INTENTIONAL BLANK PAGE

Form Record Identification

Each page of a form will have a new Form Record with the Page Number incremented.

Field No.	Identification	Length	Description
	Byte Count	4	(see form) for fixed; "nnnn" for variable
	Start of Record Sentinel	4	Value "****"
0000	Record ID	6	Value "FRMbbb"
0001	Form Number	6	Value "nnnnbb"
0002	Page Number	5	Value "Pgnnb", nn = 01 to 04
0003	Taxpayer Identification Number	9	N (Primary Social Security) Number
0004	Filler	1	Blank
0005	Form Occurrence Number	7	Number limited to the maximum number of forms allowed

(Begin data fields of the Form record layout)

FORM T PAGE 1 Form T (Timber) Forest Activities Schedule

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1777" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"Tbbbbb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (SSN or ITIN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0010	SSN or ITIN		9	N, (Social Security Number, or Individual Taxpayer Identification Number)
0020	Block Name and Account Title-Acq	1	70	AN
0030	Property Subdivision or Map Survey-Acq	2	70	AN
0040	Seller/Source of Acquisition Name	3a	40	AN
0050	Seller/Source of Acquisition Street Address	3a	35	AN, Allowable special characters are: space, ampersand, slash, comma, and hyphen
0060	Seller/Source of Acquisition City	3a	22	AN, Allowable special characters are: space, slash, and hyphen
0070	Seller/Source of Acquisition State Abbreviation	3a	2	A (Standard Postal State Abbreviations)

Field No.	Identification	Form Ref.	Length	Field Description
0080	Seller/Source of Acquisition Zip Code	3a	12	N (left-justified)
0090	Date Acquired	3b	8	YYYYMMDD
0100	Cash Amount Paid	4a	12	N
0110	Interest-Bearing Notes Amount Paid	4b	12	N
0120	Non-Interest-Bearing Notes Amount Paid	4c	12	N
0130	Other Consideration Amount	5a	12	N
@0135	Other Consideration Amount Statement	5b	6	"STMbnn" or blank
0140	Legal Expenses	6	12	N
0150	Cruising, Surveying, Other Acquisition Expenses	7	12	N
0160	Property Total Cost or Other Basis	8	12	N
0170	Forest Land Units Number	9a	12	N
0180	Forest Land Cost or Other Basis Per Unit	9a	12	N
0190	Forest Land Total Cost or Other Basis	9a	12	N
0200	Other Unimproved Land Units Number	9b	12	N
0210	Other Unimproved Land Cost or Other Basis Per Unit	9b	12	N
0220	Other Unimproved Land Total Cost or Other Basis	9b	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0225	Improved Land Description	9c	70	AN
0230	Improved Land Units Number	9c	12	N
0240	Improved Land Cost or Other Basis Per Unit	9c	12	N
0250	Improved Land Total Cost or Other Basis	9c	12	N
*0260	Merchantable Timber Unit-A	9d	20	AN, "STMbnn" or blank
+0270	Merchantable Timber Units Number-A	9d	12	N
+0280	Merchantable Timber Cost or Other Basis/ Unit-A	9d	12	N
+0290	Merchantable Timber Total Cost or Other Basis-A	9d	12	N
0300	Merchantable Timber Unit-B	9d	20	AN
0310	Merchantable Timber Units Number-B	9d	12	N
0320	Merchantable Timber Cost or Other Basis/ Unit-B	9d	12	N
0330	Merchantable Timber Total Cost or Other Basis-B	9d	12	N
0340	Merchantable Timber Unit-C	9d	20	AN
0350	Merchantable Timber Units Number-C	9d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0360	Merchantable Timber Cost or Other Basis/ Unit-C	9d	12	N
0370	Merchantable Timber Total Cost or Other Basis-C	9d	12	N
0380	Merchantable Timber Unit-D	9d	20	AN
0390	Merchantable Timber Units Number-D	9d	12	N
0400	Merchantable Timber Cost or Other Basis/ Unit-D	9d	12	N
0410	Merchantable Timber Total Cost or Other Basis-D	9d	12	N
0420	Merchantable Timber Unit-E	9d	20	AN
0430	Merchantable Timber Units Number-E	9d	12	N
0440	Merchantable Timber Cost or Other Basis/ Unit-E	9d	12	N
0450	Merchantable Timber Total Cost or Other Basis-E	9d	12	N
0460	Merchantable Timber Unit-F	9d	20	AN
0470	Merchantable Timber Units Number-F	9d	12	N
0480	Merchantable Timber Cost or Other Basis/ Unit-F	9d	12	N
0490	Merchantable Timber Total Cost or Other Basis-F	9d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0495	Merchantable Timber BMF ONLY Statement	9d	6	Blank
*0500	Premerchantable Timber Unit-A	9e	20	AN, "STMbnn" or blank
+0510	Premerchantable Timber Units Number-A	9e	12	N
+0520	Premerchantable Timber Cost or Other Basis/Unit-A	9e	12	N
+0530	Premerchantable Timber Total Cost or Other Basis-A	9e	12	N
0540	Premerchantable Timber Unit-B	9e	20	AN
0550	Premerchantable Timber Units Number-B	9e	12	N
0560	Premerchantable Timber Cost or Other Basis/Unit-B	9e	12	N
0570	Premerchantable Timber Total Cost or Other Basis-B	9e	12	N
0580	Premerchantable Timber Unit-C	9e	20	AN
0590	Premerchantable Timber Units Number-C	9e	12	N
0600	Premerchantable Timber Cost or Other Basis/Unit-C	9e	12	N
0610	Premerchantable Timber Total Cost or Other Basis-C	9e	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0620	Premerchantable Timber Unit-D	9e	20	AN
0630	Premerchantable Timber Units Number-D	9e	12	N
0640	Premerchantable Timber Cost or Other Basis/Unit-D	9e	12	N
0650	Premerchantable Timber Total Cost or Other Basis-D	9e	12	N
0655	Premerchantable Timber BMF ONLY Statement	9e	6	Blank
*0660	Improvements Description-A	9f	35	AN, "STMbnn" or blank
*+0670	Improvements Unit-A	9f	20	AN, "STMbnn" or blank
+0680	Improvements Units Number-A	9f	12	N
+0690	Improvements Cost or Other Basis/Unit-A	9f	12	N
+0700	Improvements Total Cost or Other Basis-A	9f	12	N
0710	Improvements Description-B	9f	35	AN
0720	Improvements Unit-B	9f	20	AN
0730	Improvements Units Number-B	9f	12	N
0740	Improvements Cost or Other Basis/Unit-B	9f	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0750	Improvements Total Cost or Other Basis-B	9f	12	N
0760	Improvements Description-C	9f	35	AN
0770	Improvements Unit-C	9f	20	AN
0780	Improvements Units Number-C	9f	12	N
0790	Improvements Cost or Other Basis/Unit-C	9f	12	N
0800	Improvements Total Cost or Other Basis-C	9f	12	N
0810	Improvements Description-D	9f	35	AN
0820	Improvements Unit-D	9f	20	AN
0830	Improvements Units Number-D	9f	12	N
0840	Improvements Cost or Other Basis/Unit-D	9f	12	N
0850	Improvements Total Cost or Other Basis-D	9f	12	N
0860	Improvements Description-E	9f	35	AN
0870	Improvements Unit-E	9f	20	AN
0880	Improvements Units Number-E	9f	12	N
0890	Improvements Cost or Other Basis/Unit-E	9f	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0900	Improvements Total Cost or Other Basis-E	9f	12	N
0910	Improvements Description-F	9f	35	AN
0920	Improvements Unit-F	9f	20	AN
0930	Improvements Units Number-F	9f	12	N
0940	Improvements Cost or Other Basis/Unit-F	9f	12	N
0950	Improvements Total Cost or Other Basis-F	9f	12	N
0955	Improvements BMF ONLY Statement	9f	6	Blank
0960	Mineral Rights Unit	9g	20	AN
0970	Mineral Rights Units Number	9g	12	N
0980	Mineral Rights Cost or Other Basis/Unit	9g	12	N
0990	Mineral Rights Total Cost or Other Basis	9g	12	N
1000	Total Cost or Other Basis	9h	12	N
@1005	Acquisition Timber-Cut Rights Pay-As-Cut Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0528" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1020	Record ID		6	"FRMbbb"
1021	Form Number		6	"Tbbbbb"
1022	Page Number		5	"PG02b"
1023	Taxpayer Identification Number		9	N (SSN or ITIN)
1024	Filler		1	blank
1025	Form Occurrence Number		7	N 0000001 - 0000010
*1030	Block Name and Account Title-Dep	1	70	AN, "STMbnn" or blank
*1040	Other Unit of Measure Details		70	AN, "STMbnn" or blank
1050	Preceding Year-End Timber EST (Quantity)	2(a)	12	N
1060	Preceding Year-End Timber Est (Cost/ Other Basis)	2(b)	12	N
1070	Increase/Decrease Timber Quantity	3(a)	12	N
1080	Addition for Growth (Number of Years)	4a	3	N
1090	Addition for Growth (Quantity)	4a(a)	12	N
1100	Premerchantable Acct Transfer (Quantity)	4b(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1110	Premerchantable Acct Transfer (Cost/ Other Basis)	4b(b)	12	N
1120	Def Reforest Acct Transfer (Quantity)	4c(a)	12	N
1130	Def Reforest Acct Transfer (Cost/ Other Basis)	4c(b)	12	N
1140	Acquired Timber Current Year (Quantity)	5(a)	12	N
1150	Acquired Timber Current Year (Cost/ Other Basis)	5(b)	12	N
1160	Capital Addition Current Year	6(b)	12	N
1170	Year-End Total Pre-Depletion (Quantity)	7(a)	12	N
1180	Year-End Total Pre-Depletion (Cost/ Other Basis)	7(b)	12	N
1190	Returnable Depletion Unit Rate	8(b)	6	R
1200	Cut Timber Quantity Current Year	9(a)	12	N
1210	Depletion Current Year	10(b)	12	N
1220	Timber Quantity Sold/Disposed of Current Year	11(a)	12	N
1230	Allowable as Basis of Sale	12(b)	12	N
1240	Timber Quantity Lost Current Year	13(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1250	Allowable Basis of Loss	14(b)	12	N
1260	Total Reductions Current Year (Quantity)	15a(a)	12	N
1270	Total Reductions Current Year (Cost/ Other Basis)	15b(b)	12	N
1280	Net Year-End Quantity/Value (Quantity)	16(a)	12	N
1290	Net Year-End Quantity/Value (Cost/Other Basis)	16(b)	12	N
1300	Cut Timber Sold Quantity	17(b)	12	N
1310	Section 631(a) Timber Cutting Election Yes Box	18a	1	"X" or blank
@1315	Section 631(a) Adjusted Basis Statement	18a	6	"STMbnn" or blank
@1325	Section 631(a) Cut Timber Detail Statement	18a	6	"STMbnn" or blank
@1335	Section 631(a) Timber Valuation Statement	18a	6	"STMbnn" or blank
@1345	Section 631(a) Valuation Comparison Statement	18a	6	"STMbnn" or blank
@1355	Section 631(a) Operations Statement	18a	6	"STMbnn" or blank
@1365	Section 631(a) Activity Status Statement	18a	6	"STMbnn" or blank

Field No.	Identification	Form Ref.	Length	Field Description
1370	Section 631(a) Timber Cutting Election No Box	18a	1	"X" or blank
1380	Section 631(a) Revocation Yes Box	18b	1	"X" or blank
1390	Section 631(a) Revocation No Box	18b	1	"X" or blank
1400	Revocation Effective Date	18b	8	YYYYMMDD
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2145" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1420	Record ID		6	"FRMbbb"
1421	Form Number		6	"Tbbbbb"
1422	Page Number		5	"PG03b"
1423	Taxpayer Identification Number		9	N (SSN or ITIN)
1424	Filler		1	blank
1425	Form Occurrence Number		7	N 0000001 - 0000010
1430	Block Name and Account Title-Sal	1	70	AN
1440	Property Subdivision or Map Survey-Sal	2	70	AN
1450	Purchaser Name	3a	40	AN
1460	Purchaser Street Address	3a	35	AN, Allowable special characters are: space, ampersand, slash, comma, and hyphen
1470	Purchaser City	3a	22	AN, Allowable special characters are: space, slash, and hyphen
1480	Purchaser State Abbreviation	3a	2	A (Standard Postal State Abbreviation)
1490	Purchaser Zip Code	3a	12	N (left-justified)
1500	Date of Sale	3b	8	YYYYMMDD
1510	Cash Amount Rcvd	4a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1520	Interest-Bearing Notes Amount Rcvd	4b	12	N
1530	Non-Interest-Bearing Notes Amount Rcvd	4c	12	N
@1535	Sale/Lease Agreement Provisions Statement	4	6	"STMbnn" or blank
1540	Other Consideration Amount-S	5a	12	N
@1545	Other Consideration Amount-S Statement	5b	6	"STMbnn" or blank
1550	Property Total Amount Rcvd	6	12	N
1560	Forest Land Units Number-S	7a	12	N
1570	Forest Land Cost/ Other Basis per Unit-S	7a	12	N
1580	Forest Land Total Cost/Other Basis-S	7a	12	N
1590	Nonforested Land Units Number	7b	12	N
1600	Nonforested Land Cost/Other Basis Per Unit	7b	12	N
1610	Nonforested Land Total Cost/Other Basis	7b	12	N
1620	Improved Land Description-S	7c	70	AN
1630	Improved Land Units Number-S	7c	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1640	Improved Land Cost/ Other Basis Per Unit-S	7c	12	N
1650	Improved Land Total Cost/Other Basis-S	7c	12	N
*1665	Other Unit of Measure Details-S	7d	70	AN, "STMbnn" or blank
*+1670	Merchantable Timber Unit-SA	7d	20	AN, "STMbnn" or blank
+1680	Merchantable Timber Units Number-SA	7d	12	N
+1690	Merchantable Timber Cost/Other Basis Per Unit-SA	7d	12	N
+1700	Merchantable Timber Total Cost/Other Basis-SA	7d	12	N
1710	Merchantable Timber Unit-SB	7d	20	AN
1720	Merchantable Timber Units Number-SB	7d	12	N
1730	Merchantable Timber Cost/Other Basis Per Unit-SB	7d	12	N
1740	Merchantable Timber Total Cost/Other Basis-SB	7d	12	N
1750	Merchantable Timber Unit-SC	7d	20	AN
1760	merchantable Timber Units Number-SC	7d	12	N
1770	Merchantable Timber Cost/Other Basis Per Unit-SC	7d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1780	Merchantable Timber Total Cost/Other Basis-SC	7d	12	N
1790	Merchantable Timber Unit-SD	7d	20	AN
1800	Merchantable Timber Units Number-SD	7d	12	N
1810	Merchantable Timber Cost/Other Basis Per Unit-SD	7d	12	N
1820	Merchantable Timber Total Cost/Other Basis-SD	7d	12	N
1830	Merchantable Timber Unit-SE	7d	20	AN
1840	Merchantable Timber Units Number-SE	7d	12	N
1850	Merchantable Timber Cost/Other Basis Per Unit-SE	7d	12	N
1860	Merchantable Timber Total Cost/Other Basis-SE	7d	12	N
1870	Merchantable Timber Unit-SF	7d	20	AN
1880	Merchantable Timber Units Number-SF	7d	12	N
1890	Merchantable Timber Cost/Other Basis Per Unit-SF	7d	12	N
1900	Merchantable Timber Total Cost/Other Basis-SF	7d	12	N
1910	Merchantable Timber Unit-SG	7d	20	AN

Field No.	Identification	Form Ref.	Length	Field Description
1920	Merchantable Timber Units Number-SG	7d	12	N
1930	Merchantable Timber Cost/Other Basis Per Unit-SG	7d	12	N
1940	Merchantable Timber Total Cost/Other Basis-SG	7d	12	N
1950	Merchantable Timber Unit-SH	7d	20	AN
1960	Merchantable Timber Units Number-SH	7d	12	N
1970	Merchantable Timber Cost/Other Basis Per Unit-SH	7d	12	N
1980	Merchantable Timber Total Cost/Other Basis-SH	7d	12	N
1990	Merchantable Timber Unit-SI	7d	20	AN
2000	Merchantable Timber Units Number-SI	7d	12	N
2010	Merchantable Timber Cost/Other Basis Per Unit-SI	7d	12	N
2020	Merchantable Timber Total Cost/Other Basis-SI	7d	12	N
2030	Merchantable Timber Unit-SJ	7d	20	AN
2040	Merchantable Timber Units Number-SJ	7d	12	N
2050	Merchantable Timber Cost/Other Basis Per Unit-SJ	7d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2060	Merchantable Timber Total Cost/Other Basis-SJ	7d	12	N
2070	Merchantable Timber Unit-SK	7d	20	AN
2080	Merchantable Timber Units Number-SK	7d	12	N
2090	Merchantable Timber Cost/Other Basis Per Unit-SK	7d	12	N
2100	Merchantable Timber Total Cost/Other Basis-SK	7d	12	N
2110	Merchantable Timber Unit-SL	7d	20	AN
2120	Merchantable Timber Units Number-SL	7d	12	N
2130	Merchantable Timber Cost/Other Basis Per Unit-SL	7d	12	N
2140	Merchantable Timber Total Cost/Other Basis-SL	7d	12	N
2145	Merchantable Timber BMF ONLY Statement-S	7d	6	Blank
*2150	Premerchantable Timber Unit-SA	7e	20	AN, "STMbnn" or blank
+2160	Premerchantable Timber Units Number-SA	7e	12	N
+2170	Premerchantable Timber Cost/Basis Per Unit-SA	7e	12	N
+2180	Premerchantable Timber Total Cost/ Other Basis-SA	7e	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2190	Premerchantable Timber Unit-SB	7e	20	AN
2200	Premerchantable Timber Units Number-SB	7e	12	N
2210	Premerchantable Timber Cost/Basis Per Unit-SB	7e	12	N
2220	Premerchantable Timber Total Cost/ Other Basis-SB	7e	12	N
2230	Premerchantable Timber Unit-SC	7e	20	AN
2240	Premerchantable Timber Units Number-SC	7e	12	N
2250	Premerchantable Timber Cost/Basis Per Unit-SC	7e	12	N
2260	Premerchantable Timber Total Cost/ Other Basis-SC	7e	12	N
2270	Premerchantable Timber Unit-SD	7e	20	AN
2280	Premerchantable Timber Units Number-SD	7e	12	N
2290	Premerchantable Timber Cost/Basis Per Unit-SD	7e	12	N
2300	Premerchantable Timber Total Cost/ Other Basis-SD	7e	12	N
2310	Premerchantable Timber Unit-SE	7e	20	AN

Field No.	Identification	Form Ref.	Length	Field Description
2320	Premerchantable Timber Units Number-SE	7e	12	N
2330	Premerchantable Timber Cost/Basis Per Unit-SE	7e	12	N
2340	Premerchantable Timber Total Cost/ Other Basis-SE	7e	12	N
2345	Premerchantable Timber BMF ONLY Statement-S	7e	6	Blank
*2350	Improvements Description-SA	7f	35	AN, "STMbnn" or blank
*+2360	Improvements Unit-SA	7f	20	AN, "STMbnn" or blank
+2370	Improvements Units Number-SA	7f	12	N
+2380	Improvements Cost/ Other Basis Per Unit-SA	7f	12	N
+2390	Improvements Total Cost/Other Basis-SA	7f	12	N
2400	Improvements Description-SB	7f	35	AN
2410	Improvements Unit-SB	7f	20	AN
2420	Improvements Units Number-SB	7f	12	N
2430	Improvements Cost/ Other Basis Per Unit-SB	7f	12	N
2440	Improvements Total Cost/Other Basis-SB	7f	12	N
2450	Improvements Description-SC	7f	35	AN

Field No.	Identification	Form Ref.	Length	Field Description
2460	Improvements Unit-SC	7f	20	AN
2470	Improvements Units Number-SC	7f	12	N
2480	Improvements Cost/ Other Basis Per Unit-SC	7f	12	N
2490	Improvements Total Cost/Other Basis-SC	7f	12	N
2500	Improvements Description-SD	7f	35	AN
2510	Improvements Unit-SD	7f	20	AN
2520	Improvements Units Number-SD	7f	12	N
2530	Improvements Cost/ Other Basis Per Unit-SD	7f	12	N
2540	Improvements Total Cost/Other Basis-SD	7f	12	N
2550	Improvements Description-SE	7f	35	AN
2560	Improvements Unit-SE	7f	20	AN
2570	Improvements Units Number-SE	7f	12	N
2580	Improvements Cost/ Other Basis Per Unit-SE	7f	12	N
2590	Improvements Total Cost/Other Basis-SE	7f	12	N
2595	Improvements BMF ONLY Statement-S	7f	6	Blank
2600	Mineral Rights Unit-S	7g	20	AN

Field No.	Identification	Form Ref.	Length	Field Description
2610	Mineral Rights Units Number-S	7g	12	N
2620	Mineral Rights Cost/ Other Basis Per Unit-S	7g	12	N
2630	Mineral Rights Total Cost/Other Basis-S	7g	12	N
2640	Total Cost or Other Basis-S	7h	12	N
2650	Direct Sales Expenses	7i	12	N
2660	Profit or Loss	8	12	N
2665	Lines 1-to-8-Format BMF ONLY Statement		6	Blank
	Record Terminus Character		1	Value "#"

