                      |
|                                                                                                                                                                                 |                                                                                                                                                             | 1.40"                                                                                                                                                                                                                                  |                                                              |                                                                                                                                      |
|                                                                                                                                                                                 | Form <b>5498</b>                                                                                                                                            | \$                                                                                                                                                                                                                                     |                                                              | TRUCTER LOCALIDA F. L.                                                                           |
| Copy                                                                                                                                                                            | 4 Recharacterized contributions \$                                                                                                                          | 3 Roth IRA conversion amount                                                                                                                                                                                                           | TICIPANT'S social security number                            | TRUSTEE'S or ISSUER'S Federal identification no.                                                                                     |
| Internal Revenu<br>Service Cente                                                                                                                                                | Life insurance cost included in box 1                                                                                                                       | 5 Fair market value of account                                                                                                                                                                                                         |                                                              | PARTICIPANT'S name                                                                                                                   |
| File with Form 109                                                                                                                                                              | \$                                                                                                                                                          | \$                                                                                                                                                                                                                                     |                                                              |                                                                                                                                      |
| For Privacy Adams and Paperwork                                                                                                                                                 | SIMPLE Roth IRA                                                                                                                                             | 7 IRA SEP S                                                                                                                                                                                                                            |                                                              | Street address (including apt. no.)                                                                                                  |
| Reduction A                                                                                                                                                                     | 9 SIMPLE contributions                                                                                                                                      | 8 SEP contributions                                                                                                                                                                                                                    |                                                              | City, state, and ZIP code                                                                                                            |
| 2005 Gener                                                                                                                                                                      | <b>◆\$</b> 1.40"                                                                                                                                            | <b>4\$</b> —1.40" →                                                                                                                                                                                                                    |                                                              | ony, oraco, and an obac                                                                                                              |
| Forms 1099, 1098                                                                                                                                                                | 11 Check if RMD                                                                                                                                             | 10 Roth IRA contributions                                                                                                                                                                                                              |                                                              | Account number (see instructions)                                                                                                    |
| 5498, and W-20                                                                                                                                                                  | for 2006                                                                                                                                                    | \$                                                                                                                                                                                                                                     |                                                              |                                                                                                                                      |
| ry - Internal Revenue Servi                                                                                                                                                     | Department of the Treasury -                                                                                                                                | t. No. 50010C                                                                                                                                                                                                                          |                                                              | Form <b>5498</b>                                                                                                                     |
| ms on This Pag                                                                                                                                                                  | or Separate Forms                                                                                                                                           | — Do Not Cut                                                                                                                                                                                                                           | orms on This Page                                            | Do Not Cut or Separat                                                                                                                |
|                                                                                                                                                                                 |                                                                                                                                                             | OTED                                                                                                                                                                                                                                   | 7.40ID                                                       | 7070                                                                                                                                 |
|                                                                                                                                                                                 | OMB No. 1545-0747                                                                                                                                           | 1 IRA contributions (other                                                                                                                                                                                                             | VOID                                                         | Z&Z& TRUSTEE'S or ISSUER'S name, stree                                                                                               |
| IR                                                                                                                                                                              |                                                                                                                                                             | than amounts in boxes<br>2-4 and 8-10)                                                                                                                                                                                                 |                                                              |                                                                                                                                      |
| Contribution                                                                                                                                                                    | 2005                                                                                                                                                        | \$                                                                                                                                                                                                                                     |                                                              |                                                                                                                                      |
| Informatio                                                                                                                                                                      | <u> </u>                                                                                                                                                    | 2 Rollover contributions                                                                                                                                                                                                               |                                                              |                                                                                                                                      |
|                                                                                                                                                                                 | Form <b>5498</b>                                                                                                                                            | \$                                                                                                                                                                                                                                     |                                                              |                                                                                                                                      |
| Copy                                                                                                                                                                            | 4 Recharacterized contributions                                                                                                                             | 3 Roth IRA conversion amount                                                                                                                                                                                                           | TICIPANT'S social security number                            | TRUSTEE'S or ISSUER'S Federal identification no.                                                                                     |
| Fo                                                                                                                                                                              | \$ Life insurance cost                                                                                                                                      | \$                                                                                                                                                                                                                                     |                                                              | DARTICIDANT'S name                                                                                                                   |
| Internal Revenu<br>Service Cente                                                                                                                                                | 6 Life insurance cost<br>included in box 1                                                                                                                  | 5 Fair market value of account                                                                                                                                                                                                         |                                                              | PARTICIPANT'S name                                                                                                                   |
| File with Form 109                                                                                                                                                              | \$                                                                                                                                                          | \$                                                                                                                                                                                                                                     |                                                              |                                                                                                                                      |
