

Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction

As required by section 6033(a)(2) of the Internal Revenue Code

OMB No. 1545-2078

**Open to Public
Inspection**

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

Name of tax-exempt entity	Employer identification number :
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In care of (if applicable)

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

City or town, state, and ZIP code

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

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

2 Identify the type of prohibited tax shelter transaction. Check all the box(es) that apply (see instructions).

- a** ☐ Listed transaction **b** ☐ Confidential **c** ☐ Contractual protection

3 If the transaction is a listed transaction or substantially similar to a listed transaction, identify the listed transactions (see instructions). _____

4 Identity of other parties (whether taxable or tax-exempt) to the transaction, if known (attach additional sheets, if necessary):

Name of party

Number, street, and room or suite no.

City or town, state, and ZIP code

Name of party

Number, street, and room or suite no.

City or town, state, and ZIP code

I declare under penalty of perjury that I am authorized to sign this disclosure, that I have examined this disclosure, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of director, trustee, officer, or other authorized official

Date

Type or print name of signer

Type or print title or authority of signer