FORM T PAGE 4 Form T (Timber) Forest Activities Schedule

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1070" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
2680	Record ID		6	"FRMbbb"
2681	Form Number		6	"Tbbbbb"
2682	Page Number		5	"PG04b"
2683	Taxpayer Identification Number		9	N (SSN or ITIN)
2684	Filler		1	blank
2685	Form Occurrence Number		7	N 0000001 - 0000010
*2690	Account/Block/Tract/ Area-A	1	50	AN, "STMbnn" or blank
*+2700	Kind of Activity-A	1	25	AN, "STMbnn" or blank
+2710	Treated Acres Number-A	1	12	N
+2720	Total Expenditures-A	1	12	N
2730	Account/Block/Tract/ Area-B	1	50	AN
2740	Kind of Activity-B	1	25	AN
2750	Treated Acres Number-B	1	12	N
2760	Total Expenditures-B	1	12	N
2770	Account/Block/Tract/ Area-C	1	50	AN
2780	Kind of Activity-C	1	25	AN
2790	Treated Acres Number-C	1	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2800	Total Expenditures-C	1	12	N
2810	Account/Block/Tract/ Area-D	1	50	AN
2820	Kind of Activity-D	1	25	AN
2830	Treated Acres Number-D	1	12	N
2840	Total Expenditures-D	1	12	N
2850	Account/Block/Tract/ Area-E	1	50	AN
2860	Kind of Activity-E	1	25	AN
2870	Treated Acres Number-E	1	12	N
2880	Total Expenditures-E	1	12	N
2890	Account/Block/Tract/ Area-F	1	50	AN
2900	Kind of Activity-F	1	25	AN
2910	Treated Acres Number-F	1	12	N
2920	Total Expenditures-F	1	12	N
2930	Account/Block/Tract/ Area-G	1	50	AN
2940	Kind of Activity-G	1	25	AN
2950	Treated Acres Number-G	1	12	N
2960	Total Expenditures-G	1	12	N
2970	Total Treated Acres Number	2	12	N
2980	Total Activities Expenditures	2	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2990	Reforestation Expenses Treated Acres Number	3	12	N
3000	Reforestation Total Expenditures	3	12	N
3020	Sec 194(b) Total Expenditures	4a	12	N
3040	Sec 194(a) Amortized Total Expenditures	4b	12	N
3045	BMF ONLY Activities Statement		6	Blank
3050	Block Name and Account Title-Act	1	70	AN
3060	Begin-Year Balance Acres	2	12	N
3070	Begin-Year Balance Total Cost/Other Basis	2	12	N
3080	Begin-Year Balance Average Rate Per Acre	2	12	N
3090	Cur-Year Acquisition Acres	3	12	N
3100	Cur-year Acquisition Total Cost/Other Basis	3	12	N
3110	Cur-Year Acquisition Average Rate Per Acre	3	12	N
3120	Cur-Year Sales Acres	4	12	N
3130	Cur-Year Sales Total Cost/Other Basis	4	12	N

Field No.	Identification	Form Ref.	Length	Field Description
3140	Cur-Year Sales Average Rate Per Acre	4	12	N
3150	Other Changes Acres	5	12	N
3160	Other Changes Total Cost/Other Basis	5	12	N
3170	Other Changes Average Rate Per Acre	5	12	N
3180	Year-End Balance Acres	6	12	N
3190	Year-End Balance Total Cost/Other Basis	6	12	N
3200	Year-End Balance Average Rate Per Acre	6	12	N
@3205	Additional Land Ownership Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0958" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"W-2bbb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000050
0010	Corrected W-2		1	"X" or blank
0035	Employee's SSN	a	9	N
0040	Employer Identification Number	b	9	N
0045	Employer Name Control	c	4	First 4 significant characters of employer's name, no leading or embedded spaces, allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0050	Name of Reporting Agent or Employer	c	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+) and blank ( )

Field No.	Identification	Form Ref.	Length	Field Description
0055	Name Line 2 of Employer	c	35	AN, "Agent for", | "in care of" Addressee, or address continuation; allowable special characters are: space, ampersand, slash, comma, plus sign, hyphen and percent (%)
0060	Employer Address	c	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent(%), and Literal "NONE"
0070	Employer City	c	22	A, Allowable special | Character is space
0073	Employer State	c	2	A (Standard Postal State Abbreviations) or period (.)
0075	Employer Zip Code	c	12	N (Left-justified)
0085	Control Number	d	14	AN or blank
0090	Employee Name and Suffix	e	35	AN, Allowable special characters: hyphen (-) or blank
0100	Employee Address	f	35	AN, Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,) and percent (%)
0105	Employee Address Continuation	f	35	AN
0110	Employee City	f	22	AN, Allowable special character is space
0113	Employee State	f	2	A (Standard Postal State Abbreviations) or period (.)
0115	Employee Zip Code	f	12	N (Left-justified)
0120	Wages	1	12	N

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0130	Withholding	2	12	N
0140	Social Security Wages	3	12	N
0150	Social Security Tax	4	12	N
0160	Medicare Wages and Tips	5	12	N
0170	Medicare Tax Withheld	6	12	N
0180	Social Security Tips	7	12	N
0190	Allocated Tips	8	12	N
0200	Advance EIC Payment	9	12	N
0210	Dependent Care Benefits	10	12	N
0220	Nonqualified Plans	11	12	N
*0242	Employer's Use Code 1	12a	6	A-H, J-N, P, Q, R-T, V, W, Y, Z, AA, BB, "STMbnn" or blank
+0244	Year 1 (for Prior Year USERRA Contribution)	12a	2	N (YY) or blank
+0246	Employer's Use Amount 1	12a	12	N
0252	Employer's Use Code 2	12b	6	A-H, J-N, P, Q, R-T, V, W, Y, Z, AA, BB or blank
0254	Year 2 (for Prior Year USERRA Contribution)	12b	2	N (YY) or blank
0256	Employer's Use Amount 2	12b	12	N
0257	Employer's Use Code 3	12c	6	A-H, J-N, P, Q, R-T, V, W, Y, Z, AA, BB or blank

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0258	Year 3 (for Prior Year USERRA Contribution)	12c	2	N (YY) or blank
0259	Employer's Use Amount 3	12c	12	N
0260	Employer's Use Code 4	12d	6	A-H, J-N, P, Q, R-T, V, W, Y, Z, AA, BB or blank
0261	Year 4 (for Prior Year USERRA Contribution)	12d	2	N (YY) or blank
0262	Employer's Use Amount 4	12d	12	N
0265	Statutory Employee Ind	13	1	"X" or blank
0267	Retirement Plan Ind	13	1	"X" or blank
0269	Third-Party Sick Pay Ind	13	1	"X" or blank
*0270	Other Deducts/ Benefits Type 1	14	8	AN, "STMbnn" or blank
+0272	Other Deducts/ Benefits Amt 1	14	12	N
0280	Other Deducts/ Benefits Type 2	14	8	AN or blank
0282	Other Deducts/ Benefits Amt 2	14	12	N
0290	Other Deducts/ Benefits Type 3	14	8	AN or blank
0292	Other Deducts/ Benefits Amt 3	14	12	N
0300	Other Deducts/ Benefits Type 4	14	8	AN or blank
0302	Other Deducts/ Benefits Amt 4	14	12	N

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0370	State Name 1	15	2	A (Standard Postal State Abbreviations)
0380	Employer's State ID Number 1	15	16	AN or blank
0390	State Wages 1	16	12	N
0400	State Income Tax 1	17	12	N
0405	Local Wages/Tips 1	18	12	N
0407	Local Income Tax 1	19	12	N
0410	Name of Locality 1	20	9	AN
0440	State Name 2	15	2	'See 1st Occ.'
0450	Employer's State ID Number 2	15	16	AN or blank
0460	State Wages 2	16	12	N
0470	State Income Tax 2	17	12	N
0475	Local Wages/Tips 2	18	12	N
0477	Local Income Tax 2	19	12	N
0480	Name of Locality 2	20	9	AN
0490	State Name 3	15	2	'See 1st Occ.'
0500	Employer's State ID Number 3	15	16	AN or blank
0515	State Wage 3	16	12	N
0520	State Income Tax 3	17	12	N
0525	Local Wages/Tips 3	18	12	N
0527	Local Income Tax 3	19	12	N
0530	Name of Locality 3	20	9	AN
0540	State Name 4	15	2	'See 1st Occ.'
0550	Employer's State ID Number 4	15	16	AN or blank

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0560	State Wage 4	16	12	N
0570	State Income Tax 4	17	12	N
0575	Local Wages/Tips 4	18	12	N
0577	Local Income Tax 4	19	12	N
0580	Name of Locality 4	20	9	AN
0590	W-2 Indicator		1	"N" = non-standard (for altered, typed or handwritten forms) "S" = standard W-2
	Record Terminus Character		1	Value "#"

FORM W-2G Certain Gambling Winnings

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0524" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"W-2Gbb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000030
0010	Corrected W-2G		1	"X" or blank
0015	Payer Name Control		4	First 4 significant characters of payer's name, no leading or embedded spaces, allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0020	Payer Name		35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+) and blank ( )
0021	Payer Name Line 2		35	AN, "in care of" Addressee, or address continuation; allowable special characters are: space, ampersand, slash, hyphen and percent (%)

FORM W-2G Certain Gambling Winnings

Field No.	Identification	Form Ref.	Length	Field Description
0022	Payer's Address		35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent(%) and literal "NONE"
0023	Payer's City		22	A, Allowable special | character is space
0024	Payer's State		2	A (Standard Postal State Abbreviations) or period
0025	Payer's Zip Code		12	N (left-justified)
0026	Payer Identification Number		9	N
0030	Payer Telephone Number		10	N
0040	Gross Winnings, etc.	1	12	N
0050	Withholding	2	12	N
0080	Type of Wager	3	13	AN
0090	Date Won	4	8	DT
0100	Transaction	5	13	AN
0105	Race	6	13	AN
0120	Winnings from Identical Wagers	7	12	N
0130	Cashier	8	13	AN
0140	Winner's Name		35	AN, Allowable special
0142	Winner's Address		35	AN, Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE"
0143	Winner's Address Continuation		35	AN

FORM W-2G Certain Gambling Winnings

Field No.	Identification	Form Ref.	Length	Field Description
0144	Winner's City		22	AN, Allowable special character is space
0146	Winner's State		2	A (Standard Postal State Abbreviations) or period (.)
0148	Winner's Zip Code		12	N (left-justified)
0150	SSN	9	9	N (W-2G Social Security Number)
0160	Window	10	13	AN
0180	First I.D.	11	13	AN
0190	Second I.D.	12	13	AN
0200	State Name	13	2	A (Standard Postal State Abbreviations)
0201	Payer's State I.D. No.	13	16	AN
0210	State Income Tax Withheld	14	12	N
0220	W-2G Indicator		1	"N" = non-standard (for altered, typed or handwritten forms) "S" = standard W-2G
	Record Terminus Character		1	Value "#"

FORM W-2GU Guam Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0621" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"W-2GUb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N (0000001 - 0000010)
0010	Corrected W-2GU		1	"X" or blank
0025	Void Indicator		1	"X" or blank
0035	Employee SSN	a	9	N
0040	Employer Identification Number	b	9	N
0045	Employer Name Control	c	4	First 4 significant characters of employer's name, no leading or embedded spaces, allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0050	Name of Reporting Agent or Employer	c	35	AN, Allowable special | characters are: ampersand (&), hyphen(-), slash (/), comma (,), plus (+) and blank ( )

FORM W-2GU Guam Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0055	Name Line 2 of Employer	c	35	AN, "Agent for", "in care of" Addressee, or address continuation; allowable special characters are: space, ampersand, slash, comma, plus sign, hyphen and percent (%)
0060	Employer Address	c	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%), and Literal "NONE"
0070	Employer City	c	22	A, Allowable special character is space
0073	Employer State	c	2	A (Standard Postal State Abbreviation) or period (.)
0075	Employer Zip Code	c	12	N (Left-justified)
0085	Control Number	d	14	AN or blank
0090	Employee Name and Suffix	e	35	AN, Allowable special character is hyphen(-), or blank
0100	Employee Address	f	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%), or blank
0105	Employee Address Continuation	f	35	AN
0110	Employee City	f	22	AN, Allowable special character is space
0113	Employee State	f	2	A (Standard Postal State Abbreviations) or period (.)
0115	Employee Zip Code	f	12	N (Left-justified)

FORM W-2GU Guam Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0120	Wages	1	12	N
0130	Guam Withholding	2	12	N
0140	Social Security Wages	3	12	N
0150	Social Security Tax	4	12	N
0160	Medicare Wages and Tips	5	12	N
0170	Medicare Tax Withheld	6	12	N
0180	Social Security Tips	7	12	N
0190	Reserved	8	3	NO ENTRY
0200	Advanced EIC Payment	9	12	N
0210	Reserved	10	3	NO ENTRY
0220	Nonqualified Plans	11	12	N
*0242	Employer's Use Code 1	12a	6	A-H, J, M, N, P-T, V, W, Y, Z, AA, BB, "STMbnn" or blank
+0244	Year 1 (for Prior-Year USERRA Contribution)	12a	2	N, (YY) or blank
+0246	Employer's Use Amount 1	12a	12	N
0252	Employer's Use Code 2	12b	6	A-H, J, M, N, P-T, V, W, Y, Z , AA, BB or blank
0254	Year 2 (for Prior-Year USERRA Contribution)	12b	2	N, (YY) or blank
0256	Employer's Use Amount 2	12b	12	N
0257	Employer's Use Code 3	12c	6	A-H, J, M, N, P-T, V, W, Y, Z, AA, BB or blank

FORM W-2GU Guam Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0258	Year 3 (for Prior-Year USERRA Contribution)	12c	2	N, (YY) or blank
0259	Employer's Use Amount 3	12c	12	N
0260	Employer's Use Code 4	12d	6	A-H, J, M, N, P-T, V, W, Y, Z, AA, BB or blank
0261	Year 4 (for Prior-Year USERRA Contribution)	12d	2	N, (YY) or blank
0262	Employer's Use Amount 4	12d	12	N
0265	Statutory Employee Ind	13	1	"X", or blank
0267	Retirement Plan Ind	13	1	"X", or blank
0269	Third-Party Sick Pay Ind	13	1	"X", or blank
*0270	Other Deducts/ Benefits Type 1	14	8	AN, "STMbnn" or blank
+0272	Other Deducts/ Benefits Amt 1	14	12	N
0280	Other Deducts/ Benefits Type 2	14	8	AN or blank
0282	Other Deducts/ Benefits Amt 2	14	12	N
0290	Other Deducts/ Benefits Type 3	14	8	AN or blank
0292	Other Deducts/ Benefits Amt 3	14	12	N
0300	W-2GU Indicator		1	"N" = non-standard (for altered, typed or handwritten forms) "S" = standard W-2GU
	Record Terminus Character		1	Value "#"

499R-2/W-2PR RECORD Record of Puerto Rico Withholding

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0608" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"RECbbb"
0001	Record Number		6	"W-2PRb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Record Occurrence Number		7	N 0000001 - 0000006
0010	Employee Name Control		4	First 4 significant characters of taxpayer's last name, no leading or embedded spaces; allowable special characters are alpha, hyphen and space (see special instructions)
0020	Employee Name		35	AN, Taxpayer's name allowable special characters are: space and hyphen
0030	Employee Address		35	AN, Allowable special characters are: comma, ampersand, slash, percent, hyphen or blank
0040	Employee Address Continuation		35	AN
0050	Employee City		22	A, Allowable special character is space
0060	Employee State		2	A (Standard Postal State Abbreviation) or period (.)

499R-2/W-2PR RECORD Record of Puerto Rico Withholding

Field No.	Identification	Form Ref.	Length	Field Description
0070	Employee Zip Code		12	N (left-justified)
0080	Employer Name		35	AN, Allowable special characters are space, slash, hyphen, ampersand, and percent
0090	Employer Name Line 2		35	AN, "in care of" addressee, or address continuation; allowable special characters are: space, ampersand, slash, hyphen and percent
0100	Employer Address		35	AN, Allowable special characters are: percent, ampersand, slash, comma, hyphen and Literal "NONE"
0110	Employer City		22	AN, Allowable special character is space
0120	Employer State		2	A (Standard Postal State Abbreviation) or period (.)
0130	Employer Zip Code		12	N (left-justified)
0140	Employer Telephone Number		10	AN
0150	Cease of Operations Day		2	DD or blank
0160	Cease of Operation Month		2	MM or blank
0170	Cease of Operation Year		4	YYYY or blank
0180	Control Number		14	AN or blank
0190	Employee SSN		9	N (W-2/PR SSN)
0200	Employer EIN		9	N

499R-2/W-2PR RECORD Record of Puerto Rico Withholding

Field No.	Identification	Form Ref.	Length	Field Description
0210	Employer Name Control		4	First 4 significant characters of employer's name, no leading or embedded spaces; allowable special characters are alpha, numeric, hyphen, ampersand; spaces may be present only as last two positions and space (see special instructions)
0220	Pension Receipt Start Day		2	DD or blank
0230	Pension Receipt Start Month		2	MM or blank
0240	Pension Receipt Start Year		4	YYYY or blank
0250	Cost of Pension or Annuity		12	N
0260	Wages		12	N
0270	Commissions		12	N
0280	Allowances		12	N
0290	Tips		12	N
0300	Total Wages Commissions Allowances Tips		12	N
0310	Reimbursed Expenses		12	N
0320	Tax Withheld		12	N
0330	Retirement Fund		12	N
0340	Contributions to CODA PLANS		12	N
0350	Salaries under Act No.324 of 2004		12	N

499R-2/W-2PR RECORD Record of Puerto Rico Withholding

Field No.	Identification	Form Ref.	Length	Field Description
0360	Social Security Wages		12	N
0370	Social Security Tax Withheld		12	N
0380	Medicare Wages and Tips		12	N
0390	Medicare Tax Withheld		12	N
0400	Social Security Tips		12	N
0410	Uncollected Social Security Tax on Tips		12	N
0420	Uncollected Medicare Tax on Tips		12	N
0430	499R-2/W-2pr Indicator		1	"N" = non-standard (for altered, typed or handwritten forms) "S" = standard 499R-2/W-2PR
	Record Terminus Character		1	Value "#"

FEC RECORD Foreign Employer Compensation Record

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0545" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"RECbbb" |
0001	Record Type		6	"FECbbb" |
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Record Occurrence Number		7	N 0000001 - 0000010
0010	SSN or ITIN of Employee of Foreign Employer		9	N (Social Security Number, or Individual Taxpayer Identification Number)
0020	Employee Name Control		4	First 4 significant characters of taxpayer's last name, no leading or embedded spaces; allowable characters are alpha, hyphen, and space (see special instructions)
0030	Employee Name Line 1		35	AN, Taxpayer's name allowable special characters are: space and hyphen
0040	Employee Name Line 2		35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma and percent

FEC RECORD Foreign Employer Compensation Record

Field No.	Identification	Form Ref.	Length	Field Description
0050	Street Address		35	AN, Allowable special characters are: space, ampersand, slash, and hyphen
0060	City		22	A, Allowable special character is space
0070	State Abbreviation		2	A (Standard Postal State Abbreviations)
0080	Zip Code		12	N (left-justified)
0090	Foreign State or Province		35	A, Allowable special character is space
0100	Foreign Postal Code		20	AN, Allowable special character is space)
0110	Foreign Country		35	A, Allowable special character is space
0120	Services Performed While Residing in U.S. Yes Ind		1	"X" or blank (if "X", enter "US" for Country Code)
0130	Country Code		2	A, (from Part I, Attachment 10 table for foreign residence, or "US" for U.S. residence)
0140	Foreign Employer's Name		45	AN, Allowable special characters are space, slash, hyphen, ampersand, and percent
0150	Foreign Employer's Street Name Line 2		35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, and percent AN, Allowable special

FEC RECORD Foreign Employer Compensation Record

Field No.	Identification	Form Ref.	Length	Field Description
0160	Foreign Employer's Street Address		35	AN, Allowable special characters are: space, ampersand, slash, comma, hyphen and percent
0170	Foreign Employer's City		22	A, Allowable special character is space
0180	Foreign Employer's State or Province		35	A, Allowable special character is space
0190	Foreign Employer's Postal Code		20	AN, Allowable special character is space
0200	Foreign Employer's Country		35	A, Allowable special character is space
0210	Foreign Employer's Identification Number		16	AN, Allowable special characters are space, slash, and hyphen (as available for the location)
0220	Foreign Employer Compensation Amount		12	N
	Record Terminus Character		1	Value "#"

FORM 970 PAGE 1 Application to Use LIFO Inventory Method

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0194" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"970bbb"
0002	Page Number		5	"PG01b"
0003	Domestic Partnership's Employer ID Number (EIN)		9	N nnnnnnnnn
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	SSN		9	N
0050	Elects LIFO Method for Tax Year Ending	1	8	DT (YYYYMMDD)
0060	LIFO Method Goods	1	25	AN
@0065	LIFO Method Goods (Statement)	1	6	"STMbnn" or blank
@0070	Identify Goods Covered by this Election	2	6	"STMbnn" or blank
0080	LIFO Inventory Method "Yes" Box	3a	1	"X" or blank
0090	LIFO Inventory Method "No" Box	3a	1	"X" or blank
@0095	If Yes, explanation	3b	6	"STMbnn" or blank
0100	LIFO Used for Goods "Yes" Box	4a	1	"X" or blank
0110	LIFO Used for Goods "No" Box	4a	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
@0115	If Yes, explanation	4b	6	"STMbnn" or blank
0120	Goods Not Inventoried Under LIFO	5	25	AN
@0125	Goods Not Inventoried Under LIFO (Statement)	5	6	"STMbnn" or blank
0130	Value of Inventoried Goods "Yes" Box	6a	1	"X" or blank
0140	Value of Inventoried Goods "No" Box	6a	1	"X" or blank
0150	Value of Beginning of Inventory "Yes" Box	6b	1	"X" or blank
0160	Value of Beginning of Inventory "No" Box	6b	1	"X" or blank
@0165	If No, explanation	6b	6	"STMbnn" or blank
0170	Adjustments over 3-Year Period "Yes" Box	6c	1	"X" or blank
0180	Adjustments over 3-Year Period "No" Box	6c	1	"X" or blank
@0185	If No, explanation	6c	6	"STMbnn" or blank
0190	Unit Cost of Goods "Yes" Box	7a	1	"X" or blank
0200	Unit Cost of Goods "No" Box	7a	1	"X" or blank
@0205	If No, explanation	7b	6	"STMbnn" or blank
0210	Statements or Reports "Yes" Box	8a	1	"X" or blank