| For Privacy Ac                                                                                                                                                                  | SIMPLE Roth IRA                                                                                                                                             | 7 IRA SEP S                                                                                                                                                                                                                            |                                                              | Street address (including apt. no.)                                                                                                  |
| Reduction A                                                                                                                                                                     | 9 SIMPLE contributions                                                                                                                                      | 8 SEP contributions                                                                                                                                                                                                                    |                                                              | City state and ZID ands                                                                                                              |
| 2005 General<br>Instructions for                                                                                                                                                | \$                                                                                                                                                          | \$ SEP CONTINUUTORS                                                                                                                                                                                                                    |                                                              | City, state, and ZIP code                                                                                                            |
| Forms 1099, 1098                                                                                                                                                                | 11 Check if RMD                                                                                                                                             | 10 Roth IRA contributions                                                                                                                                                                                                              |                                                              | Account number (see instructions)                                                                                                    |
| 5498, and W-20                                                                                                                                                                  | for 2006                                                                                                                                                    | l 🛧                                                                                                                                                                                                                                    |                                                              |                                                                                                                                      |
|                                                                                                                                                                                 |                                                                                                                                                             | \$                                                                                                                                                                                                                                     |                                                              |                                                                                                                                      |
| ıry - Internal Revenue Servi                                                                                                                                                    | Department of the Treasury -                                                                                                                                | it. No. 50010C                                                                                                                                                                                                                         | Ca                                                           | Form <b>5498</b>                                                                                                                     |
|                                                                                                                                                                                 | Department of the Treasury -                                                                                                                                | it. No. 50010C                                                                                                                                                                                                                         |                                                              | Form 5498  Do Not Cut or Separat                                                                                                     |
|                                                                                                                                                                                 | · ·                                                                                                                                                         | it. No. 50010C                                                                                                                                                                                                                         |                                                              |                                                                                                                                      |
|                                                                                                                                                                                 | or Separate Forms                                                                                                                                           | .t. No. 50010C  — Do Not Cut                                                                                                                                                                                                           | orms on This Page                                            | Do Not Cut or Separat<br>근용근용                                                                                                        |
| ms on This Pag                                                                                                                                                                  | · ·                                                                                                                                                         | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes                                                                                                                                                   | orms on This Page                                            | Do Not Cut or Separat                                                                                                                |
| rms on This Pag                                                                                                                                                                 | or Separate Forms                                                                                                                                           | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other                                                                                                                                                                         | orms on This Page                                            | Do Not Cut or Separat<br>근용근용                                                                                                        |
| rms on This Pag  IRA  Contributio                                                                                                                                               | or Separate Forms                                                                                                                                           | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2–4 and 8–10)                                                                                                                                     | orms on This Page                                            | Do Not Cut or Separat<br>근용근용                                                                                                        |
| rms on This Page IRA Contribution                                                                                                                                               | or Separate Forms  OMB No. 1545-0747  2005                                                                                                                  | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2–4 and 8–10)  \$ 2 Rollover contributions                                                                                                        | orms on This Page                                            | Do Not Cut or Separat<br>근용근용                                                                                                        |
| rms on This Page IRA Contribution Information                                                                                                                                   | or Separate Forms                                                                                                                                           | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2-4 and 8-10)  \$                                                                                                                                 | Orms on This Page VOID CORRE ress, city, state, and ZIP code | Do Not Cut or Separat<br>근용근용                                                                                                        |
| rms on This Page IRA Contribution Information                                                                                                                                   | OMB No. 1545-0747 2005 Form 5498                                                                                                                            | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2-4 and 8-10) \$ 2 Rollover contributions                                                                                                         | orms on This Page                                            | Do Not Cut or Separat<br>고요요<br>TRUSTEE'S or ISSUER'S name, stree                                                                    |
| IRA Contribution Information  Copy Internal Revenue                                                                                                                             | OMB No. 1545-0747  2005  Form 5498  4 Recharacterized contributions \$                                                                                      | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2–4 and 8–10) \$ 2 Rollover contributions \$ 3 Roth IRA conversion amount                                                                         | Orms on This Page VOID CORRE ress, city, state, and ZIP code | Do Not Cut or Separat<br>고요요<br>TRUSTEE'S or ISSUER'S name, stree                                                                    |
| Contribution Information  Copy Copy Internal Revenus Service Center                                                                                                             | OMB No. 1545-0747  2005  Form 5498  4 Recharacterized contributions \$ 6 Life insurance cost included in box 1                                              | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2-4 and 8-10) \$ 2 Rollover contributions \$ 3 Roth IRA conversion amount \$ 5 Fair market value of account                                       | Orms on This Page VOID CORRE ress, city, state, and ZIP code | Do Not Cut or Separat  2828  TRUSTEE'S or ISSUER'S name, stree                                                                       |
| Contribution Information  Copy Copy Copy Copy Copy Copy Copy Copy                                                                                                               | OMB No. 1545-0747  2005  Form 5498  4 Recharacterized contributions \$ 6 Life insurance cost included in box 1                                              | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2-4 and 8-10) \$ 2 Rollover contributions  \$ 3 Roth IRA conversion amount \$ 5 Fair market value of account                                      | Orms on This Page VOID CORRE ress, city, state, and ZIP code | TRUSTEE'S or ISSUER'S Federal Identification no.  PARTICIPANT'S name                                                                 |
| Contribution Information  Copy For Internal Revenus Service Center File with Form 109  For Privacy Arand Paperword                                                              | OMB No. 1545-0747  2005  Form 5498  4 Recharacterized contributions \$ 6 Life insurance cost included in box 1                                              | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2-4 and 8-10) \$ 2 Rollover contributions  \$ 3 Roth IRA conversion amount \$ 5 Fair market value of account                                      | Orms on This Page VOID CORRE ress, city, state, and ZIP code | Do Not Cut or Separat  2828  TRUSTEE'S or ISSUER'S name, stree                                                                       |
| IR. Contributio Informatio  Copy Internal Revenu Service Cente File with Form 109 For Privacy A and Paperwol Reduction A Notice, see th                                         | OMB No. 1545-0747  2005  Form 5498  4 Recharacterized contributions \$ 6 Life insurance cost included in box 1                                              | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2-4 and 8-10) \$ 2 Rollover contributions  \$ 3 Roth IRA conversion amount \$ 5 Fair market value of account                                      | Orms on This Page VOID CORRE ress, city, state, and ZIP code | TRUSTEE'S or ISSUER'S Federal Identification no.  PARTICIPANT'S name                                                                 |
| IRA Contribution Information  Copy A For Internal Revenu Service Cente File with Form 1096 For Privacy Ac and Paperwor Reduction Ac Notice, see th 2005 Genera Instructions for | OMB No. 1545-0747  2005  Form 5498  4 Recharacterized contributions  6 Life insurance cost included in box 1  \$ SIMPLE Roth IRA  9 SIMPLE contributions \$ | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2-4 and 8-10) \$ 2 Rollover contributions  \$ 3 Roth IRA conversion amount \$ 5 Fair market value of account  \$ 7 IRA SEP S  8 SEP contributions | Orms on This Page VOID CORRE ress, city, state, and ZIP code | TRUSTEE'S or ISSUER'S Federal identification no.  PARTICIPANT'S name  Street address (including apt. no.)  City, state, and ZIP code |
| IR. Contributio Informatio  Copy Internal Revenu Service Cente File with Form 109 For Privacy A and Paperwo Reduction A Notice, see th 2005 Gener                               | OMB No. 1545-0747  2005  Form 5498  4 Recharacterized contributions  6 Life insurance cost included in box 1  \$ SIMPLE Roth IRA  9 SIMPLE contributions    | tt. No. 50010C  — Do Not Cut  CTED  1 IRA contributions (other than amounts in boxes 2–4 and 8–10) \$ 2 Rollover contributions  \$ 3 Roth IRA conversion amount \$ 5 Fair market value of account  \$ 7 IRA SEP SEP Contributions      | Orms on This Page VOID CORRE ress, city, state, and ZIP code | TRUSTEE'S or ISSUER'S Federal identification no.  PARTICIPANT'S name  Street address (including apt. no.)                            |

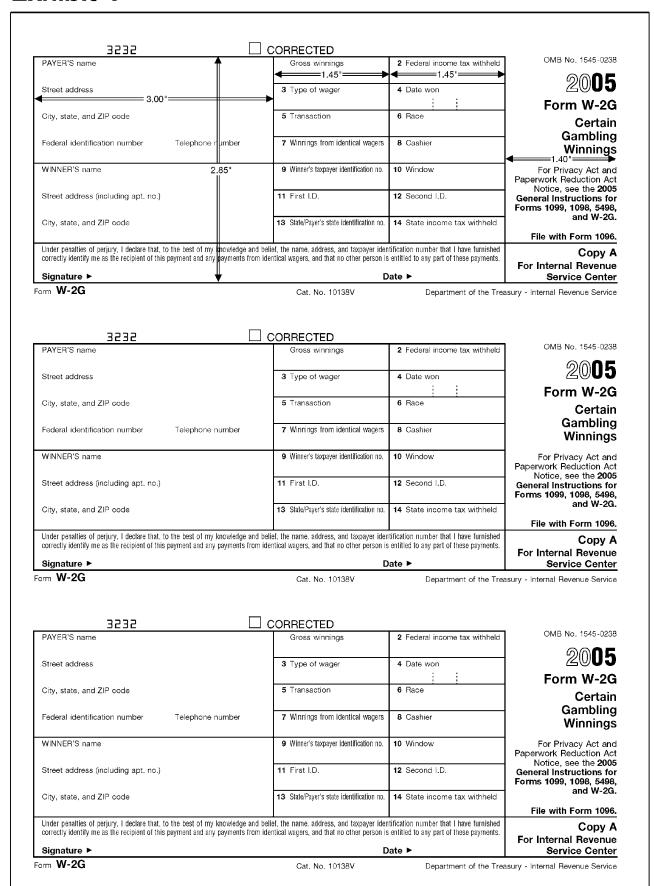
## Exhibit W

| TRUSTEE'S or ISSUER'S name, street address, city, state, and ZIP code                   | Coverdell ESA contribut     | ions OMB No. 1545-1815                          | Coverdell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                         | \$                          |                                                 | Contrib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                         | 2 Rollover contributions    | <u>        2005                            </u> | Informa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3.40"                                                                                   | \$                          | Form <b>5498-ESA</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TRUSTEE'S or ISSUER'S Federal identification no. BENEFICIARY'S social security number   |                             | <u>'</u>                                        | Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| BENEFICIARY'S name                                                                      |                             | 1.40"—                                          | Internal Rev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| BENEFICIALLY STIGHTS                                                                    |                             |                                                 | Service C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                         |                             |                                                 | File with Form For Priva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Street address (including apt. no.)                                                     |                             |                                                 | and Pape<br>Reduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| City, state, and ZIP code                                                               |                             |                                                 | Notice, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                         |                             |                                                 | 2005 Go<br>Instructio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Account number (see instructions)                                                       |                             |                                                 | Forms 1099,<br>5498, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Form <b>5498-ESA</b>                                                                    | Cat. No. 34011J             | Department of the Treas                         | urv - Internal Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2727 LVOID CORF                                                                         |                             | OMB No. 1545-1815                               | Coverdell<br>Contrib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                         | \$ 2 Rollover contributions | <u>        2005                            </u> | Informa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                         | \$                          | Form <b>5498-ESA</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TRUSTEE'S or ISSUER'S Federal identification no. BENEFICIARY'S social security number   |                             | 100 201                                         | Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DENEE COADVIO                                                                           |                             |                                                 | Internal Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| BENEFICIARY'S name                                                                      |                             |                                                 | Internal Rev<br>Service C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                         |                             |                                                 | File with Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Street address (including apt. no.)                                                     |                             |                                                 | For Priva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| City, state, and ZIP code                                                               |                             |                                                 | Reduction Notice, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                         |                             |                                                 | 2005 Go<br>Instructio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Account number (see instructions)                                                       |                             |                                                 | Forms 1099,<br>5498, and V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Form <b>5498-ESA</b>                                                                    | Cat. No. 34011J             | Department of the Treas                         | urv - Internal Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                         | RECTED                      | Cut or Separate Fo                              | rms on This                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TRUSTEE'S or ISSUER'S name, street address, city, state, and ZIP code                   | 1 Coverdell ESA contribut   | cions OMB No. 1545-1815                         | Coverdell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                         | \$                          | <b>2005</b>                                     | Contribution Contr |
|                                                                                         | 2 Rollover contributions    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                         | \$                          | Form <b>5498-ESA</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TRUSTEE'S or ISSUER'S Federal identification no. BENEFICIARY'S social security numbers. | per                         |                                                 | Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| BENEFICIARY'S name                                                                      |                             |                                                 | Internal Rev<br>Service C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Street address (including apt. no.)                                                     |                             |                                                 | For Priva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                         | _                           |                                                 | Reduction Notice, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| City, state, and ZIP code                                                               |                             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City, state, and ZIP code  Account number (see instructions)                            |                             |                                                 | 2005 Go<br>Instructio<br>Forms 1099,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## Exhibit X

| , Archer MSA, d<br>licare Advantag<br>MSA Informatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Med                            | OMB No. 1545-1518                                                                       | or self-employed person's<br>A contributions made in<br>006 for 2005<br>ntributions made |                  |         | , state, and Zii oo     | e, street address, cit                             | THOSTEE S Harrie                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------|---------|-------------------------|----------------------------------------------------|------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Form <b>5498-SA</b>                                                                     |                                                                                          |                  |         |                         |                                                    |                                    |