FORM 970 PAGE 1 Application to Use LIFO Inventory Method

Field No.	Identification	Form Ref.	Length	Field Description
0220	Statements or Reports "No" Box	8a	1	"X" or blank
@0225	If Yes, explanation	8b	6	"STMbnn" or blank
0230	Inventory "Yes" Box	9a	1	"X" or blank
0240	Inventory "No" Box	9a	1	"X" or blank
@0245	If No, explanation	9b	6	"STMbnn" or blank
0250	LIFO Method "Yes" Box	10	1	"X" or blank
0260	LIFO Method "No" Box	10	1	"X" or blank
@0270	List of Goods	11	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0156" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0280	Record ID		6	"FRMbbb"
0281	Form Number		6	"970bbb"
0282	Page Number		5	"PG02b"
0283	Domestic Partnership's Employer ID Number (EIN)		9	N nnnnnnnnn
0284	Filler		1	blank
0285	Form Occurrence Number		7	N 0000001 - 0000002
0286	SSN		9	N
0290	Most Recent Actual Cost of Goods	12	1	"X" or blank
0293	Average Cost of Goods Purchased or Produced	12	1	"X" or blank
0300	Actual Cost of Goods	12	1	"X" or blank
0310	Other	12	1	"X" or blank
@0315	Other Explanation (Statement)	12	6	"STMbnn" or blank
@0320	Explanation of Defining Items	13	6	"STMbnn" or blank
0330	Goods Acquired Below Market Value "Yes" Box	14a	1	"X" or blank
0340	Goods Acquired Below Market Value "No" Box	14a	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
@0345	If Yes, Explanation	14b	6	"STMbnn" or blank
@0355	Method of Pooling	15	6	"STMbnn" or blank
0360	Calculation Method	16	25	AN
@0365	Calculation Method (Statement)	16	6	"STMbnn" or blank
0370	Most Recent Actual Cost of Goods	17	1	"X" or blank
0380	Average Cost of Goods	17	1	"X" or blank
0390	Actual Cost of Goods Purchased or Produced	17	1	"X" or blank
0400	Other	17	1	"X" or blank
@0405	Other Explanation (Statement)	17	6	"STMbnn" or blank
0410	Double Extension Method	18	1	"X" or blank
0420	Link Chain Method	18	1	"X" or blank
0430	CPI Detailed Report	19	1	"X" or blank
0440	PPI Detailed Report	19	1	"X" or blank
0450	Other PPI Detailed Report	19	1	"X" or blank
@0455	Other Report Use (Statement)	19	6	"STMbnn" or blank
0460	10% Method "Yes" Box	20	1	"X" or blank
0470	10% Method "No" Box	20	1	"X" or blank
0480	Representative Month Elected	21	6	YYYYMM or blank
@0485	BLS Prices (Statement)	21	6	"STMbnn" or blank

FORM 970 PAGE 2 Application to Use LIFO Inventory Method

Field No.	Identification	Form Ref.	Length	Field Description
@0495	Method Determining Cost Inventory	22	6	"STMbnn" or blank
0500	Consent to Change Method "Yes" Box	23	1	"X" or blank
0505	Consent to Change Method "No" Box	23	1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 982 Reduction of Tax Attributes Due to Discharge ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0270" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"982bbb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	N
0020	Discharge Of Indebtedness In A Title 11 Case	1a	1	"X" or blank
0030	Discharge Of Indebtedness To The Extent Insolvent	1b	1	"X" or blank
0040	Discharge Of Qualified Farm Indebtedness	1c	1	"X" or blank
0050	Discharge Of Qualified Real Prop Bus Indebtedness	1d	1	"X" or blank
0058	Discharge of Qual Principal Residence Indebtedness	1e	1	"X" or blank

FORM 982 Reduction of Tax Attributes Due to Discharge ...

Field No.	Identification	Form Ref.	Length	Field Description
0059	Discharge of Certain QLFY Indiv. Indebtedness	1f	1	"X" or blank ||
0060	Total Amount Of Discharged Indebtedness	2	12	N
0070	Treat All Property As Depreciable - Yes Box	3	1	"X" or blank
0080	Treat All Property As Depreciable - No Box	3	1	"X" or blank
@0085	Attach Description Of Transactions	Part II	6	"STMbnn" or blank
0090	Amt Excluded From Inc: Discharge Of Qual Real Prop	4	12	N
0100	Amt Excluded From Inc: Under Section 108(b)(5)	5	12	N
0110	Amt Excluded From Inc:To Reduce Net Operating Loss	6	12	N
0120	Amt Excluded From Inc:To Reduce Gen Bus Credit	7	12	N
0130	Amt Excluded From Inc:To Reduce Min Tax Credit	8	12	N
0140	Amt Excluded From Inc:To Reduce Net Cap Loss	9	12	N
0150	Amt Excluded From Inc:To Reduce Basis	10a	12	N

FORM 982 Reduction of Tax Attributes Due to Discharge ...

Field No.	Identification	Form Ref.	Length	Field Description
0155	Amt Excld-To Reduce Basis of Principal Residence	10b	12	N
0160	Depreciable Property Used Or Held	11a	12	N
0170	Land Used Or Held	11b	12	N
0180	Other Property Used Or Held	11c	12	N
0190	Passive Activity Loss And Credit Carryovers	12	12	N
0200	Foreign Tax Credit Carryover	13	12	N
0210	Amount Excluded Under Section 1081(b)	Part III	12	N
0220	Tax Year Beginning	Part III	8	DT
0230	Tax Year Ending	Part III	8	DT
0240	State Of Incorporation	Part III	2	AN
@0250	Statement Describing Transactions Under Sec 1081	Part III	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0646" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"1099Rb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000020
0010	Corrected Box		1	"X" or blank
0015	Payer Name Control		4	First 4 significant characters of payer's name, no leading or embedded spaces; allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0020	Payer Name		35	AN Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+) and blank ( )
0025	Payer Name Line 2		35	AN, in care of addressee, or address continuation. Allowable special characters are space, ampersand, slash, hyphen and percent (%)

Field No.	Identification	Form Ref.	Length	Field Description
0030	Payer Address		35	AN Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and Literal "NONE"
0040	Payer City		22	AN Allowable special character is space
0042	Payer State		2	A (Standard Postal State Abbreviations) or period (.)
0044	Payer Zip Code		12	N (left-justified)
0050	Payer Identification Number		9	N
0060	SSN		9	N
0070	Recipient's Name		35	AN Allowable special character is: hyphen (-)
0080	Recipient's Address		35	AN Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and Literal "NONE"
0085	Recipient's Address Continuation		35	AN
0090	Recipient's City		22	AN Allowable special character is space
0092	Recipient's State		2	A (Standard Postal State Abbreviations) or period (.)
0094	Recipient's Zip Code		12	N (left-justified)
0098	1st Year of Desig Roth Contribution		4	N (YYYY)
0100	Account Number		30	AN or blank

FORM 1099-R Distributions From Pensions, Annuities, ...

Field No.	Identification	Form Ref.	Length	Field Description
0110	Gross Distribution	1	12	N
0120	Taxable Amount	2a	12	N
0130	Tax Amount Not Determined Ind	2b	1	"X" or blank
0140	Total Distribution Ind	2b	1	"X" or blank
0150	Taxable Amount for Capital Gain	3	12	N
0160	Withholding	4	12	N
0170	Employee Insurance Contribution	5	12	N
0180	Unrealized Securities Appreciation	6	12	N
0190	Distribution Code	7	2	AN or blank
0200	IRA/SEP/SIMPLE Ind	7	1	"X" or blank
0210	Other Distribution	8	12	N
0220	Recipient's Other Distribution Percentage	8	6	R
0230	Recipient's Total Distribution Percentage	9a	6	R
0231	Recipient's Total Contributions	9b	12	N
0240	State Income Tax W/ Held - 1	10(1)	12	N
0246	State Name - 1	11(1)	2	A (Standard Postal State Abbreviations)
0250	Payer State I.D. No. - 1	11(1)	16	AN

Field No.	Identification	Form Ref.	Length	Field Description
0255	State Distribution - 1	12(1)	12	N
0260	Local Income Tax W/ Held - 1	13(1)	12	N
0270	Name of Locality - 1	14(1)	9	AN
0275	Local Distribution - 1	15(1)	12	N
0280	State Income Tax W/ Held - 2	10(2)	12	N
0286	State Name - 2	11(2)	2	A (Standard Postal State Abbreviations)
0290	Payer Sate I.D. No. - 2	11(2)	16	AN
0300	State Distribution - 2	12(2)	12	N
0310	Local Income Tax W/ Held - 2	13(2)	12	N
0320	Name of Locality - 2	14(2)	9	AN
0330	Local Distribution - 2	15(2)	12	N
0340	1099-R Indicator		1	"N" = non-standard (for altered, typed or handwritten forms) "S" = standard 1099-R
	Record Terminus Character		1	Value "#"

FORM 1116 PAGE 1 Foreign Tax Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1057" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"1116bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000020
0010	Alt. Min. Tax Literal		3	"AMT" or blank
0020	Passive Category Income	a	1	"X" or blank
0080	General Category Income	b	1	"X" or blank
0093	Section 901(j) Income	c	1	"X" or blank
0096	Income Re-Sourced By Treaty	d	1	"X" or blank
0098	Lump Sum Distributions	e	1	"X" or blank
0100	Country of Residence	f	16	A, Allowable special character is space.
0110	Reg Investment Co Literal	g	3	"RIC" or blank
0120	High Taxed Kick-Out Literal	g	4	"HTKO" or blank
0130	Foreign Country A	gA	16	A, Allowable special character is space.

FORM 1116 PAGE 1 Foreign Tax Credit

Field No.	Identification	Form Ref.	Length	Field Description
0140	Gross Foreign Income A	1aA	12	N
0150	Foreign Country B	gB	16	'See 1st Occ.'
0160	Gross Foreign Income B	1aB	12	N
0170	Foreign Country C	gC	16	'See 1st Occ.'
0180	Gross Foreign Income C	1aC	12	N
0185	Type of Income	1a	20	AN
0190	Gross Income From Foreign Source	1a	12	N
0194	Alt Method to Source Compensation	1b	1	"X" or blank
@0195	Alt Method to Source Comp Statement	1b	6	"STMbnn" or blank
0200	Allocable Expenses A	2A	12	N
@0205	Allocable Expense Statement A		6	"STMbnn" or blank
0210	Item/Std Deduction A	3aA	12	N
0220	Other Deductions A	3bA	12	N
@0225	Other Deduction Statement A		6	"STMbnn" or blank
0230	Total Deductions A	3cA	12	N
0240	Category Foreign Income A	3dA	12	N
0250	All Gross Income A	3eA	12	N
0260	Foreign/All Income Ratio A	3fA	6	R
0270	Apportioned Ded. A	3gA	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0280	Wrksht. Mortgage Int. A	4aA	12	N
0290	Other Interest Exp. A	4bA	12	N
0300	Foreign Source Loss A	5A	12	N
0310	Applicable Ded/ Losses A	6A	12	N
0320	Allocable Expenses B	2B	12	N
@0325	Allocable Expense Statement B		6	"STMbnn" or blank
0330	Item/Std Deduction B	3aB	12	N
0340	Other Deductions B	3bB	12	N
@0345	Other Deduction Statement B		6	"STMbnn" or blank
0350	Total Deductions B	3cB	12	N
0360	Category Foreign Income B	3dB	12	N
0370	All Gross Income B	3eB	12	N
0380	Foreign/All Income Ratio B	3fB	6	R
0390	Apportioned Ded. B	3gB	12	N
0400	Wrksht. Mortgage Int. B	4aB	12	N
0410	Other Interest Exp. B	4bB	12	N
0420	Foreign Source Loss B	5B	12	N
0430	Applicable Ded/ Losses B	6B	12	N
0440	Allocable Expenses C	2C	12	N

FORM 1116 PAGE 1 Foreign Tax Credit

Field No.	Identification	Form Ref.	Length	Field Description
@0445	Allocable Expense Statement C		6	"STMbnn" or blank
0450	Item/Std Deduction C	3aC	12	N
0460	Other Deductions C	3bC	12	N
@0465	Other Deduction Statement C		6	"STMbnn" or blank
0470	Total Deductions C	3cC	12	N
0480	Category Foreign Income C	3dC	12	N
0490	All Gross Income C	3eC	12	N
0500	Foreign/All Income Ratio C	3fC	6	R
0510	Apportioned Ded. C	3gC	12	N
0520	Wrksht. Mortgage Int. C	4aC	12	N
0530	Other Interest Exp. C	4bC	12	N
0540	Foreign Source Loss C	5C	12	N
0550	Applicable Ded/ Losses C	6C	12	N
0560	Appl. Ded/Losses Total	6	12	N
0570	Taxable Income From Foreign Source	7	12	N
0580	Taxes Paid Indicator	h	1	"X" or blank
0590	Taxes Accrued Indicator	i	1	"X" or blank
0600	Date Paid/Accrued A	jA	8	DT, "1099bTAX", or blank
0610	Taxes Wthld on Dividends Foreign Curr. A	kA	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0620	Taxes Wthld Rent/ Roy. Foreign Curr. A	lA	12	N
0630	Taxes Wthld on Interest Foreign Curr. A	mA	12	N
0640	Other Taxes Paid/ Accrued Foreign Curr. A	nA	12	N
@0645	Taxes Wthld/Paid/ Accrued Curr. A Statement		6	"STMbnn" or blank
0650	Taxes Wthld on Dividends U.S. Curr. A	oA	12	N
0660	Taxes Wthld on Rent/ Roy. U.S. Curr. A	pA	12	N
0670	Taxes Wthld on Interest U.S. Curr. A	qA	12	N
0680	Other Taxes Paid/ Accrued U.S. Curr. A	rA	12	N
0690	Total Foreign Taxes Paid/Accrued U.S. Curr. A	sA	12	N
0700	Date Paid/Accrued B	jB	8	DT, "1099bTAX", or blank
0710	Taxes Wthld on Dividends Foreign Curr. B	kB	12	N
0720	Taxes Wthld on Rent/ Roy. Foreign Curr. B	lB	12	N
0730	Taxes Wthld on Interest Foreign Curr. B	mB	12	N
0740	Other Taxes Paid/ Accrued Foreign Curr. B	nB	12	N

Field No.	Identification	Form Ref.	Length	Field Description
@0745	Taxes Wthld/Paid/ Accrued Curr. B Statement		6	"STMbnn" or blank
0750	Taxes Wthld on Dividends U.S. Curr. B	oB	12	N
0760	Taxes Wthld on Rent/ Roy. U.S. Curr. B	pB	12	N
0770	Taxes Wthld on Interest U.S. Curr. B	qB	12	N
0780	Other Taxes Paid/ Accrued U.S. Curr. B	rB	12	N
0790	Total Foreign Taxes Paid/Accrued U.S. Curr. B	sB	12	N
0800	Date Paid/Acrued C	jC	8	DT, "1099bTAX", or blank
0810	Taxes Wthld on Dividends Foreign Curr. C	kC	12	N
0820	Taxes Wthld on Rent/ Roy. Foreign Curr. C	lC	12	N
0830	Taxes Wthld on Interest Foreign Curr. C	mC	12	N
0840	Other Taxes Paid/ Acrued Foreign Curr. C	nC	12	N
@0845	Taxes Wthld/Paid/ Accrued Curr. C Statement		6	"STMbnn" or blank
0850	Taxes Wthld on Dividends U.S. Curr. C	oC	12	N
0860	Taxes Wthld on Rent/ Roy. U.S. Curr. C	pC	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0870	Taxes Wthld on Interest U.S. Curr. C	qC	12	N
0880	Other Taxes Paid/ Acrued U.S. Curr. C	rC	12	N
0890	Total Foreign Taxes Paid/Acrued U.S. Curr. C	sC	12	N
@0900	Foreign Audit Statement	8	6	"STMbnn" or blank
0910	Total Foreign Tax Paid/Accrued Category	8	12	N
	Record Terminus Character		1	Value "#"

FORM 1116 PAGE 2 Foreign Tax Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0326" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0920	Record ID		6	"FRMbbb"
0921	Form Number		6	"1116bb"
0922	Page Number		5	"PG02b"
0923	Taxpayer Identification Number		9	N (Primary SSN)
0924	Filler		1	blank
0925	Form Occurrence Number		7	N 0000001 - 0000020
0930	Total Foreign Tax Paid/Accrued Repeated	9	12	N
@0940	Carryback/Carryover Explanation	10	6	"STMbnn" or blank
0950	Carryback/Carryover Amount	10	12	N
0960	Total Foreign Taxes Before Reduction	11	12	N
@0970	Foreign Tax Reduction Explanation	12	6	"STMbnn" or blank
0980	Foreign Tax Reduction Amount	12	12	N
0984	High Taxed KO Literal	13	4	"HTKO" or blank
0986	High Taxed KO Adj Amount	13	12	N
0990	Foreign Tax Available for Credit	13	12	N
1000	Taxable Income/Loss From Foreign Source	14	12	N

FORM 1116 PAGE 2 Foreign Tax Credit

Field No.	Identification	Form Ref.	Length	Field Description
@1010	Adjustments Explanation	15	6	"STMbnn" or blank
1020	Adjustments to Taxable Income	15	12	N
1030	Net Taxable Income From Foreign Source	16	12	N
1040	Taxable Income Before Exemptions	17	12	N
1050	Foreign/Before Exempts. Taxable Income Ratio	18	6	R
1060	Tax From Return	19	12	N
1070	Max Allowable Credit	20	12	N
1080	Lump Sum Dist. Literal	21	3	Value "LSD" or blank
1090	Gross Foreign Tax Credit	21	12	N
1100	Passive Category Income Credit	22	12	N
1160	Credit for Taxes on General Category Income	23	12	N
1175	Credit for Taxes on Income Re-Sourced by Treaty	24	12	N
1177	Lump Sum Dist. Credit	25	12	N
1180	Tentative Foreign Tax Credit	26	12	N
1185	Smaller of Tax From Return or Foreign Tax Credit	27	12	N
1190	International Boycott Credit Reduction	28	12	N
1200	Foreign Tax Credit	29	12	N
	Record Terminus Character		1	Value "#"

FORM 1310 Stm of Person Claiming Refund Due a Deceased Taxpr

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0371" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"1310bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Tax Year Decedent Due Refund		4	YYYY
0020	Name of Decedent		35	AN, allowable special characters are space, slash, and hyphen
0030	Date of Death		8	DT (YYYYMMDD)
0040	Decedent's SSN		9	N
0050	Name Control of Person Claiming Refund		4	First 4 significant characters of the refund claimer's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0060	Name of Person Claiming Refund		35	AN Refund claimer's name allowable special characters are: space, percent (%) and hyphen (-)

FORM 1310 Stm of Person Claiming Refund Due a Deceased Taxpr

Field No.	Identification	Form Ref.	Length	Field Description
0070	SSN of Person Claiming Refund		9	N
0080	Reserved		35	NO ENTRY
0090	Reserved		35	NO ENTRY
0100	Reserved		22	NO ENTRY
0110	Street Address		35	AN, Allowable special characetrs are space, slash, and hyphen and literal "None"
0120	Apt. Number		5	AN or blank
0130	City		22	A, Allowable special character is space
0140	State Abbreviation		2	A (Standard Postal State Abbreviations)
0150	Zip Code		12	N (left-justified)
0160	Address Ind		1	1= APO/FPO Address, 2= Stateside Military Address, or blank
0170	Surviving spouse requesting re-issuance of refund	A	1	NO ENTRY
0180	Court appointed or certified rep	B	1	NO ENTRY
0190	Person other than A or B claiming decedent refund	C	1	"X" or blank
0200	Valid Proof of Death is in my possession	C	1	"X" or blank
0210	Did decedent leave a will "Yes" box	1	1	"X" or blank
0220	Did decedent leave a will "No" box	1	1	"X" or blank

FORM 1310 Stm of Person Claiming Refund Due a Deceased Taxpr

Field No.	Identification	Form Ref.	Length	Field Description
0230	Court appointed personal rep "Yes" box	2a	1	NO ENTRY
0240	Court appointd personal rep "No" box	2a	1	"X" or blank
0250	Personal rep will be appointed "Yes" box	2b	1	NO ENTRY
0260	Personal rep will be appointed "No" box	2b	1	"X" or blank
0270	Refund paid out according to state laws "Yes" box	3	1	"X" or blank
0280	Refund paid out according to state laws "No" box	3	1	NO ENTRY
0290	Person claiming refund signature		35	AN, Allowable special characters are space, slash, and hyphen
0300	Signature date		8	DT (YYYYMMDD)
	Record Terminus Character		1	Value "#"

FORM 2106 PAGE 1 Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0245" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2106bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0008	Occupation		25	AN
0009	SSN of Taxpayer With Employee Business Expense		9	N
0010	Vehicle Expenses	1A	12	N
0013	Parking, Tolls, Local Transportation	2A	12	N
0017	Travel Exp Away From Home Exclude Meals/Entertain	3A	12	N
0023	Other Business Expenses Excluding Meals/Entertain	4A	12	N
0025	Meals/Entertainment Expenses	5B	12	N
0027	Total Expenses Excluding Meals/ Entertainment	6A	12	N
0031	Total Meals/ Entertainment	6B	12	N

FORM 2106 PAGE 1 Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0033	Other Reimbursements Not Reported on W-2	7A	12	N
0041	Meals/Entertainment Reimburse Not Reported on W-2	7B	12	N
0100	Unreimbursed Business Expense	8A	12	N
0105	Unreimbursed Meals Expense	8B	12	N
0115	Allowable Business Deduction	9A	12	N
0120	Allowable Meals Deduction	9B	12	N
0125	Unreimbursed Employee Business Expense	10	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0618" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0127	Record ID		6	"FRMbbb"
0128	Form Number		6	"2106bb"
0129	Page Number		5	"PG02b"
0130	Taxpayer Identification Number		9	N (Primary SSN)
0131	Filler		1	blank
0132	Form Occurrence Number		7	N 0000001 - 0000004
0133	SSN of Taxpayer with Employee Business Expense		9	N
0134	Vehicle Date (1)	11(a)	8	DT
0135	Total Miles (1)	12(a)	6	N
0145	Business Miles (1)	13(a)	6	N
0155	Percent of Use (1)	14(a)	6	R
0165	Average Distance (1)	15(a)	6	N
0175	Miles Commuting (1)	16(a)	6	N
0185	Other Personal Miles (1)	17(a)	6	N
0195	Vehicle Date (2)	11(b)	8	DT
0205	Total Miles (2)	12(b)	6	N
0215	Business Miles (2)	13(b)	6	N
0225	Percent of Use (2)	14(b)	6	R
0235	Average Distance (2)	15(b)	6	N