| Copy<br>Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or 2005                        | tributions made in 2006 f                                                               | A or Archer MSA cont                                                                     | urity number     | ocial s | PARTICIPANT'S so        | identification number                              | TRUSTEE'S Federal                  |
| Internal Revent<br>Service Cent<br>File with Form 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MSA                            | 5 Fair market value of Archer MSA, or MA                                                | contributions                                                                            |                  |         |                         | name                                               | PARTICIPANT'S r                    |
| For Privacy A<br>and Paperwo<br>Reduction A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | \$                                                                                      |                                                                                          |                  |         |                         | ncluding apt. no.)                                 | Street address (in                 |
| Notice, see the 2005 General Instructions for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                         |                                                                                          |                  |         |                         | IP code                                            | City, state, and Z                 |
| Forms 1099, 109<br>5498, and W-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                         |                                                                                          |                  |         |                         | (see instructions)                                 | Account number                     |
| on This Pag<br>, Archer MSA, o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | or Separate  OMB No. 1545-1518                                                          | or self-employed person's                                                                | s Page<br>CORREC |         | □ void                  | t or Separat  2727 e, street address, cit          |                                    |
| licare Advantag<br>MSA Informatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Med                            | 2005                                                                                    | A contributions made in<br>006 for 2005<br>ntributions made                              | •                |         |                         |                                                    |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Form <b>5498-SA</b>                                                                     |                                                                                          |                  |         |                         |                                                    |                                    |
| Copy<br>F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or 2005                        | tributions made in 2006 f                                                               | A or Archer MSA cont                                                                     | urity number     | ocial s | PARTICIPANT'S so        | identification number                              | TRUSTEE'S Federal                  |
| Internal Revenu<br>Service Cent<br>File with Form 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MSA                            | 5 Fair market value of Archer MSA, or MA M                                              | contributions                                                                            |                  |         |                         | name                                               | PARTICIPANT'S I                    |
| For Privacy A<br>and Paperwo<br>Reduction A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <u> </u>                                                                                |                                                                                          |                  |         |                         | ncluding apt. no.)                                 | Street address (in                 |
| Notice, see the 2005 General Instructions for the second s |                                |                                                                                         |                                                                                          |                  |         |                         |                                                    | City, state, and Z                 |
| Forms 1099, 109<br>5498, and W-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                         |                                                                                          |                  |         |                         | (see instructions)                                 | Account number                     |
| Internal Revenue Servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                              | Department of the Tr                                                                    |                                                                                          | Ŭ                | ı T     | Forms on                | A<br>t or Separat                                  | Form 5498-S <i>F</i><br>Do Not Cut |
| , Archer MSA, d<br>licare Advantag<br>MSA Informatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Med                            | OMB No. 1545-1518                                                                       | or self-employed person's<br>A contributions made in<br>006 for 2005                     | CORREC           | ode     | VOID, state, and ZIP co | 2727<br>e, street address, cit                     | TRUSTEE'S name                     |
| , Archer MSA, d<br>licare Advantag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Med                            | OMB No. 1545-1518  2005  Form 5498-SA                                                   | A contributions made in                                                                  | CORREC           | ode     |                         |                                                    | TRUSTEE'S name                     |
| , Archer MSA, o<br>licare Advantag<br>MSA Informatio<br>Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Med<br>N                       | 2005                                                                                    | A contributions made in<br>996 for 2005<br>ntributions made                              |                  |         |                         |                                                    |                                    |
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| Copy Internal Revent Service Cent File with Form 109 For Privacy A and Paperwo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Med<br>for 2005<br>HSA,<br>MSA | Form <b>5498-SA</b> tributions made in 2006 f  Fair market value of Archer MSA, or MA N | A contributions made in 006 for 2005  Intributions made  A or Archer MSA contributions   |                  |         | , state, and ZIP co     | e, street address, cit lidentification number name | TRUSTEE'S Federal PARTICIPANT'S 1  |