Field No.	Identification	Form Ref.	Length	Field Description
0245	Miles Commuting (2)	16(b)	6	N
0256	Other Personal Miles(2)	17(b)	6	N
0260	Personal Use Yes	18	1	"X" or blank
0265	Personal Use No	18	1	"X" or blank
0271	Another Vehicle Yes	19	1	"X" or blank
0276	Another Vehicle No	19	1	"X" or blank
0290	Evidence Yes	20	1	"X" or blank
0295	Evidence No	20	1	"X" or blank
0300	Written Yes	21	1	"X" or blank
0305	Written No	21	1	"X" or blank
0310	Business Mileage Amount before July 1, 2008	22a	12	N
0316	Business Mileage Amount after June 30, 2008	22b	12	N
0320	Total Business Mileage Deduction	22c	12	N
0325	Gas, Oil (1)	23(a)	12	N
0335	Rentals (1)	24a(a)	12	N
0345	Inclusion Amount (1)	24b(a)	12	N
0355	Rental minus Inclusion (1)	24c(a)	12	N
0358	Value (1)	25(a)	12	N
0370	Motor Vehicle Expense (1)	26(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0375	Percent Business Expense (1)	27(a)	12	N
0380	Depreciation/Ln 38 (1)	28(a)	12	N
0383	Total Actual Expense (1)	29(a)	12	N
0437	Gas, Oil (2)	23(b)	12	N
0439	Rentals (2)	24a(b)	12	N
0441	Inclusion Amount (2)	24b(b)	12	N
0443	Rental minus Inclusion (2)	24c(b)	12	N
0445	Value (2)	25(b)	12	N
0447	Motor Vehicle Expense (2)	26(b)	12	N
0449	Percent Business Expense (2)	27(b)	12	N
0451	Depreciation/Ln 38 (2)	28(b)	12	N
0453	Total Actual Expense (2)	29(b)	12	N
0490	Vehicle 1 Basis	30(a)	12	N
0495	Vehicle 1 Sect 179 Deduction and Special Allowance	31(a)	12	N
0505	Vehicle 1 Depreciation Recovery	32(a)	12	N
0515	Vehicle 1 Depreciation Method	33(a)	13	Value = (Literal in Depreciation Method Chart)
0530	Line 32(a) multiplied by Line 33(a) percentage	34(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0540	Depreciation Subtotal (1)	35(a)	12	N
0544	Limitation Amount (1)	36(a)	12	N
0546	Line 36(a) multiplied by Line 14(a)	37(a)	12	N
0550	Depreciation/Ln 28(a)	38(a)	12	N
0560	Vehicle 2 Basis	30(b)	12	N
0600	Vehicle 2 Sect 179 Deduction and Special Allowance	31(b)	12	N
0602	Vehicle 2 Depreciation Recovery	32(b)	12	N
0604	Vehicle 2 Depreciation Method	33(b)	13	Value = (Literal in Depreciation Method Chart)
0606	Line 32(b) multiplied by Line 33(b) percentage	34(b)	12	N
0610	Depreciation Subtotal (2)	35(b)	12	N
0612	Limitation Amount (2)	36(b)	12	N
0614	Line 36(b) multiplied by Line 14(b)	37(b)	12	N
0616	Depreciation/Line 28(b)	38(b)	12	N
	Record Terminus Character		1	Value "#"

FORM 2106-EZ Unreimbursed Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0219" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2106Zb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0008	Occupation		25	AN
0009	SSN of Taxpayer With Employee Business Expense		9	N
0011	Business Mileage Amount before July 1, 2008	1a	12	N
0012	Business Mileage Amount after June 30, 2008	1b	12	N
0013	Total Business Mileage Deduction	1c	12	N
0015	Parking Fees, Tolls, Transportation	2	12	N
0017	Travel Expense	3	12	N
0023	Business Expenses	4	12	N
0025	Total Meals/ Entertainment Expenses	5	12	N

FORM 2106-EZ Unreimbursed Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0027	Meals/Entertainment Expenses Allowed	5	12	N
0031	Total Expenses	6	12	N
0134	Vehicle Date	7	8	DT
0145	Business Miles	8a	6	N
0175	Commuting Miles	8b	6	N
0185	Other Personal Miles	8c	6	N
0260	Vehicle Available - Yes	9	1	"X" or blank
0265	Vehicle Available - No	9	1	"X" or blank
0271	Another Vehicle for Personal Use - Yes	10	1	"X" or blank
0276	Another Vehicle for Personal Use - No	10	1	"X" or blank
0290	Evidence - Yes	11a	1	"X" or blank
0295	Evidence - No	11a	1	"X" or blank
0300	Written Evidence - Yes	11b	1	"X" or blank
0305	Written Evidence - No	11b	1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 2120 Multiple Support Declaration

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0861" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2120bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0010	Calendar Year		4	YYYY
0020	Person Supported First Name		10	AN (First Name)
0030	Person Supported Last Name		15	AN (Last Name)
*0040	Eligible Person First Name 1		10	AN (First Name) or "STMbnn"
+0045	Eligible Person Last Name 1		15	AN
+0050	Eligible Person SSN 1		9	N
*+0060	Eligible Person Street Address 1		35	AN, Allowable special characters are space, slash, hyphen, literal "NONE" or "STMbnn"
+0070	Eligible Person City 1		22	A, Allowable special character is space
+0080	Eligible Person State Abbreviation 1		2	A (Standard Postal State Abbreviation)

FORM 2120 Multiple Support Declaration

Field No.	Identification	Form Ref.	Length	Field Description
+0090	Eligible Person Zip Code 1		12	N (left-justified)
*0091	Foreign Street Address		35	AN, Allowable special characters are space, slash, and hyphen, or "STMbnn"
+0092	Foreign State or Province, Postal Code		35	AN, Allowable special characters are space, slash, and hyphen
*+0093	Foreign Country		22	A, Allowable special characters is space or "STMbnn"
0100	Eligible Person First Name 2		10	AN or blank
0105	Eligible Person Last Name 2		15	AN or blank
0110	Eligible Person SSN 2		9	N or blank
0120	Eligible Person Street Address 2		35	AN, Allowable special characters are space, slash, hyphen, literal "NONE" or blank
0130	Eligible Person City 2		22	A, Allowable special character is space, or blank
0140	Eligible Person State Abbreviation 2		2	A, (Standard Postal State Abbreviation) or blank
0150	Eligible Person Zip Code 2		12	N (left-justified) or blank
0151	Foreign Street Address		35	AN, Allowable special characters are space, slash, and hyphen
0152	Foreign State or Province, Postal Code		35	AN, Allowable special characters are space, slash, and hyphen

Field No.	Identification	Form Ref.	Length	Field Description
0153	Foreign Country		22	A, Allowable special character is space
0160	Eligible Person First Name 3		10	'See 2nd Occ.'
0165	Eligible Person Last Name 3		15	'See 2nd Occ.'
0170	Eligible Person SSN 3		9	'See 2nd Occ.'
0180	Eligible Person Street Address 3		35	'See 2nd Occ.'
0190	Eligible Person City 3		22	'See 2nd Occ.'
0200	Eligible Person State Abbreviation 3		2	'See 2nd Occ.'
0210	Eligible Person Zip Code 3		12	'See 2nd Occ.'
0211	Foreign Street Address		35	'See 2nd Occ.'
0212	Foreign State or Province, Postal Code		35	'See 2nd Occ.'
0213	Foreign Country		22	'See 2nd Occ.'
0220	Eligible Person First Name 4		10	'See 2nd Occ.'
0225	Eligible Person Last Name 4		15	'See 2nd Occ.'
0230	Eligible Person SSN 4		9	'See 2nd Occ.'
0240	Eligible Person Street Address 4		35	'See 2nd Occ.'
0250	Eligible Person City 4		22	'See 2nd Occ.'
0260	Eligible Person State Abbreviation 4		2	'See 2nd Occ.'

FORM 2120 Multiple Support Declaration

Field No.	Identification	Form Ref.	Length	Field Description
0270	Eligible Person Zip Code 4		12	'See 2nd Occ.'
0271	Foreign Street Address		35	'See 2nd Occ.'
0272	Foreign State or Province, Postal Code		35	'See 2nd Occ.'
0273	Foreign Country		22	'See 2nd Occ.'
0280	Signed Statements in T/P Possession Indicator		1	"X"
	Record Terminus Character		1	Value "#"

FORM 2210 PAGE 1 Underpayment of Estimated Tax by ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0167" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2210bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	N
0025	Current Year Tax After Credits	1	12	N
0035	Other Taxes	2	12	N
0045	Refundable Credits	3	12	N
0055	Current Year Tax	4	12	N
0065	Multiply Line 4 by .90	5	12	N
0075	Withholding Taxes	6	12	N
0085	Net Tax Due	7	12	N
0092	Annual Payment Based on Prior Year	8	12	N
0106	Required Annual Payment	9	12	N
0115	Owe Penalty No Box	9	1	"X" or blank
0125	Owe Penalty Yes Box	9	1	"X" or blank

FORM 2210 PAGE 1 Underpayment of Estimated Tax by ...

Field No.	Identification	Form Ref.	Length	Field Description
0135	Waiver of Entire Penalty Box	A	1	"X" or blank
0145	Waiver of Part of Penalty Box	B	1	"X" or blank
0155	Annualized Income Installment Method Box	C	1	"X" or blank
0165	Actually Withheld Box	D	1	"X" or blank
0173	Joint Return Box	E	1	"X" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0170" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0175	Record ID		6	"FRMbbb"
0176	Form Number		6	"2210bb"
0177	Page Number		5	"PG02b"
0178	Taxpayer Identification Number		9	N (Primary SSN)
0182	Filler		1	blank
0184	Form Occurrence Number		7	N 0000001
0185	Line 9 Amount, Form 2210	10	12	N
0187	Line 6 Amount	11	12	N
0195	Total Estimated Tax Payments	12	12	N
0197	Add Lines 11 and 12	13	12	N
0201	Total Underpayment for Year	14	12	N
0205	Multiply Line 14 by Applicable %	15	12	N
0215	Due Date Pd Multiplied Amount	16	12	N
0225	Waived Literal/ Short Method	17	13	"AMOUNTbWAIVED" or blank
0227	Waived Amount/short Method	17	12	N
@0233	Waived Explanation/ Short Method	17	6	"STMbnn" or blank
0245	Penalty	17	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0613" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0246	Record ID		6	"FRMbbb"
0248	Form Number		6	"2210bb"
0258	Page Number		5	"PG03b"
0262	Taxpayer Identification Number		9	N (Primary SSN)
0263	Filler		1	Blank
0264	Form Occurrence Number		7	N 0000001
0265	Required Installment A	18(a)	12	N
0275	Required Installment B	18(b)	12	N
0285	Required Installment C	18(c)	12	N
0295	Required Installment D	18(d)	12	N
0298	Estimated Tax Paid and Withheld A	19(a)	12	N
0303	Estimated Tax Paid and Withheld B	19(b)	12	N
0305	Estimated Tax paid and withheld C	19(c)	12	N
0308	Estimated Tax Paid and Withheld D	19(d)	12	N
0315	Applied Overpayment A	23(a)	12	N
0325	Underpayment A	25(a)	12	N
0335	Overpayment A	26(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0355	Previous Column Overpayment B	20(b)	12	N
0365	Tax To Be Applied B	21(b)	12	N
0375	Taxes Due Column B	22(b)	12	N
0385	Applied Overpayment B	23(b)	12	N
0395	Applied Underpayment B	24(b)	12	N
0405	Underpayment B	25(b)	12	N
0415	Overpayment B	26(b)	12	N
0435	Previous Column Overpayment C	20(c)	12	N
0445	Tax To Be Applied C	21(c)	12	N
0455	Taxes Due Column C	22(c)	12	N
0465	Applied Overpayment C	23(c)	12	N
0475	Applied Underpayment C	24(c)	12	N
0485	Underpayment C	25(c)	12	N
0495	Overpayment C	26(c)	12	N
0515	Previous Column Overpayment D	20(d)	12	N
0525	Tax To Be Applied D	21(d)	12	N
0535	Taxes Due Column D	22(d)	12	N
0545	Applied Overpayment D	23(d)	12	N
0565	Underpayment D	25(d)	12	N
0575	Period Beg Apr 16 Days (a)	27(a)	3	N
0578	Period Beg Apr 16 Penalty (a)	28(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0580	Period Beg Jul 1 Days (a)	29(a)	3	N
0585	Period Beg Jul 1 Penalty (a)	30(a)	12	N
0587	Period Beg Oct 1 Days (a)	31(a)	3	N
0588	Period Beg Oct 1 Penalty (a)	32(a)	12	N
0590	Period Beg Jan 1 Days (a)	33(a)	3	N
0592	Period Beg Jan 1 Penalty (a)	34(a)	12	N
0608	Period Beg Apr 16 Days (b)	27(b)	3	N
0611	Period Beg Apr 16 Penalty (b)	28(b)	12	N
0614	Period Beg Jul 1 Days (b)	29(b)	3	N
0616	Period Beg Jul 1 Penalty (b)	30(b)	12	N
0620	Period Beg Oct 1 Days (b)	31(b)	3	N
0621	Period Beg Oct 1 Penalty (b)	32(b)	12	N
0623	Period Beg Jan 1 Days (b)	33(b)	3	N
0624	Period Beg Jan 1 Penalty (b)	34(b)	12	N
0625	Period Beg Jul 1 Days (c)	29(c)	3	N

FORM 2210 PAGE 3 Underpayment of Estimated Tax by ...

Field No.	Identification	Form Ref.	Length	Field Description
0630	Period Beg Jul 1 Penalty (c)	30(c)	12	N
0631	Period Beg Oct 1 Days (c)	31(c)	3	N
0633	Period Beg Oct 1 Penalty (c)	32(c)	12	N
0636	Period Beg Jan 1 Days (c)	33(c)	3	N
0638	Period Beg Jan 1 Penalty (c)	34(c)	12	N
0655	Period Beg Jan 1 Days (d)	33(d)	3	N
0657	Period Beg Jan 1 Penalty (d)	34(d)	12	N
0667	Waived Amount	35	12	N
@0669	Waiver Explanation	35	6	"STMbnn" or blank
0671	Total Underpayment	35	12	N

Record Terminus Character 1 Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1369" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0800	Record ID		6	"FRMbbb"
0805	Form Number		6	"2210bb"
0810	Page Number		5	"PG04b"
0815	Taxpayer Identification Number		9	N (Primary SSN)
0820	Filler		1	blank
0825	Form Occurrence Number		7	N 0000001
0900	AGI Amount Period A	1(a)	12	N
0905	Annualized Income A	3(a)	12	N
0910	Itemized Deductions A	4(a)	12	N
0920	Annualized Itemized Deductions A	6(a)	12	N
0930	Return Standard Deductions A	7(a)	12	N
0940	Installment Deduction Amount A	8(a)	12	N
0950	Net Income Amount A	9(a)	12	N
0960	Exemption Claimed Amt A	10(a)	12	N
0970	Taxable Income Amt A	11(a)	12	N
0980	Tentative Tax Amt A	12(a)	12	N
0990	Annualized SE Tax A	13(a)	12	N
1000	Other Taxes A	14(a)	12	N
1010	Tax Before Credits A	15(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1020	Allowed Credits A	16(a)	12	N
1030	Net Tax Due Amount A	17(a)	12	N
1040	Applicable Tax Due Amount A	19(a)	12	N
1050	Tax Due Amount A	21(a)	12	N
1060	Installment Tax Amount A	22(a)	12	N
1070	Aggregate Tax Due Amount A	24(a)	12	N
1080	Required Installment Amount A	25(a)	12	N
1090	AGI Amount Period B	1(b)	12	N
1100	Annualized Income B	3(b)	12	N
1110	Itemized Income B	4(b)	12	N
1120	Annualized Itemized Deductions B	6(b)	12	N
1130	Return Standard Deduction B	7(b)	12	N
1140	Installment Deduction Amount B	8(b)	12	N
1150	Net Income Amount B	9(b)	12	N
1160	Exemption Claimed Amt B	10(b)	12	N
1170	Taxable Income Amt B	11(b)	12	N
1180	Tentative Tax Amt B	12(b)	12	N
1190	Annualized SE Tax B	13(b)	12	N
1200	Other Taxes B	14(b)	12	N
1210	Tax Before Credits B	15(b)	12	N
1220	Allowed Credits B	16(b)	12	N
1230	Net Tax Due Amount B	17(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1240	Applicable Tax Due Amount B	19(b)	12	N
1250	Accumulated Installment Amt B	20(b)	12	N
1260	Tax Due Amount B	21(b)	12	N
1270	Installment Tax Amount B	22(b)	12	N
1280	Accumulated Adjusted Tax Amount B	23(b)	12	N
1290	Aggregate Tax Due Amount B	24(b)	12	N
1300	Required Installment Amount B	25(b)	12	N
1310	AGI Amount Period C	1(c)	12	N
1320	Annualized Income C	3(c)	12	N
1330	Itemized Deductions C	4(c)	12	N
1340	Annualized Itemized Deductions C	6(c)	12	N
1350	Return Standard Deduction C	7(c)	12	N
1360	Installment Deduction Amount C	8(c)	12	N
1370	Net Income Amount C	9(c)	12	N
1380	Exemption Claimed Amt C	10(c)	12	N
1390	Taxable Income Amt C	11(c)	12	N
1400	Tentative Tax amt C	12(c)	12	N
1410	Annualized SE Tax C	13(c)	12	N
1420	Other Taxes C	14(c)	12	N
1430	Tax Before Credits C	15(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1440	Allowed Credits C	16(c)	12	N
1450	Net Tax Due Amount C	17(c)	12	N
1460	Applicable Tax Due Amount C	19(c)	12	N
1470	Accumulated Installment Amt C	20(c)	12	N
1480	Tax Due Amount C	21(c)	12	N
1490	Installment Tax Amount C	22(c)	12	N
1500	Accumulated Adjusted Tax Amount C	23(c)	12	N
1510	Aggregate Tax Due Amount C	24(c)	12	N
1520	Required Installment Amount C	25(c)	12	N
1530	AGI Amount Period D	1(d)	12	N
1540	Annulized Income D	3(d)	12	N
1550	Itemized Deductions D	4(d)	12	N
1560	Annulized Itemized Deductions D	6(d)	12	N
1570	Return Standard Deduction D	7(d)	12	N
1580	Installment Deduction Amount D	8(d)	12	N
1590	Net Income Amount D	9(d)	12	N
1600	Exemption Claimed Amt D	10(d)	12	N
1610	Taxable Income Amt D	11(d)	12	N
1620	Tentative Tax Amt D	12(d)	12	N
1630	Annualized SE Tax D	13(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1640	Other Taxes D	14(d)	12	N
1650	Tax Before Credits D	15(d)	12	N
1660	Allowed Credits D	16(d)	12	N
1670	Net Tax Due Amount D	17(d)	12	N
1680	Applicable Tax Due Amount D	19(d)	12	N
1690	Accumulated Installment Amt D	20(d)	12	N
1700	Tax Due Amount D	21(d)	12	N
1710	Installment Tax Amount D	22(d)	12	N
1720	Accumulated Adjusted Tax Amount D	23(d)	12	N
1730	Aggregate Tax Due Amount D	24(d)	12	N
1740	Required Installment Amount D	25(d)	12	N
1750	Net SE Earnings A	26(a)	12	N
1760	SST/RRT Wages A	28(a)	12	N
1770	Net Prorated Social Security Tax Limit A	29(a)	12	N
1780	Annulized SST/RRT Wages A	31(a)	12	N
1790	Annualized Net Self-Employment Earnings A	33(a)	12	N
1800	Annualized SE Tax A	34(a)	12	N
1810	Net SE Earnings B	26(b)	12	N
1820	SST/RRT Wages B	28(b)	12	N
1830	Net Prorated Social Security Tax Limit B	29(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1840	Annualized SST/RRT Wages B	31(b)	12	N
1850	Annualized Net Self-Employment Earnings B	33(b)	12	N
1860	Annualized SE Tax B	34(b)	12	N
1870	Net SE Earnings C	26(c)	12	N
1880	SST/RRT Wages C	28(c)	12	N
1890	Net Prorated Social Security Tax Limit C	29(c)	12	N
1900	Annualized SST/RRT Wages C	31(c)	12	N
1910	Annualized Net Self-Employment Earnings C	33(c)	12	N
1920	Annualized SE Tax C	34(c)	12	N
1930	Net SE Earnings D	26(d)	12	N
1940	SST/RRT Wages D	28(d)	12	N
1950	Net Prorated Social Security Tax Limit D	29(d)	12	N
1960	Annualized SST/RRT Wages D	31(d)	12	N
1970	Annualized Net Self-Employment Earnings D	33(d)	12	N
1980	Annualized SE Tax D	34(d)	12	N
@1990	Spouse's Annualized SE Tax Computation	34	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0323" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2210Fb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	N
0013	Waiver of Penalty Box	1a	1	"X" or blank
0016	Filing Status Changed Box	1b	1	"X" or blank
0020	Current Year Tax After Credits	2	12	N
0030	Other Taxes	3	12	N
0040	Taxes Subtotal	4	12	N
0050	Earned Income Credit	5	12	N
0055	Additional Child Tax Credit	6	12	N
0060	Credit for Federal Tax on Fuels	7	12	N
0065	Health Insurance Credit	8	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0067	Refundable Credit for Prior Year Minimum Tax	9	12	N
0069	First-Time Homebuyer Credit	10	12	N
0072	Recovery Rebate Credit	11	12	N
0075	Credit Subtotal	12	12	N
0080	Current Year Tax	13	12	N
0090	Two Thirds Credit	14	12	N
0100	Withholding Taxes	15	12	N
0110	Current Taxes Owed	16	12	N
0120	Prior Year's Tax	17	12	N
0130	Required Annual Payment	18	12	N
0140	Amounts Withheld/ Amounts Paid or Credited	19	12	N
0150	Underpayment	20	12	N
0160	Earlier of Payment or Tax Due Date	21	8	YYYYMMDD
0170	Penalty Days	22	3	N
0176	Waived Amount	23	12	N
@0177	Waiver Explanation	23	6	"STMbnn" or blank
0180	Underpayment Penalty/Farmers Fisherman	23	12	N
	Record Terminus Character		1	Value "#"

FORM 2439 Notice to Shareholder of Undistributed LT Cap Gain

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0390" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2439bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0010	Void Indicator Box		1	"X" or blank
0020	Corrected Indicator Box		1	"X" or blank
0030	Fiscal Year Beginning		8	DT or blank
0040	Fiscal Year Ending		8	DT or blank
0050	Company or Trust Name Control		4	First 4 significant characters of payer's name, no leading or embedded spaces; allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0060	Company or Trust Name Line 1		35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+) and space

FORM 2439 Notice to Shareholder of Undistributed LT Cap Gain

Field No.	Identification	Form Ref.	Length	Field Description
0070	Company or Trust Name Line 2		35	AN, in care of addressee, or address continuation. Allowable special characters are space, ampersand, slash, hyphen and percent (%)
0080	Company or Trust Address		35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE"
0090	Company or Trust City		22	AN, Allowable special character is space
0100	Company or Trust State		2	A (Standard Postal State Abbreviations) or period
0110	Company or Trust Zip Code		12	N (left-justified)
0120	Company or Trust Identification Number		9	N
0130	Shareholder Identifying Number		9	N
0140	Shareholder's Name		35	AN, Allowable special characters is: hyphen (-)
0150	Shareholder's Address		35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE"
0160	Shareholder's City		22	AN, Allowable special character is space
0170	Shareholder's State		2	A (Standard Postal State Abbreviations)

FORM 2439 Notice to Shareholder of Undistributed LT Cap Gain

Field No.	Identification	Form Ref.	Length	Field Description
0180	Shareholder's Zip Code		12	N (left-justified)
0190	Total Undistributed Long Term Capital Gains	1a	12	N
0210	Unrecaptured Section 1250 Gain	1b	12	N
0220	Section 1202 Gain	1c	12	N
0225	Collectibles Gain 28%	1d	12	N
0230	Tax Paid By Regulated Investment Company	2	12	N
	Record Terminus Character		1	Value "#"

FORM 2441 PAGE 1 Child and Dependent Care Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0495" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2441bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
*0010	Name of Care Provider 1	1(a)	19	AN or "STMbnn"
+0015	Care Provider Name Control 1	1(a)	4	First Four Significant Characters of Individual's last name or of the business name, no leading or embedded spaces; allowable characters are alpha, numeric, hyphen, ampersand; spaces may be present in last three positions
+0020	Street Address 1	1(b)	28	AN
+0030	City/State/Zip 1	1(b)	29	AN
*+0040	SSN/EIN 1	1(c)	9	AN, "TAXEXEMPT", "LAFCP" or "STMbnn"
+0045	SSN/EIN Type 1	1(c)	1	"S" = SSN or ITIN, "E" = EIN, or blank
+0050	Amount Paid 1	1(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0060	Name of Care Provider 2	1(a)	19	AN
0065	Care Provider Name Control 2	1(a)	4	'See 1st Occ.'
0070	Street Address 2	1(b)	28	AN
0080	City/State/Zip 2	1(b)	29	AN
0090	SSN/EIN 2	1(c)	9	AN, "TAXEXEMPT", | "LAFCP" or "STMbnn"
0095	SSN/EIN Type 2	1(c)	1	'See 1st Occ.'
0100	Amount Paid 2	1(d)	12	N
*0110	Qualifying Person First Name - 1	2(a)	10	AN (first name, blank) or "STMbnn"
+0115	Qualifying Person Last Name - 1	2(a)	15	AN (last name) or blank
+0120	Qualifying Person Name Control - 1	2(a)	4	First 4 significant characters of person's last name, no leading or embedded spaces; allowable characters are alpha, hyphen, or space
+0214	Qualifying Person SSN - 1	2(b)	9	N
+0215	Qualified Expenses - 1	2(c)	12	N
0217	Qualifying Person First Name - 2	2(a)	10	AN (first name, blank)
0218	Qualifying Person Last Name - 2	2(a)	15	'See 1st Occ.'
0221	Qualifying Person Name Control - 2	2(a)	4	'See 1st Occ.'
0223	Qualifying Person SSN - 2	2(b)	9	'See 1st Occ.'
0225	Qualified Expenses - 2	2(c)	12	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0230	Total Qualified Expenses or Limit	3	12	N
0260	Primary Earned Income	4	12	N
0270	Spouse's Earned Income	5	12	N
0290	Base Amount/Smaller of Expenses or Income	6	12	N
0295	Adjusted Gross Income	7	12	N
0300	Applicable Percentage	8	6	R
0318	Prior Year Expense Literal	9	4	"CPYE" or blank
0320	Prior Year Expense Amount	9	12	N
@0322	Prior Yr Expense Explan./Qual. Person Name & SSN	9	6	"STMbnn" or blank
0328	Percentage of Qualified Expenses or Income	9	12	N
0330	Tax from Form 1040	10	12	N
0333	Amount from Form 1040, Line 47	11	12	N
0336	Subtracted Amount	12	12	N
0339	Credit for Child & Dependent Care	13	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0307" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0340	Record ID		6	"FRMbbb"
0341	Form Number		6	"2441bb"
0342	Page Number		5	"PG02b"
0343	Taxpayer Identification Number		9	N (Primary SSN)
0344	Filler		1	blank
0345	Form Occurrence Number		7	N 0000001
0350	Employer Paid Benefits	14	12	N
0351	Carryover Amount	15	12	N
0353	Forfeited Amount	16	12	N
0356	Combine Lines 14 and 16	17	12	N
0360	Qualified Expenses	18	12	N
0370	Smaller of Adjusted or Qualified	19	12	N
0380	Earned Income	20	12	N
0390	Spouse Earned Income	21	12	N
0400	Tentative Exclusion	22	12	N
0500	Sole Proprietorship/ Partnership Amt	23	12	N
0510	Subtract Line 23 from Line 17	24	12	N
0520	Enter $5000/$2500	25	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0530	Deductible Benefits	26	12	N
0540	Smaller of Line 22 or 25	27	12	N
0545	Deductible Benefits Repeated	28	12	N
0550	Excluded Benefits	29	12	N
0570	Taxable Benefits	30	12	N
0580	Allowed Cared for Amt	31	12	N
0590	Excluded Benefits Repeated	32	12	N
0600	Net Allowable Amount	33	12	N
0610	Total Qualified Expenses	34	12	N
0620	Smaller of Qualified Expenses	35	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0471" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"SCHbb2"
0001	Schedule Type		6	"1040Ab"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Schedule Occurrence Number		7	N 0000001
*0010	Name of Care Provider 1	1(a)	19	AN or "STMbnn"
+0015	Care Provider Name Control 1	1(a)	4	First Four Significant Characters of Individual's last name or of the business name, no leading or embedded spaces; allowable characters are alpha, numeric, hyphen, ampersand; spaces may be present in last three positions
+0020	Street Address 1	1(b)	28	AN
+0030	City/State/Zip 1	1(b)	29	AN
*+0040	SSN/EIN 1	1(c)	9	AN, "TAXEXEMPT", | "LAFCP" or "STMbnn"
+0045	SSN/EIN Type 1	1(c)	1	"S" = SSN or ITIN, "E" = EIN, or blank

Field No.	Identification	Form Ref.	Length	Field Description
+0050	Amount Paid 1	1(d)	12	N
0060	Name of Care Provider 2	1(a)	19	AN
0065	Care Provider Name Control 2	1(a)	4	'See 1st Occ.'
0070	Street Address 2	1(b)	28	AN
0080	City/State/Zip 2	1(b)	29	AN
0090	SSN/EIN 2	1(c)	9	AN, "TAXEXEMPT", | "LAFCP" or "STMbnn"
0095	SSN/EIN Type 2	1(c)	1	'See 1st Occ.'
0100	Amount Paid 2	1(d)	12	N
*0110	Qualifying Person First Name - 1	2(a)	10	AN (first name, blank) or "STMbnn"
+0115	Qualifying Person Last Name - 1	2(a)	15	AN (last name) or blank
+0120	Qualifying Person Name Control - 1	2(a)	4	First 4 significant characters of person's last name, no leading or embedded spaces; allowable characters are alpha, hyphen, or space
+0214	Qualifying Person SSN - 1	2(b)	9	N
+0215	Qualified Expenses - 1	2(c)	12	N
0217	Qualifying Person First Name - 2	2(a)	10	AN (first name, blank)
0218	Qualifying Person Last Name - 2	2(a)	15	'See 1st Occ.'
0221	Qualifying Person Name Control - 2	2(a)	4	'See 1st Occ.'
0223	Qualifying Person SSN - 2	2(b)	9	'See 1st Occ.'
0225	Qualified Expenses - 2	2(c)	12	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0230	Total Qualified Expenses or Limit	3	12	N
0260	Primary Earned Income	4	12	N
0270	Spouse's Earned Income	5	12	N
0290	Smaller of Expenses or Income	6	12	N
0295	Adjusted Gross Income	7	12	N
0300	Applicable Percentage	8	6	R
0318	Prior Year Expense Literal	9	4	"CPYE" or blank
0320	Prior Year Expense Amount	9	12	N
@0322	Prior Yr Expense Explan./Qual. Person Name & SSN	9	6	"STMbnn" or blank
0328	Percentage of Qualified Expenses or Income	9	12	N
0330	Amount from Form 1040A, Line 28	10	12	N
0339	Credit for Child and Dependent Care Expenses	11	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description	
	Byte Count		4	"0235" for Fixed; "nnnn" for variable format	
	Start of Record Sentinel		4	Value "****"	
0340	Record ID		6	"SCHbb2"	
0341	Schedule Type		6	"1040Ab"	
0342	Page Number		5	"PG02b"	
0343	Taxpayer Identification Number		9	N (Primary SSN)	
0344	Filler		1	blank	
0345	Schedule Occurrence Number		7	N 0000001	
0350	Employer Paid Benefits	12	12	N	||
0351	Carryover Amount	13	12	N	||
0353	Forfeited Amount	14	12	N	||
0356	Adjusted Paid Benefits	15	12	N	||
0360	Qualified Expenses	16	12	N	||
0370	Smaller of Adjusted or Qualified	17	12	N	||
0380	Earned Income	18	12	N	||
0390	Spouse Earned Income	19	12	N	||
0400	Tentative Exclusion	20	12	N	||
0550	Excluded Benefits	21	12	N	||
0570	Taxable Benefit	22	12	N	||

Field No.	Identification	Form Ref.	Length	Field Description
0580	Allowed Cared for Amt	23	12	N ||
0590	Excluded Benefit Repeated	24	12	N ||
0600	Net Allowable Amount	25	12	N ||
0610	Total Qualified Expenses	26	12	N ||
0620	Smaller of Qualified Expenses	27	12	N ||
	Record Terminus Character		1	Value "#"

FORM 2555 PAGE 1 Foreign Earned Income

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1325" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	Value "FRMbbb"
0001	Form Number		6	"2555bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0007	SSN of Taxpayer with Foreign Earned Income		9	N (Social Security Number)
0008	Waiver		6	"WAIVER" or blank
@0009	Waiver Explanation		6	"STMbnn" or blank
0010	Taxpayer Foreign Street Name Line 2	1	35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma, and percent
0011	Taxpayer Foreign Street Address	1	35	AN, Allowable special characters are: space, ampersand, slash, and hyphen
0012	Taxpayer Foreign City	1	22	A, Allowable special character is space
0013	Taxpayer Foreign State or Province	1	35	A, Allowable special character is space

FORM 2555 PAGE 1 Foreign Earned Income

Field No.	Identification	Form Ref.	Length	Field Description
0014	Taxpayer Foreign Postal Code	1	20	AN, Allowable special character is space
0015	Taxpayer Foreign Country	1	35	A, Allowable special character is space
0018	Country Code	1	2	A, (from Part I, Attachment 10 table)
0020	Occupation	2	25	AN
0030	Employer's Name	3	45	AN, Allowable Special Characters are: space, slash, hyphen, ampersand, and percent
0040	Employer's US Street Name Line 2	4a	35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma, and percent
0041	Employer's US Street Address	4a	35	AN, Allowable special characters are: space, ampersand, slash, hyphen, and literal "NONE"
0042	Employer's US City	4a	22	A, Allowable special character is space
0043	Employer's US State Abbreviation	4a	2	A (Standard Postal State Abbreviations)
0044	Employer's US Zip Code	4a	12	N (left-justified)
0050	Employer's Foreign Street Name Line 2	4b	35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma, and percent

Field No.	Identification	Form Ref.	Length	Field Description
0051	Employer's Foreign Street Address	4b	35	AN, Allowable special characters are: space, ampersand, slash, hyphen, and literal "NONE"
0052	Employer's Foreign City	4b	22	A, Allowable special character is space
0053	Employer's Foreign State or Province	4b	35	A, Allowable special character is space
0054	Employer's Foreign Postal Code	4b	20	AN, Allowable special character is space
0055	Employer's Foreign Country	4b	35	A, Allowable special character is space
0060	Employer is a Foreign Entity	5a	1	"X" or blank
0070	Employer is a US Company	5b	1	"X" or blank
0080	Employer is Self	5c	1	"X" or blank
0090	Employer is a Foreign Affiliate of a US Company	5d	1	"X" or blank
0100	Other Employer	5e	1	"X" or blank
0105	Other Employer (specify)	5e	35	AN
0110	Last Year Filed	6a	4	Values "1982" through | "2007" or blank
0120	No Form 2555/2555-EZ Filed	6b	1	"X" or blank
0130	Revoked Exclusions - Yes	6c	1	"X" or blank
0140	Revoked Exclusions - No	6c	1	"X" or blank
@0150	Yes - Type of Exclusion/Tax Year	6d	6	"STMbnn" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0160	Country - Citizen/ National	7	35	AN, Allowable Special Characters are: space, slash, hyphen
0170	Separate Foreign Residence - Yes	8a	1	"X" or blank
0180	Separate Foreign Residence - No	8a	1	"X" or blank
*0190	Yes - City & Country of Foreign Residence	8b	35	AN, "STMbnn" or blank
+0200	Number of Days at That Address	8b	3	Value Range 000-999
*0210	Tax Homes	9	35	AN, "STMbnn" or blank
+0215	Date(s) Established	9	8	YYYYMMDD or blank
0220	Date Bona Fide Residence Began	10	8	YYYYMMDD or blank
0225	Date Bona Fide Residence Ended	10	8	YYYYMMDD or blank, and literal "CONTINUE"
0230	Living Qtrs - Purchased House	11a	1	"X" or blank
0240	Living Qtrs - Rented House/Apt	11b	1	"X" or blank
0250	Living Qtrs - Rented Room	11c	1	"X" or blank
0260	Living Qtrs - Employer Furnished	11d	1	"X" or blank
0270	Family Living with you - Yes	12a	1	"X" or blank
0280	Family Living with you - No	12a	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
*0290	Yes - Relationship	12b	11	Values: "CHILD", "FOSTERCHILD", "GRANDCHILD", "GRANDPARENT", "PARENT", "BROTHER", "SISTER", "AUNT", "UNCLE", "NEPHEW", "NIECE", "NONE", "SON", "DAUGHTER", "SPOUSE", "OTHER" or "STMbnn"
+0295	Period	12b	25	AN
0300	Statement to Authorities - Yes	13a	1	"X" or blank
0310	Statement to Authorities - No	13a	1	"X" or blank
0320	Req'd to pay income tax - Yes	13b	1	"X" or blank
0330	Req'd to pay income tax - No	13b	1	"X" or blank
*0340	Date Arrived in US - 1	14a(1)	8	YYYYMMDD or blank, "STMbnn"
+0342	Date Left US - 1	14b(1)	8	YYYYMMDD or blank
+0344	Number of Days in US on Business - 1	14c(1)	3	Value Range 000-999
+0346	Income Earned in US on Business - 1	14d(1)	12	N
0348	Date Arrived in US - 2	14a(2)	8	YYYYMMDD or blank
0350	Date Left US - 2	14b(2)	8	'See 1st Occ.'
0352	Number of Days in US on Business - 2	14c(2)	3	'See 1st Occ.'
0354	Income Earned in US on Business - 2	14d(2)	12	'See 1st Occ.'
0356	Date Arrived in US - 3	14a(3)	8	'See 2nd Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0358	Date Left US - 3	14b(3)	8	'See 1st Occ.'
0360	Number of Days in US on Business - 3	14c(3)	3	'See 1st Occ.'
0370	Income Earned in US on Business - 3	14d(3)	12	'See 1st Occ.'
0372	Date Arrived in US - 4	14a(4)	8	'See 2nd Occ.'
0374	Date Left US - 4	14b(4)	8	'See 1st Occ.'
0376	Number of Days in US on Business - 4	14c(4)	3	'See 1st Occ.'
0378	Income Earned in US on Business - 4	14d(4)	12	'See 1st Occ.'
0380	Date Arrived in US - 5	14a(5)	8	'See 2nd Occ.'
0382	Date Left US - 5	14b(5)	8	'See 1st Occ.'
0384	Number of Days in US on Business - 5	14c(5)	3	'See 1st Occ.'
0386	Income Earned in US on Business - 5	14d(5)	12	'See 1st Occ.'
0388	Date Arrived in US - 6	14a(6)	8	'See 2nd Occ.'
0390	Date Left US - 6	14b(6)	8	'See 1st Occ.'
0392	Number of Days in US on Business - 6	14c(6)	3	'See 1st Occ.'
0394	Income Earned in US on Business - 6	14d(6)	12	'See 1st Occ.'
0396	Date Arrived in US - 7	14a(7)	8	'See 2nd Occ.'
0398	Date Left US - 7	14b(7)	8	'See 1st Occ.'
0400	Number of Days in US on Business - 7	14c(7)	3	'See 1st Occ.'
0402	Income Earned in US on Business - 7	14d(7)	12	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0404	Date Arrived in US - 8	14a(8)	8	'See 2nd Occ.'
0406	Date Left US - 8	14b(8)	8	'See 1st Occ.'
0408	Number of Days in US on Business - 8	14c(8)	3	'See 1st Occ.'
0410	Income Earned in US on Business - 8	14d(8)	12	'See 1st Occ.'
@0415	Earned Income Computation	14d	6	"STMbnn" or blank
0420	Contractual terms/ other conditions	15a	80	AN
0430	Visa Type	15b	30	AN
0440	Visa Limit Stay - Yes	15c	1	"X" or blank
@0450	Visa Limit Stay - Yes, Explanation	15c	6	"STMbnn" or blank
0460	Visa Limit Stay - No	15c	1	"X" or blank
0470	Home is US - Yes	15d	1	"X" or blank
0480	Home in US - No	15d	1	"X" or blank
*0490	Yes - Home Address	15e	60	AN or "STMbnn"
+0495	Home Status	15e	6	"RENTED" or blank
*+0500	Occupant Names	15e	35	AN or "STMbnn"
+0510	Occupant Relationship	15e	11	Values: "CHILD", "FOSTERCHILD", "GRANDCHILD", "GRANDPARENT", "PARENT", "BROTHER", "SISTER", "AUNT", "UNCLE", "NEPHEW", "NIECE", "NONE", "SON", "DAUGHTER", "SPOUSE", "OTHER"
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0763" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0520	Record ID		6	"FRMbbb"
0521	Form Number		6	"2555bb"
0522	Page Number		5	"PG02b"
0523	Taxpayer Identification Number		9	N (Primary SSN)
0524	Filler		1	blank
0525	Form Occurrence Number		7	N 0000001 - 0000002
0530	Physical Presence Test FROM	16	8	YYYYMMDD
0540	Physical Presence Test THROUGH	16	8	YYYYMMDD or blank, and literal "CONTINUE"
0550	Principal Country of Employment	17	35	AN
@0560	No Travel Statement	18	6	"STMbnn" or blank
*0570	Country Name - 1	18a(1)	35	AN, Allowable Special Character is: space, "STMbnn" or blank
+0580	Arrival Date - 1	18b(1)	8	YYYYMMDD
+0590	Departure Date - 1	18c(1)	8	YYYYMMDD
+0600	Full Days in Country - 1	18d(1)	3	Value Range 000-999
+0610	Number of Days in US on Business - 1	18e(1)	3	Value Range 000-999
+0620	Income Earned in US on Business - 1	18f(1)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0630	Country Name - 2	18a(2)	35	AN, Allowable Special Character is: space or blank
0640	Arrival Date - 2	18b(2)	8	'See 1st Occ.'
0650	Departure Date - 2	18c(2)	8	'See 1st Occ.'
0660	Full Days in Country - 2	18d(2)	3	'See 1st Occ.'
0670	Number of Days in US on Business	18e(2)	3	'See 1st Occ.'
0680	Income Earned in US on Business	18f(2)	12	'See 1st Occ.'
0690	Country Name - 3	18a(3)	35	'See 2nd Occ.'
0700	Arrival Date - 3	18b(3)	8	'See 1st Occ.'
0710	Departure Date - 3	18c(3)	8	'See 1st Occ.'
0720	Full Days in Country - 3	18d(3)	3	'See 1st Occ.'
0730	Number of Days in US on Business - 3	18e(3)	3	'See 1st Occ.'
0740	Income Earned in US on Business - 3	18f(3)	12	'See 1st Occ.'
0750	Country Name - 4	18a(4)	35	'See 2nd Occ.'
0760	Arrival Date - 4	18b(4)	8	'See 1st Occ.'
0770	Departure Date - 4	18c(4)	8	'See 1st Occ.'
0780	Full Days in Country - 4	18d(4)	3	'See 1st Occ.'
0790	Number of Days in US on Business - 4	18e(4)	3	'See 1st Occ.'
0800	Income Earned in US on Business - 4	18f(4)	12	'See 1st Occ.'
@0805	Earned Income Computation	18f	6	"STMbnn" or blank