#### Exhibit Y



## Exhibit Z

| Departme                                               | 042-S nt of the Treasury                                                                     |                   | ject to<br>roid [                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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#### Part IV. Items of General Interest

# Announcement of Disciplinary Actions Involving Attorneys, Certified Public Accountants, Enrolled Agents, and Enrolled Actuaries — Suspensions, Censures, Disbarments, and Resignations

#### Announcement 2005-76

Under Title 31, Code of Federal Regulations, Part 10, attorneys, certified public accountants, enrolled agents, and enrolled actuaries may not accept assistance from, or assist, any person who is under disbarment or suspension from practice before the Internal Revenue Service if the assistance relates to a matter constituting practice before the Internal Revenue Service and may not knowingly aid or abet another

person to practice before the Internal Revenue Service during a period of suspension, disbarment, or ineligibility of such other person.

To enable attorneys, certified public accountants, enrolled agents, and enrolled actuaries to identify persons to whom these restrictions apply, the Director, Office of Professional Responsibility, will announce in the Internal Revenue Bulletin

their names, their city and state, their professional designation, the effective date of disciplinary action, and the period of suspension. This announcement will appear in the weekly Bulletin at the earliest practicable date after such action and will continue to appear in the weekly Bulletins for five successive weeks.

## **Consent Suspensions From Practice Before the Internal Revenue Service**

Under Title 31, Code of Federal Regulations, Part 10, an attorney, certified public accountant, enrolled agent, or enrolled actuary, in order to avoid the institution or conclusion of a proceeding for his or her disbarment or suspension from practice before the Internal Revenue Service,

may offer his or her consent to suspension from such practice. The Director, Office of Professional Responsibility, in his discretion, may suspend an attorney, certified public accountant, enrolled agent, or enrolled actuary in accordance with the consent offered. The following individuals have been placed under consent suspension from practice before the Internal Revenue Service:

| Name                 | Address      | Designation | Date of Suspension                      |
|----------------------|--------------|-------------|-----------------------------------------|
| Reagan, John         | Cortland, NY | CPA         | Indefinite from June 24, 2005           |
| Harris, Alexander W. | Chicago, IL  | Attorney    | July 1, 2005<br>to<br>December 31, 2005 |
| Belush, Glen J.      | Monroe, CT   | СРА         | Indefinite<br>from<br>July 15, 2005     |
| Lamont, Alice        | Atlanta, GA  | CPA         | Indefinite from July 15, 2005           |
| Morse, Kyle K.       | Bedford, TX  | CPA         | Indefinite<br>from<br>July 22, 2005     |

| Name                  | Address          | Designation    | Date of Suspension                      |
|-----------------------|------------------|----------------|-----------------------------------------|
| Duggan Jr., Joseph A. | Jacksonville, OR | Enrolled Agent | Indefinite<br>from<br>August 1, 2005    |
| Harper, Ivan          | Brooklyn, NY     | CPA            | Indefinite<br>from<br>August 15, 2005   |
| Bandy, Robert M.      | Tyler, TX        | Attorney       | Indefinite<br>from<br>August 24, 2005   |
| Peterson, Stanley     | Springfield, PA  | СРА            | Indefinite<br>from<br>August 26, 2005   |
| Shorten, Judy         | Vacaville, CA    | Enrolled Agent | Indefinite<br>from<br>September 1, 2005 |
| Watkins, David E.     | Shelbyville, IN  | Enrolled Agent | Indefinite from September 1, 2005       |

## **Expedited Suspensions From Practice Before the Internal Revenue Service**

Under Title 31, Code of Federal Regulations, Part 10, the Director, Office of Professional Responsibility, is authorized to immediately suspend from practice before the Internal Revenue Service any practitioner who, within five years from the date

the expedited proceeding is instituted (1) has had a license to practice as an attorney, certified public accountant, or actuary suspended or revoked for cause or (2) has been convicted of certain crimes.