FORM 2555 PAGE 2 Foreign Earned Income

Field No.	Identification	Form Ref.	Length	Field Description
0810	Total wages, salaries, etc.	19	12	N
0820	Share of Income - Business or Profession	20a	12	N
@0830	Partnership's name, address and type of income	20b	6	"STMbnn" or blank
0840	Share of Income - Partnership	20b	12	N
@0850	Market Value of Property - Home	21a	6	"STMbnn"
0860	Noncash Income - Home	21a	12	N
@0870	Market Value of Property - Meals	21b	6	"STMbnn"
0880	Noncash Income - Meals	21b	12	N
@0890	Market Value of Property - Car	21c	6	"STMbnn"
0900	Noncash Income - Car	21c	12	N
*0910	Other Property - type	21d	35	AN, "STMbnn" or blank
+0920	Other Property - Amount	21d	12	N
0925	Total Property Amount	21d	12	N
0930	Cost of Living/ Overseas Differential	22a	12	N
0940	Family	22b	12	N
0950	Education	22c	12	N
0960	Home Leave	22d	12	N

FORM 2555 PAGE 2 Foreign Earned Income

Field No.	Identification	Form Ref.	Length	Field Description
0970	Quarters	22e	12	N
*0980	Other purposes - Type	22f	35	AN, "STMbnn"
+0990	Other purpose - Amount	22f	12	N
0995	Total Other Purpose Amount	22f	12	N
1000	Total Allowances	22g	12	N
*1010	Type of Other Foreign Earned Income	23	35	AN, "STMbnn"
+1020	Amount of Other Foreign Earned Income	23	12	N
1025	Total Amount of Other Foreign Earned Income	23	12	N
1030	Total Income	24	12	N
1040	Excludable Meals & Lodging	25	12	N
1050	Foreign Earned Income	26	12	N
	Record Terminus Character		1	Value "#"

FORM 2555 PAGE 3 Foreign Earned Income

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0331" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1060	Record ID		6	"FRMbbb"
1061	Form Number		6	"2555bb"
1062	Page Number		5	"PG03b"
1063	Taxpayer Identification Number		9	N (Primary SSN)
1064	Filler		1	blank
1065	Form Occurrence Number		7	N 0000001 - 0000002
1070	Foreign Earned Income Repeated	27	12	N
1075	Claiming Housing Exclusion or Housing Deduction		1	"Y" or "N"
1080	Qualified Housing Expenses	28	12	N
*1081	Housing Expense Location(s)	29a	35	A, "STMbnn" or blank
1082	Limit on Housing Expenses	29b	12	N
1084	Smaller of Expenses or Limit	30	12	N
1090	Number of Days in Qualifying Period	31	3	Value Range 000-366 |
1100	Number of Days X $38.30 or Enter $14,016	32	12	N |
1110	Total Qualified Housing Expenses	33	12	N
1120	Employer-Provided Amounts	34	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1130	Employer-Provided Percentage	35	6	R (Please see Part I, Sect 5.01 b)
1140	Housing Exclusion	36	12	N
1160	Number of Days in Qualifying Period	38	3	Value Range 000-366 |
1180	Number of Days Ratio	39	6	R (Please see Part I, Sect 5.01 b)
1200	Tentative Foreign Earned Income Exclusion	40	12	N
1210	Foreign Earned Income Exclusion Limit	41	12	N
1220	Foreign Earned Income Exclusion	42	12	N
1230	Total Housing and Foreign Earned Income Exclusions	43	12	N
@1240	Allocable Deductions Computation	44	6	"STMbnn" or blank
1250	Allocable Deductions	44	12	N
1260	Max. of Housing and Foreign Earned Inc. Exclusions	45	12	N
1270	Max. Qualified Housing Expenses	46	12	N
1280	Max. Foreign Earned Income	47	12	N
1290	Limit of Housing Deduction	48	12	N
1300	Prior Year Housing Deduction Carryover Amount	49	12	NO ENTRY
1310	Total Housing Deduction	50	12	N
	Record Terminus Character		1	Value "#"

FORM 2555EZ PAGE 1 Foreign Earned Income Exclusion

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0749" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	Value "FRMbbb"
0001	Form Number		6	"2555Zb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0007	SSN of Taxpayer with Foreign Earned Income		9	N (Social Security Number)
0010	Bona Fide Residence - Yes	1a	1	"X" or blank
0020	Bona Fide Residence - No	1a	1	"X" or blank
0030	Date Bona Fide Residence Began	1b	8	YYYYMMDD or blank
0040	Date Bona Fide Residence Ended	1b	8	YYYYMMDD or blank, and literal "CONTINUE"
0050	Physically Present - Yes	2a	1	"X" or blank
0060	Physically Present - No	2a	1	"X" or blank
0070	Physical Presence Test FROM	2b	8	YYYYMMDD
0080	Physical Presence Test THROUGH	2b	8	YYYYMMDD or blank, and literal "CONTINUE"
0090	Tax Home Test - Yes	3	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0100	Tax Home Test - No	3	1	NO ENTRY
0110	Taxpayer Foreign Street Name Line 2	4	35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma, and percent
0111	Taxpayer Foreign Street Address	4	35	AN, Allowable special characters are: space, ampersand, slash, and hyphen
0112	Taxpayer Foreign City	4	22	A, Allowable special character is space
0113	Taxpayer Foreign State or Province	4	35	A, Allowable special character is space
0114	Taxpayer Foreign Postal Code	4	20	AN, Allowable special character is space
0115	Taxpayer Foreign Country	4	35	A, Allowable special character is space
0118	Country Code	4	2	A, (from Part I, Attachment 10 table)
0120	Occupation	5	25	AN
0130	Employer's Name	6	35	AN, Allowable Special Characters are: space, slash, hyphen, ampersand, and percent
0140	Employer's US Street Name Line 2	7	35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma, and percent

Field No.	Identification	Form Ref.	Length	Field Description
0141	Employer's US Street Address	7	35	AN, Allowable special characters are: space, ampersand, slash, hyphen, and literal "NONE"
0142	Employer's US City	7	22	A, Allowable special character is space
0143	Employer's US State Abbreviation	7	2	A (Standard Postal State Abbreviation)
0144	Employer's US Zip Code	7	12	N (left-justified)
0150	Employer's Foreign Street Name Line 2	8	35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma, and percent
0151	Employer' Foreign Street Address	8	35	AN, Allowable special characters are: space, ampersand, slash, hyphen, and literal "NONE"
0152	Employer's Foreign City	8	22	A, Allowable special character is space
0153	Employer's Foreign State or Province	8	35	A, Allowable special character is space
0154	Employer's Foreign Postal Code	8	20	AN, Allowable special character is space
0155	Employer's Foreign Country	8	35	A, Allowable special character is space
0160	Employer is a US Business	9a	1	"X" or blank
0170	Employer is a Foreign Business	9b	1	"X" or blank
0180	Other Employer	9c	1	"X" or blank
0190	Other Employer (specify)	9c	35	AN

FORM 2555EZ PAGE 1 Foreign Earned Income Exclusion

Field No.	Identification	Form Ref.	Length	Field Description
0200	Last Year Filed	10a	4	Values "1982" through "2007" or blank
0210	No Form 2555/2555-EZ Filed	10b	1	"X" or blank
0220	Revoked Exclusions - Yes	10c	1	"X" or blank
0230	Revoked Exclusions - No	10c	1	"X" or blank
0240	Yes - Effective Revocation Tax Year	10d	4	YYYY
*0250	Tax Homes	11a	35	AN, "STMbnn" or blank
+0260	Date(s) Established	11a	8	YYYYMMDD or blank
0270	Country - Citizen/ National	11b	35	AN, Allowable Special Characters are: space, slash, hyphen
	Record Terminus Character		1	Value "#"

FORM 2555EZ PAGE 2 Foreign Earned Income Exclusion

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0375" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0280	Record ID		6	"FRMbbb"
0281	Form Number		6	"2555Zb"
0282	Page Number		5	"PG02b"
0283	Taxpayer Identification Number		9	N (Primary SSN)
0284	Filler		1	blank
0285	Form Occurrence Number		7	N 0000001 - 0000002
*0290	Date Arrived in US - 1	12a(1)	8	YYYYMMDD, "STMbnn" or blank
+0300	Date Left US - 1	12b(1)	8	YYYYMMDD or blank
+0310	Number of Days in US on Business - 1	12c(1)	3	Value Range 000-999
+0320	Income Earned in US on Business - 1	12d(1)	12	N
0330	Date Arrived in US - 2	12a(2)	8	YYYYMMDD or blank
0340	Date Left US - 2	12b(2)	8	'See 1st Occ.'
0350	Number of Days in US on Business - 2	12c(2)	3	'See 1st Occ.'
0360	Income Earned in US on Business - 2	12d(2)	12	'See 1st Occ.'
0370	Date Arrived in US - 3	12a(3)	8	'See 2nd Occ.'
0380	Date Left US - 3	12b(3)	8	'See 1st Occ.'
0390	Number of Days in US on Business - 3	12c(3)	3	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0400	Income Earned in US on Business - 3	12d(3)	12	'See 1st Occ.'
0410	Date Arrived in US - 4	12a(4)	8	'See 2nd Occ.'
0420	Date Left US - 4	12b(4)	8	'See 1st Occ.'
0430	Number of Days in US on Business - 4	12c(4)	3	'See 1st Occ.'
0440	Income Earned in US on Business - 4	12d(4)	12	'See 1st Occ.'
0450	Date Arrived in US - 5	12a(5)	8	'See 2nd Occ.'
0460	Date Left US - 5	12b(5)	8	'See 1st Occ.'
0470	Number of Days in US on Business - 5	12c(5)	3	'See 1st Occ.'
0480	Income Earned in US on Business - 5	12d(5)	12	'See 1st Occ.'
0490	Date Arrived in US - 6	12a(6)	8	'See 2nd Occ.'
0500	Date Left US - 6	12b(6)	8	'See 1st Occ.'
0510	Number of Days in US on Business - 6	12c(6)	3	'See 1st Occ.'
0520	Income Earned in US on Business - 6	12d(6)	12	'See 1st Occ.'
0530	Date Arrived in US - 7	12a(7)	8	'See 2nd Occ.'
0540	Date Left US - 7	12b(7)	8	'See 1st Occ.'
0550	Number of Days in US on Business - 7	12c(7)	3	'See 1st Occ.'
0560	Income Earned in US on Business - 7	12d(7)	12	'See 1st Occ.'
0570	Date Arrived in US - 8	12a(8)	8	'See 2nd Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0580	Date Left US - 8	12b(8)	8	'See 1st Occ.'
0590	Number of Days in US on Business - 8	12c(8)	3	'See 1st Occ.'
0600	Income Earned in US on Business - 8	12d(8)	12	'See 1st Occ.'
0610	Date Arrived in US - 9	12a(9)	8	'See 2nd Occ.'
0620	Date Left US - 9	12b(9)	8	'See 1st Occ.'
0630	Number of Days in US on Business - 9	12c(9)	3	'See 1st Occ.'
0640	Income Earned in US on Business - 9	12d(9)	12	'See 1st Occ.'
@0645	Earned Income Computation	12d	6	"STMbnn" or blank
1160	Number of Days in Qualifying Period	14	3	Value Range 000-366 |
1165	366-Day Yes	15	1	"X" or blank |
1175	366-Day No	15	1	"X" or blank |
1180	Number of Days Ratio	15	6	R (Please see Part I, Sect 5.01 b)
1200	Foreign Earned Income Exclusion Limit	16	12	N
1210	Total Foreign Earned Income	17	12	N
1260	Max. of Foreign Earned Inc. Exclusion	18	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0640" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	Value "3468bb"
0002	Page Number		5	Value "PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Name of Lessor	1	35	AN
0030	Street Address of Lessor	2	35	AN, Allowable special characters are: space, ampersand, slash, and hyphen
0031	Lessor City	2	22	AN, Allowable special character is: space
0032	Lessor State Abbreviation	2	2	A (Standard Postal state Abbreviations)
0033	Lessor Zip Code	2	12	N (left-justified)
0040	Description of Property	3	80	AN
0050	Amount for Acquired	4	12	N
0060	Basis for Geothermal Energy	5a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0065	Geothermal Energy Credit	5a	12	N
0070	Basis of Solar Energy	5b	12	N
0075	Solar Energy Credit	5b	12	N
0080	Basis of Property Installed before 10-4-2008	5c	12	N
0085	Credit for Property Installed before 10-4-2008	5c	12	N
0090	Basis of Kilowatt Capacity before 10-4-2008	5d	12	N
0095	Credit for Kilowatt Capacity before 10-4-2008	5d	12	N
0100	Enter the Lesser of 5c or 5d	5e	12	N
0105	Basis of Property Installed after 10-3-2008	5f	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0110	Credit for Property Installed after 10-3-2008	5f	12	N
0115	Basis of Kilowatt Capacity after 10-3-2008	5g	12	N
0120	Credit for Kilowatt Capacity after 10-3-2008	5g	12	N
0125	Enter the Lesser of 5f or 5g	5h	12	N
0130	Basis of Qualified Microturbine Property	5i	12	N
0135	Credit for Qualified Microturbine Property	5i	12	N
0140	Basis of Microturbine Kilowatt Capacity Property	5j	12	N
0145	Credit for Microturbine Kilowatt Capacity Property	5j	12	N
0150	Enter the Lesser of 5i or 5j	5k	12	N
0155	Basis of Electric Capacity of Prop after 10-3-2008	5l	12	N

Field No.	Identification	Form Ref.	Length	Field Description	
0160	Cr for Electrical Capacity of Prop after 10-3-2008	5l	12	N	||
0165	Horsepower Electrical Capacity of Prop	5m	6	R	||
0170	Multiply Line 5l by 5m	5n	12	N	||
0175	Basis of Small Wind Energy Property	5o	12	N	||
0180	Credit for Small Wind Energy Property	5o	12	N	||
0185	Enter the Smaller of Line 50 or $4,000	5p	12	N	||
0186	Basis of Small Wind Prop. Installed after 2008	5q	12	N	||
0188	Credit for Small Wind Prop. Installed after 2008	5q	12	N	||
0190	Basis of Geothermal Heat Pump Systems	5r	12	N	||
0195	Credit for Geothermal Heat Pump Systems	5r	12	N	||
0196	Basis of Qual. Invest. Prop. Installed after 2008	5s	12	N	||
0198	Cr. for Qual. Invest. Prop. Installed after 2008	5s	12	N	||
0200	Total	5t	12	N	||
	Record Terminus Character		1	Value "#"	

FORM 3468 PAGE 2 Investment Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0462" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0201	Record ID		6	"FRMbbb"
0202	Form Number		6	"3468bb"
0203	Page Number		5	"PG02b"
0204	Taxpayer Identification Number		9	N (Primary SSN)
0205	Filler		1	blank
0206	Form Occurrence Number		7	N 0000001
0208	Basis of Investment under Sect. 48A(d)(3)(B)(i)	6a	12	N
0211	Credit for Invest. under Sect. 48A(d)(3)(B)(i)	6a	12	N
0215	Basis of Investment under Sect. 48A(d)(3)(B)(ii)	6b	12	N
0220	Credit for Invest. under Sect. 48A(d)(3)(B)(ii)	6b	12	N
0225	Basis of Investment under Sect. 48A(d)(3)(B)(iii)	6c	12	N
0230	Credit for Invest. under Sect. 48A(d)(3)(B)(iii)	6c	12	N
0235	Add Lines 6a, 6b and 6c	6d	12	N
0240	Basis of Gasification Projects after 10-3-2008	7a	12	N ‖

Field No.	Identification	Form Ref.	Length	Field Description	
0245	Credit for Gasification Projects after 10-3-2008	7a	12	N	||
0250	Basis of Other Prop Placed in Svc during the Yr	7b	12	N	
0255	Cr for Other Prop Placed in Svc during the Yr	7b	12	N	
0260	Add Lines 7a and 7b	7c	12	N	
0262	Basis of Qualified Investment after 2/17/09	8a	12	N	||
0264	Credit for Qualified Investment after 2/17/09	8a	12	N	||
0265	Credit from Cooperatives	8b	12	N	||
0270	Add Lines 5t, 6d, 7c, 8a and 8b	9	12	N	||
0275	Section 47(d)(5) Election Box	10a	1	"X" or blank	
0280	Test Period Begin Date	10b	8	YYYYMMDD	
0285	Test Period End Date	10b	8	YYYYMMDD	
0290	Adjusted Basis of Building Amt	10c	12	N	
0295	Amt of Qualified Rehabilitation Expenditures	10d	12	N	
0300	Pre 1936 Buildings in the Gulf Opportunity Zone	10e	12	N	
0305	Calculated Pre 1936 Bldgs Gulf Opportunity Zone	10e	12	N	

Field No.	Identification	Form Ref.	Length	Field Description
0310	Pre 1936 Bldgs Affected by a Midwest Disaster	10f	12	N
0315	Calc Pre 1936 Bldgs Affected by a Midwest Disaster	10f	12	N
0320	Other Pre 1936 Buildings	10g	12	N
0325	Calculated Other Pre 1936 Buildings	10g	12	N
0328	Historic Structure Certification on File	10g	1	"Y" or blank
0330	Cert. Historic Structures Gulf Opportunity Zone	10h	12	N
0335	Calc Cert Historic Struct - Gulf Opportunity Zone	10h	12	N
0340	Cert Hist Struct Affected by Midwest Disaster	10i	12	N
0345	Calc Cert Hist Struct Affected by Midwest Disaster	10i	12	N
0350	Other Certified Historic Structures	10j	12	N
0355	Calculated Certified Historic Structures	10j	12	N
0360	NPS Project Number Indicator Box	10k	1	"X" or blank
0365	Pass Through EIN Indicator Box	10k	1	"X" or blank
0370	Copy of Application Indicator Box	10k	1	"X" or blank
0375	Assigned NPS Project Num. or the Pass Through EIN	10k	18	N or blank, allowable character: hyphen (-)

Field No.	Identification	Form Ref.	Length	Field Description
0380	Date of NPS Approval	10l	8	DT
0385	Rehabilitation Credit (Schedule K-1, Form 1065)	10m	12	NO ENTRY
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0457" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0390	Record ID		6	"FRMbbb"
0391	Form Number		6	"3468bb"
0392	Page Number		5	"PG03b"
0393	Taxpayer Identification Number		9	N (Primary SSN)
0394	Filler		1	blank
0395	Form Occurrence Number		7	N 0000001
0400	Basis of Geothermal Energy in Svc during Tax Yr	11a	12	N
0405	Cr for Geothermal Energy in Svc during Tax Yr	11a	12	N
0410	Basis of Solar Illumination during the Tax Year	11b	12	N
0415	Credit for Solar Illumination during the Tax Year	11b	12	N
0420	Basis of Qualified Fuel Cell during the Tax Year	11c	12	N
0425	Credit for Qualified Fuel Cell during the Tax Year	11c	12	N
0430	Kilowatt Capacity of Qualified Fuel Property	11d	12	N
0435	Kilowatt Capacity of Qualified Fuel Property Amt	11d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0440	Enter the Lesser of 11c or 11d	11e	12	N
0445	Basis of Qualified Microturbine Property	11f	12	N
0450	Credit for Qualified Microturbine Property	11f	12	N
0455	Kilowatt Capacity of QLFY Microturbine Property	11g	12	N
0460	Kilowatt Capacity of QLFY Microturbine Prop Amt	11g	12	N
0465	Enter the Lesser of Line 11f or 11g	11h	12	N
0470	Basis of Property Installed during the Tax Year	11i	12	N
0475	Basis of Prop Installed during the Tax Year Amt	11i	12	N
0480	Megawatt or Horsepower Divider	11j	6	R ‖
0485	Multiply Line 11i by 11j	11k	12	N
0490	Basis of Small Wind Energy Property	11l	12	N
0495	Credit for Small Wind Energy Property	11l	12	N
0500	Enter the Smaller of Line 11l or $4,000	11m	12	N
0502	Basis of Property Installed after 2008	11n	12	N ‖

Field No.	Identification	Form Ref.	Length	Field Description	
0504	Credit of Property Installed after 2008	11n	12	N	||
0505	Basis of Geothermal Heat Pump Property	11o	12	N	||
0510	Credit for Geothermal Heat Pump Property	11o	12	N	||
0512	Basis of Qual. Invest. Prop. Installed after 2008	11p	12	N	||
0514	Cr. for Qual. Invest. Prop. Installed after 2008	11p	12	N	||
0515	Total	11q	12	N	||
0520	Credit from Cooperatives	12	12	N	
0525	Add Lines 10e through 10j, 10m, 11q, and 12	13	12	N	||
0530	Rehabilitation and Energy Cr included in Line 13	14	12	N	
0535	Subtract Line 14 from Line 13	15	12	N	
0540	Rehabilitation and Energy Credits Allowed for 2008	16	12	N	
0545	Carryback of Rehabilitation & Energy Cr from 2009	17	12	N	
0550	Add Lines 15 through 17	18	12	N	
	Record Terminus Character		1	Value "#"	

FORM 3800 PAGE 1 General Business Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0482" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"3800bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0020	Current Year Investment Credit	1a	12	N
0040	Welfare to Work Credit	1b	12	N
0060	Current Year Credit for Increasing Research	1c	12	N
*0065	LIHC Pass-Through EIN	1d	9	"STMbnn", N or blank
0070	Current Year Low-Income Housing Credit	1d	12	N
0090	Current Year Disabled Access Credit	1e	12	N
0100	Current Year Renewable Electricity Production	1f	12	N
0110	Current Year Indian Employment Credit	1g	12	N
0130	Current Year Orphan Drug Credit	1h	12	N

Field No.	Identification	Form Ref.	Length	Field Description
*0535	NMC Pass-Through EIN	1i	9	"STMbnn", N or blank
0540	Current Year New Markets Credit	1i	12	N
0550	Cr for Small Employer Pension Plan Startup Cost	1j	12	N ‖
*0555	EPCCC Pass-Through EIN	1k	9	"STMbnn", N or blank
0560	Credit for Employer-Provided Child Care Facilities	1k	12	N
				--‖
0580	Current Year Biodiesel Fuels Credit	1l	12	N ‖
0590	Current Year Low Sulfur Diesel Fuel Credit	1m	12	N ‖
0600	Distilled Spirits Credit	1n	12	N ‖
0610	Nonconventional Fuel Source Credit	1o	12	N ‖
0620	New Energy Efficient Home Credit	1p	12	N ‖
0630	Energy Efficient Appliance Credit	1q	12	N ‖
0640	Alternative Motor Credit	1r	12	N ‖
0645	Alternative Motor Vehicle Pass-Through EIN	1r	9	N or blank ‖
0650	Alternative Fuel Vehicle Refueling Credit	1s	12	N ‖
0652	Credits for Affected Midwestern Disaster Area	1t	12	N ‖