The following individuals have been placed under suspension from practice before the Internal Revenue Service by virtue of the expedited proceeding provisions:

| Name                | Address         | Designation | Date of Suspension                  |
|---------------------|-----------------|-------------|-------------------------------------|
| Leong, Thomas S.    | Honolulu, HI    | Attorney    | Indefinite<br>from<br>July 11, 2005 |
| Clark, Mark S.      | Tucson, AZ      | Attorney    | Indefinite from July 11, 2005       |
| Hudspeth, George E. | St. Louis, MO   | Attorney    | Indefinite from July 11, 2005       |
| Dodd, Alan F.       | Westborough, MA | Attorney    | Indefinite from July 11, 2005       |
| Crews, James F.     | Tipton, MO      | Attorney    | Indefinite<br>from<br>July 11, 2005 |

2005–44 I.R.B. 914 October 31, 2005

| Name                | Address            | Designation | Date of Suspension                      |
|---------------------|--------------------|-------------|-----------------------------------------|
| Luparella, Joseph   | Hoboken, NJ        | СРА         | Indefinite<br>from<br>July 13, 2005     |
| Deutchman, Murray   | Barnesville, MD    | Attorney    | Indefinite<br>from<br>July 13, 2005     |
| Cozier, Clifford G. | Englewood, CO      | Attorney    | Indefinite<br>from<br>July 13, 2005     |
| Segall, Steven M.   | Denver, CO         | Attorney    | Indefinite<br>from<br>July 14, 2005     |
| Richardson, Bruce   | Reisterstown, MD   | Attorney    | Indefinite<br>from<br>July 15, 2005     |
| Parsley, Jeffrey A. | Englewood, CO      | Attorney    | Indefinite<br>from<br>July 15, 2005     |
| Wyrick, Richard L.  | Hanford, CA        | Attorney    | Indefinite<br>from<br>July 15, 2005     |
| Coates, Marsden S.  | Baltimore, MD      | Attorney    | Indefinite<br>from<br>July 15, 2005     |
| McCampbell, Daniel  | Chico, CA          | Attorney    | Indefinite<br>from<br>July 15, 2005     |
| Ralston, Ronald G.  | Fairmount, GA      | СРА         | Indefinite<br>from<br>July 18, 2005     |
| Friemann, Robert F. | Huntington Bay, NY | СРА         | Indefinite<br>from<br>July 18, 2005     |
| Friedman, Milton G. | Ft. Lauderdale, FL | СРА         | July 25, 2005<br>to<br>January 24, 2007 |
| Acheampong, Robert  | Columbus, OH       | CPA         | Indefinite<br>from<br>July 26, 2005     |
| Elias, Robert F.    | Canfield, OH       | Attorney    | Indefinite<br>from<br>July 27, 2005     |
| Stover, Kathy A.    | Topeka, KS         | Attorney    | Indefinite<br>from<br>July 29, 2005     |

| Name                  | Address            | Designation | Date of Suspension                      |
|-----------------------|--------------------|-------------|-----------------------------------------|
| Leffler, Fredric D.   | Columbia, MD       | Attorney    | Indefinite<br>from<br>July 29, 2005     |
| Harmon, Anthony N.    | Batavia, IL        | Attorney    | Indefinite<br>from<br>July 29, 2005     |
| Hames, David H.       | Dallas, TX         | СРА         | Indefinite<br>from<br>August 2, 2005    |
| Au, Ronald G.S.       | Honolulu, HI       | Attorney    | Indefinite<br>from<br>August 9, 2005    |
| Tilton Jr., George H. | Denver, CO         | Attorney    | Indefinite<br>from<br>August 12, 2005   |
| Spalsbury Jr., Clark  | Estes Park, CO     | Attorney    | Indefinite from August 12, 2005         |
| Brockman, Louis R.    | Dallas, TX         | CPA         | Indefinite<br>from<br>August 12, 2005   |
| Hill, Richard B.      | Kernersville, NC   | CPA         | Indefinite<br>from<br>August 12, 2005   |
| Rosenberg, Jeffrey P. | Morgan Hill, CA    | Attorney    | Indefinite<br>from<br>August 12, 2005   |
| Link, Robert A.       | Waupaca, WI        | CPA         | Indefinite<br>from<br>August 15, 2005   |
| Halcrow, David S.     | Taft, CA           | CPA         | Indefinite<br>from<br>September 9, 2005 |
| Lieber, Daniel M.     | Edna, MO           | Attorney    | Indefinite<br>from<br>September 9, 2005 |
| Kirchoff, William W.  | Jefferson City, MO | Attorney    | Indefinite<br>from<br>September 9, 2005 |
| Lauby, Gregory C.     | Lexington, NE      | Attorney    | Indefinite<br>from<br>September 9, 2005 |
| Early, Michael J.     | Newburyport, MA    | Attorney    | Indefinite<br>from<br>September 9, 2005 |
| Mickiewicz, Robert    | Dorchester, MA     | Attorney    | Indefinite<br>from<br>September 9, 2005 |

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|-----------------------|--------------------|-------------|-----------------------------------------|
| Conant, Jon F.        | Gloucester, MA     | Attorney    | Indefinite from September 9, 2005       |
| Pennington, Jill      | Chevy Chase, MD    | Attorney    | Indefinite from September 9, 2005       |
| Randolph, Robert E.   | Denham Springs, LA | Attorney    | Indefinite<br>from<br>September 9, 2005 |
| Carillo, Donald       | Chicago, IL        | Attorney    | Indefinite from September 9, 2005       |
| Sloan Jr., Dewey      | Sioux City, IA     | Attorney    | Indefinite<br>from<br>September 9, 2005 |
| Vogel, Garrett        | Dallas, TX         | СРА         | Indefinite from September 13, 2005      |
| Becker, Joseph        | Houston, TX        | CPA         | Indefinite from September 13, 2005      |
| Winick, Robert M.     | Sarasota, FL       | Attorney    | Indefinite from September 19, 2005      |
| Hunsaker Jr., William | Golden, CO         | Attorney    | Indefinite from September 19, 2005      |
| Wheatley, Jay D.      | Boca Raton, FL     | Attorney    | Indefinite from September 19, 2005      |
| Clark, Carroll A.     | Mesa, AZ           | Attorney    | Indefinite from September 19, 2005      |

## Suspensions From Practice Before the Internal Revenue Service After Notice and an Opportunity for a Proceeding

Under Title 31, Code of Federal Regulations, Part 10, after notice and an opportunity for a proceeding before an ad-

ministrative law judge, the following individuals have been placed under suspension

from practice before the Internal Revenue Service:

| Name              | Address         | Designation | Effective Date                        |
|-------------------|-----------------|-------------|---------------------------------------|
| Sobel, Herbert L. | Elkins Park, PA | CPA         | May 4, 2005<br>to<br>February 3, 2007 |

| Name                | Address            | Designation    | Effective Date                             |
|---------------------|--------------------|----------------|--------------------------------------------|
| Rubesh, Leland      | Gillette, WY       | СРА            | August 1, 2005<br>to<br>January 31, 2007   |
| Gregory, Carolyn S. | Cathedral City, CA | Enrolled Agent | August 12, 2005<br>to<br>November 11, 2007 |

## **Censure Issued by Consent**

Under Title 31, Code of Federal Regulations, Part 10, in lieu of a proceeding being instituted or continued, an attorney, certified public accountant, enrolled agent, or enrolled actuary, may offer his or her consent to the issuance of a censure. Censure is a public reprimand. The following individuals have consented to the issuance of a Censure:

| Name                 | Address       | Designation    | Date of Censure   |
|----------------------|---------------|----------------|-------------------|
| Pugno, Thomas        | Rockwood, MI  | Enrolled Agent | June 29, 2005     |
| Barrett, Richard     | Tyler, TX     | CPA            | August 1, 2005    |
| Kelly, Michael G.    | Odessa, TX    | Attorney       | August 1, 2005    |
| Volstad, Paul S.     | Plymouth, MN  | CPA            | August 18, 2005   |
| Quackenbush, Gary A. | San Diego, CA | Attorney       | September 2, 2005 |
| Flores, Fred A.      | Laredo, TX    | CPA            | September 2, 2005 |
| Velasquez, Felix     | Laredo, TX    | CPA            | September 2, 2005 |

## Release of Publication 1141 and Correction to Revenue Procedure 2005–65

#### Announcement 2005–78

The October 2005 revision of Publication 1141, General Rules and Speci-

fications for Substitute Forms W–2 and W–3, is now posted to the IRS website. It was first published as Revenue Procedure 2005–65 in Internal Revenue Bulletin (IRB) 2005–38.

Revenue Procedure 2005–65 incorrectly states in Section 2.06 of Part A that "Form W–3PR is 7.0 inches wide..." This has been corrected in Publication 1141 with "Form W–3PR is 7.3 inches wide..."

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#### **Definition of Terms**

Revenue rulings and revenue procedures (hereinafter referred to as "rulings") that have an effect on previous rulings use the following defined terms to describe the effect:

Amplified describes a situation where no change is being made in a prior published position, but the prior position is being extended to apply to a variation of the fact situation set forth therein. Thus, if an earlier ruling held that a principle applied to A, and the new ruling holds that the same principle also applies to B, the earlier ruling is amplified. (Compare with modified, below).

Clarified is used in those instances where the language in a prior ruling is being made clear because the language has caused, or may cause, some confusion. It is not used where a position in a prior ruling is being changed.

Distinguished describes a situation where a ruling mentions a previously published ruling and points out an essential difference between them.

Modified is used where the substance of a previously published position is being changed. Thus, if a prior ruling held that a principle applied to A but not to B, and the new ruling holds that it applies to both A

and B, the prior ruling is modified because it corrects a published position. (Compare with amplified and clarified, above).