Field No.	Identification	Form Ref.	Length	Field Description
0660	Mine Rescue Team Training Credit	1u	12	NO ENTRY
0670	Agricultural Chemicals Security Credit	1v	12	NO ENTRY
0680	Credit for Employer Diff. Wage Payments	1w	12	NO ENTRY
0685	Carbon Dioxide Sequestration Credit	1x	12	N
0687	Current Year Credit for Contributions	1y	12	N
0690	CY General Credits Electing Large Partnership	1z	12	N
0740	Current Year General Business Credit	2	12	N
0770	Passive Activity Credits	3	12	N
0780	Subtract Line 3 from Line 2	4	12	N
0790	Passive Activity Credits Allowed	5	12	N
0800	Passive Activity from Publicly Traded Partnership	5	1	"X" or blank
0810	Carryforward of General Business Credit	6	12	N
@0825	Credit Computation Attachment	6	6	"STMbnn" or blank
0840	Carryback of General Business Credit	7	12	NO ENTRY
0850	Tentative General Business Credit	8	12	N
	Record Terminus Character		1	Value "#"

FORM 3800 PAGE 2 General Business Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0311" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
1000	Record ID		6	"FRMbbb"
1001	Form Number		6	"3800bb"
1002	Page Number		5	"PG02b"
1003	Taxpayer Identification Number		9	N (Primary SSN)
1004	Filler		1	blank
1005	Form Occurrence Number		7	N 0000001
1020	Regular Tax Before Credits	9	12	N
1030	Alternative Minimum Tax	10	12	N
1040	Regular Tax Plus Alternative Minimum Tax	11	12	N
1045	Foreign Tax Credit	12a	12	N ‖
1060	Credits from Form 1040	12b	12	N ‖
1070	Credit from Form 8834	12c	12	N ‖
1080	Non-business Alt Motor Vehicle Credit	12d	12	N
1090	Non-business Alt Fuel Refuel Prop Credit	12e	12	N
1100	Total Credits	12f	12	N
1110	Net Income Tax	13	12	N
1120	Net Regular Tax	14	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1130	Enter 25% of Excess	15	12	N
1140	Tentative Minimum Tax	16	12	N
1150	Greater of Line 15 or Line 16	17	12	N
1160	Subtract Line 17 from Line 13	18a	12	N ||
1163	Bonus Depreciation	18b	12	NO ENTRY ||
1167	Add Lines 18a and 18b	18c	12	N ||
1170	Section Literal	19	9	"SECb41(G)" or blank
1180	Attach Corporation Computation	19	6	NO ENTRY
1190	Corporate ID	19	13	NO ENTRY
1200	Smaller of Line 8 or Line 18c	19a	12	N ||
1210	Smaller of Line 8 or Line 18a	19b	12	N ||
1220	Subtract Line 19b from Line 19a	19c	12	N ||
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0271" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1230	Record ID		6	"FRMbbb"
1231	Form Number		6	"3800bb"
1232	Page Number		5	"PG03b"
1233	Taxpayer Identification Number		9	N (Primary SSN)
1234	Filler		1	blank
1235	Form Occurrence Number		7	N 0000001
1245	Multiply Line 16 by 75%	20	12	N
1255	Enter the greater of Line 15 or Line 20	21	12	N
1265	Subtract Line 21 from Line 13	22	12	N
1275	Subtract Line 19b from Line 22	23	12	N
1285	Amount from Form 8844 Line 10	24	12	N
1295	Empowerment Zone and Renewal Community Credit	25	12	N
1305	Subtract Line 15 from Line 13	26	12	N
1315	Add Lines 19b and 25	27	12	N
1325	Subtract Line 27 from Line 26	28	12	N
1335	Investment Credit, Form 3468	29a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1345	Work Opportunity Credit, Form 5884	29b	12	N
1355	Alcohol and Cellulosic Biofuels, Form 6478	29c	12	N
1365	Low-income Housing Credit, Form 8586	29d	12	N
1375	Renewable Electricity Credit, Form 8835	29e	12	N
1385	Employer Social Sec. and Medicare Taxes, Form 8846	29f	12	N
1390	Railroad Track Maintenance Credit (Form 8900)	29g	12	N
1395	Add Lines 29a through 29g	30	12	N
1405	Smaller of Line 28 or Line 30	31	12	N
1415	Credit Allowed for Current Year	32	12	N
	Record Terminus Character		1	Value "#"

FORM 3903 Moving Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0118" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"3903bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Armed Forces Permanent Change of Station Literal		13	"MILITARYbMOVE" or blank
0040	Transport Goods Exp	1	12	N
0042	Moving Expenses Amt	2	12	N
0044	Total Moving Expenses	3	12	N
0052	Excludable Moving Expense Reimbursements	4	12	N
0060	Tot Moving Expenses>Moving Reimbursement-No Box	5	1	"X" or blank
0070	Tot Moving Expenses>Moving Reimbursements-Yes Box	5	1	"X" or blank
0180	Moving Exp Deduction	5	12	N
	Record Terminus Character		1	Value "#"

FORM 4136 PAGE 1 Credit for Federal Tax Paid on Fuels

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0369" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4136bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
@0008	Statement in Lieu of Previously Field Certificate		6	"STMbnn" or blank
0010	Off-Highway Business Use Gallons	1a(c)	6	N
0020	Use on Farm For Farming Purpose Gallons	1b(c)	6	N
0030	Nontaxable Use of Gasoline Type	1c(a)	2	Values "04, 05, 07, 11, 13, 14, 15" or blank
0040	Nontaxable Use of Gasoline Gallons	1c(c)	6	N
0070	Nontaxable Use of Gasoline Cr. Amount	1c(d)	12	N
0080	Exported Nontaxable Use of Gasoline Gallons	1d(c)	6	N
0090	Exported Nontaxable Use of Gasoline Cr. Amount	1d(d)	12	N
0170	Commercial Aviation Gasoline Gallons	2a(c)	6	N

Field No.	Identification	Form Ref.	Length	Field Description
0180	Nontaxable Use of Commercial Aviation Gas Cr. Amt	2a(d)	12	N
0190	Nontaxable Use of Aviation Gasoline Type	2b(a)	2	Values "01, 10, 11, 13, 14, 15" or blank
0200	Nontaxable Use of Aviation Gasoline Gallons	2b(c)	6	N
0210	Nontaxable Use of Aviation Gas Cr. Amt	2b(d)	12	N
0215	Exported Nontaxable Use of Aviation Gas Gallons	2c(c)	6	N
0220	Exported Nontaxable Use of Aviation Cr. Amount	2c(d)	12	N
0225	LUST Tax on Aviation Fuel Gallons	2d(c)	6	N
0230	LUST Tax on Aviation Fuel Cr. Amt	2d(d)	12	N
@0240	Evidence of Dyed Diesel Fuel Explanation	3	6	"STMbnn" or blank
0250	Evidence of Dyed Diesel Fuel Exception Box	3	1	"X" or blank
0260	Nontaxable Use of Diesel Fuel Type	3a(a)	2	Values "02, 06, 07, 08, 11, 13, 14, 15" or blank
0270	Nontaxable Use of Diesel Fuel Gallons	3a(c)	6	N
0303	Diesel Fuel for Farming Purposes Gallons	3b(c)	6	N

Field No.	Identification	Form Ref.	Length	Field Description
0307	Diesel Fuel for Farming Purposes Cr. Amount	3b(d)	12	N
0310	Diesel Fuel Train Use Gallons	3c(c)	6	N
0320	Diesel Fuel Train Use Cr. Amt	3c(d)	12	N
0330	Diesel Fuel Certain Intercity Local Bus Use Gallon	3d(c)	6	N
0340	Diesel Fuel Certain Intercity & Bus Use Cr. Amt	3d(d)	12	N
0343	Diesel Fuel Exported Gallons	3e(c)	6	N
0347	Diesel Fuel Exported Cr. Amount	3e(d)	12	N
@0350	Evidence of Dyed Kerosene Explanation	4	6	"STMbnn" or blank
0360	Evidence of Dyed Kerosene Box	4	1	"X" or blank
0370	Nontaxable Use of Kerosene Type	4a(a)	2	Values "02, 06, 07, 08, 11, 13, 14, 15" or blank
0380	Nontaxable Use of Kerosene Gallons	4a(c)	6	N
0399	Nontaxable Kerosene for Farming Purposes Gallons	4b(c)	6	N
0407	Kerosene Use Farm Cr. Amount	4b(d)	12	N
0409	Kerosene Use in Buses Gallons	4c(c)	6	N
0416	Kerosene Use in Buses Cr. Amount	4c(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0418	Nontaxable Use of Kerosene Exported Gallons	4d(c)	6	N
0420	Nontaxable Use of Kerosene Exported Cr. Amount	4d(d)	12	N
0425	Nontaxable Kerosene Aviation Rate 1 Type of Use	4e(a)	2	Values "02, 08" or blank
0430	Nontaxable Kerosene Aviation Rate 1 Gallons	4e(c)	6	N
0435	Nontaxable Kerosene Aviation Rate 1 Cr. Amt	4e(d)	12	N
0440	Nontaxable Kerosene Aviation Rate 2 Type of Use	4f(a)	2	Values "02, 08" or blank
0445	Nontaxable Kerosene Aviation Rate 2 Gallons	4f(c)	6	N
0450	Nontaxable Kerosene Aviation Rate 2 Cr. Amt	4f(d)	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0389" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0540	Record ID		6	"FRMbbb"
0541	Form Number		6	"4136bb"
0542	Page Number		5	"PG02b"
0543	Taxpayer Identification Number		9	N (Primary SSN)
0544	Filler		1	blank
0545	Form Occurrence Number		7	N 0000001
0550	Commercial Aviation Kerosene Gallons 1	5a(c)	6	N
0555	Commercial Aviation Kerosene Cr. Amount 1	5a(d)	12	N
0560	Commercial Aviation Kerosene Gallons 2	5b(c)	6	N
0565	Commercial Aviation Kerosene Cr. Amount 2	5b(d)	12	N
0570	Nontaxable Aviation Kerosene Use Type 1	5c(a)	2	Values "01, 09, 10, 11, 13, 15, 16" or blank
0575	Use of Nontaxable Aviation Kerosene Gal Type 1	5c(c)	6	N
0580	Use of Nontaxable Aviation Kerosene Amt Type 1	5c(d)	12	N
0585	Nontaxable Aviation Kerosene Use Type 2	5d(a)	2	Values "01, 09, 10, 11, 13, 15, 16" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0590	Use of Nontaxable Aviation Kerosene Gal Type 2	5d(c)	6	N
0595	Use of Nontaxable Aviation Kerosene Amt Type 2	5d(d)	12	N
0600	LUST Tax on Kerosene Gallons	5e(c)	6	N
0605	LUST Tax on Kerosene Cr. Amt	5e(d)	12	N
0608	Undyed Diesel Fuel Registration No.	6	12	AN
@0610	Evidence of Dyed Diesel Fuel Explanation	6	6	"STMbnn" or blank
0615	Evidence of Dyed Diesel Fuel Exception Box	6	1	"X" or blank
0620	Use of Undyed Diesel by State or Local Gov Gallons	6a(c)	6	N
0625	Use of Undyed Diesel by State or Local Gov Cr. Amt	6a(d)	12	N
@0630	Customer Information Attachment	6a	6	"STMbnn" or blank
0635	Use Undyed Diesel Intercity Buses Gallons	6b(c)	6	N
0640	Use Undyed Diesel Intercity Buses Cr. Amount	6b(d)	12	N
0645	Undyed Kerosene Registration No.	7	12	AN
@0650	Evidence of Dyed Kerosene Explanation	7	6	"STMbnn" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0655	Evidence of Dyed Kerosene Exception Box	7	1	"X" or blank
0660	Use of Undyed Kero by State or Local Gov Gallons	7a(c)	6	N
@0665	Customer Information Attachment	7a	6	"STMbnn" or blank
0670	Kerosene Sales from Blocked Pump Gallons	7b(c)	6	N
0680	Sales by Vendors of Undyed Kerosene Cr. Amount	7b(d)	12	N
0685	Undyed Kerosene Use in Certain Buses Gallons	7c(c)	6	N
0695	Undyed Kerosene Use in Certain Buses Cr. Amount	7c(d)	12	N
0705	Vendors of Kerosene for Use of Aviation Reg. No.	8	12	AN
0715	Used in Commercial Aviation Gallons Type 1	8a(c)	6	N
0725	Used in Commercial Aviation Cr. Amount Type 1	8a(d)	12	N
0745	Other Use in Commercial Aviation Gallons Type 2	8b(c)	6	N
0750	Other Use in Commercial Aviation Cr. Amount Type 2	8b(d)	12	N
0755	Nonexempt Use Gallons	8c(c)	6	N

FORM 4136 PAGE 2 Credit for Federal Tax Paid on Fuels

Field No.	Identification	Form Ref.	Length	Field Description
0757	Nonexempt Use Cr. Amount	8c(d)	12	N
0759	Other Nontaxable Use Type 1	8d(a)	2	Values "01, 09, 10, 11, 13, 14, 15" or blank
0760	Other Nontaxable Use Gallons 1	8d(c)	6	N
0764	Other Nontaxable Use Cr. Amount 1	8d(d)	12	N
0768	Other Nontaxable Use Type 2	8e(a)	2	Values "01, 09, 10, 11, 13, 14, 15" or blank
0770	Other Nontaxable Use Gallons 2	8e(c)	6	N
0775	Other Nontaxable Use Cr. Amount 2	8e(d)	12	N
0780	LUST Tax on Kerosene Foreign Trade Gallons	8f(c)	6	N |
0785	LUST Tax on Kerosene Foreign Trade Cr. Amt	8f(d)	12	N |
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0515" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0877	Record ID		6	"FRMbbb"
0878	Form Number		6	"4136bb"
0879	Page Number		5	"PG03b"
0880	Taxpayer Identification Number		9	N (Primary SSN)
0881	Filler		1	blank
0882	Form Occurrence Number		7	N 0000001
0950	Alcohol Fuel Mixture Registration No.	9	12	AN
0960	Alcohol Mixtures Ethanol Gallons	9a(c)	6	N
0970	Alcohol Mixtures Ethanol Cr. Amount	9a(d)	12	N
0980	Alcohol Mixtures Other Than Ethanol Gallons	9b(c)	6	N
0990	Alcohol Mixtures Other Than Ethanol Cr. Amount	9b(d)	12	N
3010	Biodiesel Mixture Registration No.	10	12	AN
3020	Biodiesel Mix Gallons	10a(c)	6	N
3030	Biodiesel Mix Cr. Amount	10a(d)	12	N
3040	Agri-biodiesel Mix Gallons	10b(c)	6	N

Field No.	Identification	Form Ref.	Length	Field Description
3050	Agri-biodiesel Mix Cr. Amount	10b(d)	12	N
3060	Renewable Diesel Mix Gallons	10c(c)	6	N
3070	Renewable Diesel Mix Cr. Amount	10c(d)	12	N
3199	LPG Use Type Literal	11a(a)	3	"BUS" or blank
3200	LPG Use Type	11a(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank
3210	LPG Gallons	11a(c)	6	N
3220	LPG Cr. Amount	11a(d)	12	N
3239	"P Series" Fuels Use Type Literal	11b(a)	3	"BUS" or blank
3240	P Series Fuels Use Type	11b(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank
3260	P Series Fuels Gallons	11b(c)	6	N
3280	P Series Fuels Cr. Amount	11b(d)	12	N
3299	CNG Use Type Literal	11c(a)	3	"BUS" or blank
3300	Compressed Natural Gas Use Type	11c(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank
3320	Compressed Natural Gas Gallons	11c(c)	6	N
3340	Compressed Natural Gas Cr. Amount	11c(d)	12	N
3359	Liquefied Hydrogen Use Type Literal	11d(a)	3	"BUS" or blank
3360	Liquefied Hydrogen Use Type	11d(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank

Field No.	Identification	Form Ref.	Length	Field Description
3380	Liquefied Hydrogen Gallons	11d(c)	6	N
3400	Liquefied Hydrogen Cr. Amount	11d(d)	12	N
3419	Liquid Fuel from Coal Use Type Literal	11e(a)	3	"BUS" or blank
3420	Liquid Fuel from Coal Use type	11e(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank
3440	Liquid Fuel from Coal Gallons	11e(c)	6	N
3460	Liquid Fuel from Coal Cr. Amount	11e(d)	12	N
3479	Nontaxable Liquid Fuel Use Type Literal	11f(a)	3	"BUS" or blank
3480	Nontaxable Liquid Fuel Use Type	11f(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank
3500	Nontaxable Liquid Fuel Gallons	11f(c)	6	N
3520	Nontaxable Liquid Fuel Credit Amount	11f(d)	12	N
3539	Liquefied Natural Gas Use Type Literal	11g(a)	3	"BUS" or blank
3540	Liquefied Natural Gas Use Type	11g(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank
3560	Liquefied Natural Gas Gallons	11g(c)	6	N
3580	Liquefied Natural Gas Cr. Amount	11g(d)	12	N
3582	Liquefied Gas from Biomass Use Type Literal	11h(a)	3	"BUS" or blank ||

Field No.	Identification	Form Ref.	Length	Field Description
3583	Liquefied Gas from Biomass Use Type	11h(a)	2	Values "01, 02, 04, 05, 06, 07, 11, 13, 14, 15" or blank ||
3585	Liquefied Gas Derived from Biomass Gas Gallons	11h(c)	6	N ||
3587	Liquefied Gas Derived from Biomass Credit Amount	11h(d)	12	n ||
3600	Alternative Fuel Cr. Reg. No.	12	12	AN
3620	LPG Gallons	12a(c)	6	N
3640	LPG Cr. Amount	12a(d)	12	N
3660	P Series Fuels Gallons	12b(c)	6	N
3680	P Series Fuels Cr. Amount	12b(d)	12	N
3700	Compressed Natural Gas Gallons	12c(c)	6	N
3720	Compressed Natural Gas Cr. Amount	12c(d)	12	N
3740	Liquefied Hydrogen Gallons	12d(c)	6	N
3760	Liquefied Hydrogen Cr. Amount	12d(d)	12	N
3780	Liquid Fuel from Coal Gallons	12e(c)	6	N
3800	Liquid Fuel from Coal Cr. Amount	12e(d)	12	N
3820	Liquid Fuel Gallons	12f(c)	6	N
3840	Liquid Fuel Credit Amount	12f(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description	
3860	Liquefied Natural Gas Gallons	12g(c)	6	N	
3880	Liquefied Natural Gas Cr. Amount	12g(d)	12	N	
3881	Liquefied Gas Derived from Biomass Gallons	12h(c)	6	N	||
3883	Liquefied Gas Derived from Biomass Credit Amount	12h(d)	12	N	||
3885	Compressed Gas Derived from Biomass Gallons	12i(c)	6	N	||
3887	Compressed Gas Derived from Biomass Credit Amount	12i(d)	12	N	||
	Record Terminus Character		1	Value "#"	

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0234" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
3890	Record ID		6	"FRMbbb"
3891	Form Number		6	"4136bb"
3892	Page Number		5	"PG04b"
3893	Taxpayer Identification Number		9	N (Primary SSN)
3894	Filler		1	blank
3895	Form Occurrence Number		7	N 0000001
3900	Registered Credit Card Issuers Registration No.	13	12	AN
3920	Diesel Fuel for State or Local Government Gallons	13a(c)	6	N
3940	Diesel Fuel for State or Local Government Cr. Amt	13a(d)	12	N
3960	Kerosene Fuel Sold for State or Local Gov Gallons	13b(c)	6	N
3980	Kerosene Fuel Sold for State or Local Gov Cr. Amt	13b(d)	12	N
4000	Kerosene Use in Aviation - State/ Local Gov Gallons	13c(c)	6	N
4020	Kerosene Use in Aviation - State/ Local Gov Cr. Amt	13c(d)	12	N
4119	Diesel-Water Fuel Emulsion Nontax. Use Literal	14a(a)	3	"BUS" or blank

Field No.	Identification	Form Ref.	Length	Field Description
4120	Diesel-Water Fuel Emulsion Nontaxable Use Type	14a(a)	2	Values "01, 02, 05, 06, 07, 08, 11, 13, 14, 15" or blank
4140	Diesel-Water Fuel Emulsion Nontaxable Gallons	14a(c)	6	N
4160	Diesel-Water Fuel Emulsion Nontaxable Cr. Amount	14a(d)	12	N
4180	Diesel-Water Exported Gallons	14b(c)	6	N
4200	Diesel-Water Exported Cr. Amount	14b(d)	12	N
4220	Diesel-Water Fuel Emulsion Blending Reg. No.	15	12	AN
@4230	Customer Information Statement	15	6	"STMbnn" or blank
4240	Diesel-Water Fuel Emulsion Blending Gallons	15a(c)	6	N
4260	Diesel-Water Fuel Emulsion Blending Cr. Amount	15a(d)	12	N
4280	Exported Dyed Diesel Fuel Gallons	16a(c)	6	N
4300	Exported Dyed Diesel Fuel Cr. Amount	16a(d)	12	N
4320	Exported Dyed Kerosene Gallons	16b(c)	6	N
4340	Exported Dyed Kerosene Cr. Amount	16b(d)	12	N
4360	Total Income Tax Cr. Amount	17	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0641" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4137bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Tip Income Name		35	AN
0020	Tip Income SSN		9	N
*0030	Employer's Name A	1A(a)	47	AN or "STMbnn"
+0035	Employer ID Number A	1A(b)	9	N
+0040	Tips Received A	1A(c)	12	N
+0045	Tips Reported A	1A(d)	12	N
0050	Employer's Name B	1B(a)	47	AN
0055	Employer ID Number B	1B(b)	9	N
0060	Tips Received B	1B(c)	12	N
0065	Tips Reported B	1B(d)	12	N
0070	Employer's Name C	1C(a)	47	AN
0075	Employer ID Number C	1C(b)	9	N
0080	Tips Received C	1C(c)	12	N
0085	Tips Reported C	1C(d)	12	N
0090	Employer's Name D	1D(a)	47	AN