Obsoleted describes a previously published ruling that is not considered determinative with respect to future transactions. This term is most commonly used in a ruling that lists previously published rulings that are obsoleted because of changes in laws or regulations. A ruling may also be obsoleted because the substance has been included in regulations subsequently adopted.

Revoked describes situations where the position in the previously published ruling is not correct and the correct position is being stated in a new ruling.

Superseded describes a situation where the new ruling does nothing more than restate the substance and situation of a previously published ruling (or rulings). Thus, the term is used to republish under the 1986 Code and regulations the same position published under the 1939 Code and regulations. The term is also used when it is desired to republish in a single ruling a series of situations, names, etc., that were previously published over a period of time in separate rulings. If the new ruling does more than restate the substance

of a prior ruling, a combination of terms is used. For example, modified and superseded describes a situation where the substance of a previously published ruling is being changed in part and is continued without change in part and it is desired to restate the valid portion of the previously published ruling in a new ruling that is self contained. In this case, the previously published ruling is first modified and then, as modified, is superseded.

Supplemented is used in situations in which a list, such as a list of the names of countries, is published in a ruling and that list is expanded by adding further names in subsequent rulings. After the original ruling has been supplemented several times, a new ruling may be published that includes the list in the original ruling and the additions, and supersedes all prior rulings in the series.

Suspended is used in rare situations to show that the previous published rulings will not be applied pending some future action such as the issuance of new or amended regulations, the outcome of cases in litigation, or the outcome of a Service study.

### **Abbreviations**

The following abbreviations in current use and formerly used will appear in material published in the Bulletin.

A-Individual.

Acq.—Acquiescence.

B-Individual.

BE-Beneficiary.

BK—Bank.

B.T.A.—Board of Tax Appeals.

C-Individual.

C.B.—Cumulative Bulletin.

CFR-Code of Federal Regulations.

CI—City.

COOP—Cooperative.

Ct.D.—Court Decision. CY-County.

D-Decedent.

DC—Dummy Corporation.

DE—Donee.

Del. Order-Delegation Order.

DISC—Domestic International Sales Corporation.

DR—Donor.

E-Estate.

EE—Employee.

E.O.—Executive Order.

ER-Employer.

ERISA—Employee Retirement Income Security Act.

EX-Executor.

F-Fiduciary.

FC-Foreign Country.

FICA—Federal Insurance Contributions Act.

FISC-Foreign International Sales Company.

FPH—Foreign Personal Holding Company.

F.R.—Federal Register.

FUTA—Federal Unemployment Tax Act.

FX—Foreign corporation.

G.C.M.—Chief Counsel's Memorandum.

GE—Grantee.

GP—General Partner.

GR-Grantor.

IC—Insurance Company.

I.R.B.—Internal Revenue Bulletin.

LE-Lessee.

LP-Limited Partner. LR—Lessor

M—Minor. Nonacq.—Nonacquiescence.

O-Organization.

P-Parent Corporation.

PHC—Personal Holding Company.

PO—Possession of the U.S.

PR-Partner.

PRS—Partnership.

PTE—Prohibited Transaction Exemption.

Pub. L.—Public Law.

REIT-Real Estate Investment Trust.

Rev. Proc.—Revenue Procedure.

Rev. Rul.—Revenue Ruling.

S—Subsidiary.

S.P.R.—Statement of Procedural Rules.

Stat.—Statutes at Large.

T—Target Corporation.

T.C.—Tax Court.

T.D. —Treasury Decision.

TFE-Transferee.

TFR—Transferor.

T.I.R.—Technical Information Release.

TP—Taxpayer.

TR—Trust.

TT-Trustee.

U.S.C.—United States Code.

X-Corporation.

Y—Corporation.

Z —Corporation.

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| Ann | Announcement     |
|-----|------------------|
| CD  | Court Decision   |
| DO  | Delegation Order |
| EO  | Executive Order  |
| PL  | Public Law       |

PTE Prohibited Transaction Exemption

RP Revenue Procedure RR Revenue Ruling

SPR Statement of Procedural Rules

TC Tax Convention TD Treasury Decision

TDO Treasury Department Order

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26 CFR 1.401(a)(9)–6, revised; 1.401(k)–1, amended; 1.403(b)–3(b)(4)(ii), revised; 1.415–1 thru –10, removed; 1.415(a)–1, (b)–1, (b)–2, (c)–1, (c)–2, (d)–1, (f)–1, (g)–1, (j)–1, added; 1.457–4, –5, –6, –10, amended; 11.415(c)(4)–1, removed; limitations on benefits and contributions under qualified plans (REG–130241–04) 27, *18* 

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26 CFR 1.408A–4, amended; 1.408A–4T, added; converting an IRA annuity to a Roth IRA (TD 9220) 39, *596* 

26 CFR 1.411(d)–3, revised; 1.411(a)–4, (d)–4, amended; 54.4980F–1, amended; section 411(d)(6) protected benefits (TD 9219) 38, 538

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- 26 CFR 31.3102–1, amended; 31.3121(a)–2, amended; 31.3121(a)(7)–1, (a)(8)–1, amended; 31.3121(a)(10)–1, revised; 31.3121(i)–1, amended; application of the Federal Insurance Contributions Act (FICA) to payments made for certain services (REG–104143–05) 41, 708
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