Field No.	Identification	Form Ref.	Length	Field Description
0095	Employer ID Number D	1D(b)	9	N
0100	Tips Received D	1D(c)	12	N
0105	Tips Reported D	1D(d)	12	N
0110	Employer's Name E	1E(a)	47	AN
0115	Employer ID Number E	1E(b)	9	N
0120	Tips Received E	1E(c)	12	N
0125	Tips Reported E	1E(d)	12	N
0160	Total Tips Received	2	12	N
0170	Total Tips Reported	3	12	N
0180	Taxable Tips	4	12	N
0190	Unreported Tips	5	12	N
0200	Line 4 minus Line 5	6	12	N
0210	Total Social Security Wages and Tips	8	12	N
0220	Line 7 minus Line 8	9	12	N
0224	Tips Subject To Medicare Only Literal	10	10	"1.45%bTIPS"
0227	Tips Subject to Medicare Only Amount	10	12	N
0230	Unreported Tips Subject to SST	10	12	N
0240	Social Security Tax on Tips	11	12	N
0290	Medicare Tax on Tips	12	12	N
0300	F1040 Social Security Medicare Tax on Tips	13	12	N
	Record Terminus Character		1	Value "#"

FORM 4255 Recapture of Investment Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0635" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4255bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0009	Identifying Number		9	NO ENTRY
*0010	Property Desc. (1)	A	56	AN or "STMbnn"
+0020	Original Rate (1)	1A	6	R
*+0023	Cost or Other Basis (1)	2A	12	N or "STMbnn"
+0080	Original Credit (1)	3A	12	N
+0084	Date Property Placed in Serv. (1)	4A	8	YYYYMMDD
+0090	Date Property Qualification (1)	5A	8	YYYYMMDD
+0100	Number of Full yrs between dates (1)	6A	2	N, "00", or blank
+0110	Recapture Percentage (1)	7A	6	R
+0120	Tentative Recap. Tax (1)	8A	12	N
0130	Property Desc. (2)	B	56	AN
0140	Original Rate (2)	1B	6	R

FORM 4255 Recapture of Investment Credit

Field No.	Identification	Form Ref.	Length	Field Description
0143	Cost or Other Basis (2)	2B	12	N
0200	Original Credit (2)	3B	12	N
0204	Date Property Placed in Serv. (2)	4B	8	YYYYMMDD
0210	Date Property Qualification (2)	5B	8	YYYYMMDD
0220	Number of Full yrs between dates (2)	6B	2	'See 1st Occ.'
0230	Recapture Percentage (2)	7B	6	R
0240	Tentative Recap. Tax (2)	8B	12	N
0250	Property Desc. (3)	C	56	AN
0260	Original Rate (3)	1C	6	R
0263	Cost or Other Basis (3)	2C	12	N
0320	Original Credit (3)	3C	12	N
0324	Date Property Placed in Serv. (3)	4C	8	YYYYMMDD
0330	Date Property Qualification (3)	5C	8	YYYYMMDD
0340	Number of Full yrs between dates (3)	6C	2	'See 1st Occ.'
0350	Recapture Percentage (3)	7C	6	R
0360	Tentative Recap. Tax (3)	8C	12	N
0370	Property Desc. (4)	D	56	AN
0380	Original Rate (4)	1D	6	R
0383	Cost or Other Basis (4)	2D	12	N

FORM 4255 Recapture of Investment Credit

Field No.	Identification	Form Ref.	Length	Field Description
0440	Original Credit (4)	3D	12	N
0444	Date Property Placed in Serv. (4)	4D	8	YYYYMMDD
0450	Date Property Qualification (4)	5D	8	YYYYMMDD
0460	Number of Full yrs between dates (4)	6D	2	'See 1st Occ.'
0470	Recapture Percentage (4)	7D	6	R
0480	Tentative Recap. Tax (4)	8D	12	N
0483	"Tax From Attached" Literal	9	17	"TAX FROM ATTACHED" or Blank
0486	Tax Amount	9	12	N
0490	Line 8 col A-D	9	12	N
0495	Statement Reference - BMF Use Only	10	6	Blank
0500	Tax from Property Ceasing to be At Risk	10	12	NO ENTRY
0510	Lines 9 and 10 Total	11	12	N
0520	Portion of Orig. Credit	12	12	N
0530	Total Increase Tax	13	12	N
	Record Terminus Character		1	Value "#"

FORM 4562 PAGE 1 Depreciation and Amortization

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0847" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4562bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000030
0008	Sect 179 Summary Form Indicator		1	"X" or blank
0010	Activity		30	AN
0011	Maximum Amount	1	12	N ($250,000 unless | exception applies)
0012	Section 179 Property Cost for Current Year	2	12	N
0013	Threshold Cost	3	12	N ($800,000 unless | exception applies)
0014	Section 179 Property Adjusted	4	12	N
0018	Overall Dollar Limitation Adjusted	5	12	N
*0020	Class of Property 1	6(a)1	20	AN or "STMbnn"
+0030	Cost 1	6(b)1	12	N
+0040	Elected Cost 1	6(c)1	12	N
0050	Class of Property 2	6(a)2	20	AN

Field No.	Identification	Form Ref.	Length	Field Description
0060	Cost 2	6(b)2	12	N
0070	Elected Cost 2	6(c)2	12	N
0080	Listed Property	7(c)	12	N
0081	Section 179 Property Total Elect Cost	8	12	N
0083	Tentative Deduction	9	12	N
0088	Prior Year Carryover of Disallowed Deduction	10	12	N
0090	Business Income Limitation	11	12	N
0092	Section 179 Expense Deduction	12	12	N
0094	Next Year Carryover Amount	13	12	N
0096	Special Depreciation Allowance	14	12	N
@0098	Section 168(f)(1) Property Explanation	15	6	"STMbnn" or blank
0101	Prop Subject to Sect 168(f)(1) Election	15	12	N
@0103	ACRS Explanation	16	6	"STMbnn" or blank
0105	ACRS/Other Depreciation	16	12	N
0107	MACRS Deductions	17	12	N
0109	General Asset Account Election	18	1	"X" or blank
*0111	3-Year Cost	19a(c)	12	N or "STMbnn"
+0113	3-Year Recovery	19a(d)	2	N

Field No.	Identification	Form Ref.	Length	Field Description
+0115	3-Yr Convention	19a(e)	2	Values "HY", "MM" or "MQ"
+0120	3-Year Method Figuring	19a(f)	7	AN
+0130	3-Year Deduction	19a(g)	12	N
*0140	5-Year Cost	19b(c)	12	N or "STMbnn"
+0150	5-Year Recovery	19b(d)	2	N
+0155	5-Yr Convention	19b(e)	2	Values "HY", "MM" or "MQ"
+0160	5-Yr Method Figuring	19b(f)	7	AN
+0170	5-Year Deduction	19b(g)	12	N
*0172	7-Year Cost	19c(c)	12	N or "STMbnn"
+0174	7-Year Recovery	19c(d)	2	N
+0175	7-Yr Convention	19c(e)	2	Values "HY", "MM" or "MQ"
+0176	7-Yr Method Figuring	19c(f)	7	AN
+0178	7-Year Deduction	19c(g)	12	N
*0180	10-Year Cost	19d(c)	12	N or "STMbnn"
+0190	10-Year Recovery	19d(d)	2	N
+0195	10-Yr Convention	19d(e)	2	Values "HY", "MM" or "MQ"
+0200	10-Yr Method Figuring	19d(f)	7	AN
+0210	10-Year Deduction	19d(g)	12	N
*0220	15-Yr Cost	19e(c)	12	N or "STMbnn"
+0230	15-yr Recovery	19e(d)	2	N
+0235	15-Yr Convention	19e(e)	2	Values "HY", "MM" or "MQ"
+0240	15-Yr Method	19e(f)	7	AN

Field No.	Identification	Form Ref.	Length	Field Description
+0250	15-Year Deduction	19e(g)	12	N
*0275	20-Yr Cost	19f(c)	12	N or "STMbnn"
+0285	20-Yr Recovery	19f(d)	2	N
+0287	20-Yr Convention	19f(e)	2	Values "HY", "MM" or "MQ"
+0295	20-Yr Method	19f(f)	7	AN
+0305	20-Year Deduction	19f(g)	12	N
*0307	25-Yr Cost	19g(c)	12	N or "STMbnn"
+0309	25-Yr Convention	19g(e)	2	Values "HY", "MM" or "MQ"
+0311	25-Year Deduction	19g(g)	12	N
*0313	Residential Rental Prop Date in Service 1	19h(b)1	6	Value "YYYYMM" or "STMbnn"
+0317	Residential Rental Prop Cost 1	19h(c)1	12	N
+0333	Residential Rental Prop Deprec Ded 1	19h(g)1	12	N
0337	Residential Rental Prop Date in Service 2	19h(b)2	6	Value "YYYYMM"
0343	Residential Rental Prop Cost 2	19h(c)2	12	N
0357	Residential Rental Prop Deprec Ded 2	19h(g)2	12	N
*0363	Nonresidential Real Prop Date in Service 1	19i(b)1	6	Value "YYYYMM" or "STMbnn"
+0367	Nonresidential Real Prop Cost 1	19i(c)1	12	N
+0383	Nonresidential Real Prop Deprec Ded 1	19i(g)1	12	N

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Field No.	Identification	Form Ref.	Length	Field Description
*0387	Nonresidential Real Prop Date in Service 2	19i(b)2	6	Value "YYYYMM" or "STMbnn"
+0393	Nonresidential Real Prop Cost 2	19i(c)2	12	N
+0400	Nonresidential Recovery 2	19i(d)2	3	N
+0407	Nonresidential Real Prop Deprec Ded 2	19i(g)2	12	N
0410	Class-Life Cost	20a(c)	12	N
0415	Class-Life Recovery	20a(d)	3	N
0420	Class-Life Convention	20a(e)	2	Values "HY", "MM" or "MQ"
0425	Class-Life Deduction	20a(g)	12	N
0430	12-Yr Cost	20b(c)	12	N
0435	12-Yr Convention	20b(e)	2	Values "HY", "MM" or "MQ"
0440	12-Yr Deduction	20b(g)	12	N
0445	40-Yr Prop Date in Service	20c(b)	6	YYYYMM or blank
0450	40-Yr Cost	20c(c)	12	N
0455	40-Yr Deduction	20c(g)	12	N
0497	Listed Property	21	12	N
0500	Total Depreciation	22	12	N
0505	Sec 263A Current Year Cost	23	12	N
	Record Terminus Character		1	Value "#"

FORM 4562 PAGE 2 Depreciation and Amortization

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0871" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0510	Record ID		6	"FRMbbb"
0511	Form Number		6	"4562bb"
0512	Page Number		5	"PG02b"
0513	Taxpayer Identification Number		9	N (Primary SSN)
0514	Filler		1	blank
0515	Form Occurrence Number		7	N 0000001 - 0000030
0762	Evidence - Yes	24a	1	"X" or blank
0764	Evidence - No	24a	1	"X" or blank
0766	Written - Yes	24b	1	"X" or blank
0768	Written - No	24b	1	"X" or blank
0773	SPCL Depreciation Allowance for Qualified Listed	25h	12	N |
*0775	Description 1/ Over 50%	26(a)1	9	AN or "STMbnn"
+0780	Date Service 1/ Over 50%	26(b)1	8	YYYYMMDD
+0790	Percent Use 1/ Over 50%	26(c)1	6	R
+0800	Cost or Basis 1/ Over 50%	26(d)1	12	N
+0810	Deprec Basis 1/ Over 50%	26(e)1	12	N
+0815	Recovery Period 1/ Over 50%	26(f)1	2	N
+0822	Method 1/Over 50%	26(g)1	7	AN

Field No.	Identification	Form Ref.	Length	Field Description
+0830	Deprec Deduction 1/ Over 50%	26(h)1	12	N
+0840	179 Expense 1/ Over 50%	26(i)1	12	N
0850	Description 2/ Over 50%	26(a)2	9	AN
0860	Date Service 2/ Over 50%	26(b)2	8	YYYYMMDD
0870	Percent Use 2/ Over 50%	26(c)2	6	R
0880	Cost or Basis 2/ Over 50%	26(d)2	12	N
0890	Deprec Basis 2/ Over 50%	26(e)2	12	N
0895	Recovery Period 2/ Over 50%	26(f)2	2	N
0902	Method 2/Over 50%	26(g)2	7	AN
0910	Deprec Deduction 2/ Over 50%	26(h)2	12	N
0920	179 Expense 2/ Over 50%	26(i)2	12	N
0930	Description 3/ Over 50%	26(a)3	9	AN
0940	Dt Service 3/ Over 50%	26(b)3	8	YYYYMMDD
0950	Percent Use 3/ Over 50%	26(c)3	6	R
0960	Cost or Basis 3/ Over 50%	26(d)3	12	N
0970	Deprec Basis 3/ Over 50%	26(e)3	12	N
0975	Recovery Period 3/ Over 50%	26(f)3	2	N
0985	Method 3/Over 50%	26(g)3	7	AN

Field No.	Identification	Form Ref.	Length	Field Description
0990	Deprec Deduction 3/ Over 50%	26(h)3	12	N
1000	179 Expense 3/ Over 50%	26(i)3	12	N
*1010	Description 1/ < or = 50%	27(a)1	10	AN or "STMbnn"
+1020	Dt Service 1/ < or = 50%	27(b)1	8	YYYYMMDD
+1030	Percent Use 1/ < or = 50%	27(c)1	6	R
+1040	Cost or Basis 1/ < or = 50%	27(d)1	12	N
+1050	Deprec Basis 1/ < or = 50%	27(e)1	12	N
+1055	Recovery Period 1/ < or = 50%	27(f)1	2	N
+1060	Convention 1/ < or = 50%	27(g)1	3	Values: "HY", "MM", "MQ", "PRE" or blank
+1070	Deprec Deduction 1/ < or = 50%	27(h)1	12	N
1090	Description 2/ < or = 50%	27(a)2	10	AN
1100	Dt Service 2/ < or = 50%	27(b)2	8	YYYYMMDD
1110	Percent Use 2/ < or = 50%	27(c)2	6	R
1120	Cost or Basis 2/ < or = 50%	27(d)2	12	N
1130	Deprec Basis 2/ < or = 50%	27(e)2	12	N
1135	Recovery Period 2/ < or = 50%	27(f)2	2	N
1140	Convention 2/ < or = 50%	27(g)2	3	Values: "HY", "MM", "MQ", "PRE" or blank
1150	Deprec Deduction 2/ < or = 50%	27(h)2	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1170	Description 3/ < or = 50%	27(a)3	10	AN
1180	Dt Service 3/ < or = 50%	27(b)3	8	YYYYMMDD
1190	Percent Use 3/ < or = 50%	27(c)3	6	R
1200	Cost or Basis 3/ < or = 50%	27(d)3	12	N
1210	Deprec Basis 3/ < or = 50%	27(e)3	12	N
1215	Recovery Period 3/ < or = 50%	27(f)3	2	N
1220	Convention 3/ < or = 50%	27(g)3	3	Values: "HY", "MM", "MQ", "PRE" or blank
1230	Deprec Deduction 3/ < or - 50%	27(h)3	12	N
1500	Total Depreciation	28(h)	12	N
1600	Total Sect 179 Expense	29(i)	12	N
*1620	Business Miles 1	30(a)	6	N or "STMbnn"
+1630	Commuting Miles 1	31(a)	6	N
+1640	Other Personal Miles 1	32(a)	6	N
+1645	Total Miles 1	33(a)	6	N
1660	Business Miles 2	30(b)	6	N
1670	Commuting Miles 2	31(b)	6	N
1680	Other Personal Miles 2	32(b)	6	N
1685	Total Miles 2	33(b)	6	N
1700	Business Miles 3	30(c)	6	N
1710	Commuting Miles 3	31(c)	6	N
1720	Other Personal Miles 3	32(c)	6	N

Field No.	Identification	Form Ref.	Length	Field Description
1725	Total Miles 3	33(c)	6	N
1740	Business Miles 4	30(d)	6	N
1750	Commuting Miles 4	31(d)	6	N
1760	Other Personal Miles 4	32(d)	6	N
1765	Total Miles 4	33(d)	6	N
1780	Business Miles 5	30(e)	6	N
1790	Commuting Miles 5	31(e)	6	N
1800	Other Personal Miles 5	32(e)	6	N
1805	Total Miles 5	33(e)	6	N
1820	Business Miles 6	30(f)	6	N
1830	Commuting Miles 6	31(f)	6	N
1840	Other Personal Miles 6	32(f)	6	N
1845	Total Miles 6	33(f)	6	N
*1850	Vehicle Available Yes 1	34(a)	6	"X", "STMbnn" or blank
+1860	Vehicle Available No 1	34(a)	1	"X" or blank
+1863	Primary Use by Over 5% Owner/Relative Yes 1	35(a)	1	"X" or blank
+1867	Primary Use by Over 5% Owner/Relative No 1	35(a)	1	"X" or blank
+1870	Another Vehicle Yes 1	36(a)	1	"X" or blank
+1880	Another Vehicle No 1	36(a)	1	"X" or blank
1910	Vehicle Available Yes 2	34(b)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
1920	Vehicle Available No 2	34(b)	1	"X" or blank
1923	Primary Use by Over 5% Owner/Relative Yes 2	35(b)	1	"X" or blank
1927	Primary Use by Over 5% Owner/Relative No 2	35(b)	1	"X" or blank
1930	Another Vehicle Yes 2	36(b)	1	"X" or blank
1940	Another Vehicle No 2	36(b)	1	"X" or blank
1970	Vehicle Available Yes 3	34(c)	1	"X" or blank
1980	Vehicle Available No 3	34(c)	1	"X" or blank
1983	Primary Use by Over 5% Owner/Relative Yes 3	35(c)	1	"X" or blank
1987	Primary Use by Over 5% Owner/Relative No 3	35(c)	1	"X" or blank
1990	Another Vehicle Yes 3	36(c)	1	"X" or blank
2000	Another Vehicle No 3	36(c)	1	"X" or blank
2030	Vehicle Available Yes 4	34(d)	1	"X" or blank
2040	Vehicle Available No 4	34(d)	1	"X" or blank
2043	Primary Use by Over 5% Owner/Relative Yes 4	35(d)	1	"X" or blank
2047	Primary Use by Over 5% Owner/Relative No 4	35(d)	1	"X" or blank
2050	Another Vehicle Yes 4	36(d)	1	"X" or blank
2060	Another Vehicle No 4	36(d)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
2090	Vehicle Available Yes 5	34(e)	1	"X" or blank
2100	Vehicle Available No 5	34(e)	1	"X" or blank
2103	Primary Use by Over 5% Owner/Relative Yes 5	35(e)	1	"X" or blank
2107	Primary Use by Over 5% Owner/Relative No 5	35(e)	1	"X" or blank
2110	Another Vehicle Yes 5	36(e)	1	"X" or blank
2120	Another Vehicle No 5	36(e)	1	"X" or blank
2150	Vehicle Available Yes 6	34(f)	1	"X" or blank
2160	Vehicle Available No 6	34(f)	1	"X" or blank
2163	Primary Use by Over 5% Owner/Relative Yes 6	35(f)	1	"X" or blank
2167	Primary Use by Over 5% Owner/Relative No 6	35(f)	1	"X" or blank
2170	Another Vehicle Yes 6	36(f)	1	"X" or blank
2180	Another Vehicle No 6	36(f)	1	"X" or blank
2190	Commuting Statement Yes	37	1	"X" or blank
2200	Commuting Statement No	37	1	"X" or blank
2210	Non-Commuting Statement Yes	38	1	"X" or blank
2220	Non-Commuting Statement No	38	1	"X" or blank

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Field No.	Identification	Form Ref.	Length	Field Description
2230	All Personal Use Yes	39	1	"X" or blank
2240	All Personal Use No	39	1	"X" or blank
2250	More Than 5 Yes	40	1	"X" or blank
2260	More Than 5 No	40	1	"X" or blank
2270	Meet Requirements Yes	41	1	"X" or blank
2280	Meet Requirements No	41	1	"X" or blank
*2290	Descrip of Costs 1	42(a)1	20	AN or "STMbnn"
+2300	Date Amortiz. 1	42(b)1	8	YYYYMMDD
+2310	Amortizable Amt 1	42(c)1	12	N
+2320	Code Section 1	42(d)1	9	AN
+2330	Amortization Period or Percentage 1	42(e)1	6	AN
+2340	Amortization 1	42(f)1	12	N
2350	Descrip of Costs 2	42(a)2	20	AN
2360	Date Amortiz. 2	42(b)2	8	YYYYMMDD
2370	Amortizable Amt 2	42(c)2	12	N
2380	Code Section 2	42(d)2	9	AN
2390	Amortization Period or Percentage 2	42(e)2	6	AN
2400	Amortization 2	42(f)2	12	N
2410	Amortization Pre-Current Year Property	43	12	N
2420	Total Amortization	44	12	N
	Record Terminus Character		1	Value "#"

FORM 4563 Exclusion of Income For Bona Fide Residents ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0716" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	Value "FRMbbb"
0001	Form Number		6	"4563bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Name of Taxpayer with Exclusion		35	AN
0020	Taxpayer SSN		9	N
0030	Date Bona Fide Residence Began	1	8	DT
0040	Date Bona Fide Residence Ended		8	YYYYMMDD or Blank, and literal "CONTINUE"
0050	Rented Room	2	1	"X" or blank
0060	Rented House or Apartment	2	1	"X" or blank
0070	Quarters Furnished by Employer	2	1	"X" or blank
0080	Purchased Home	2	1	"X" or blank
0090	Family Living with You - Yes	3a	1	"X" or blank
0100	Family Living with You - No	3a	1	"X" or blank

FORM 4563 Exclusion of Income For Bona Fide Residents ...

Field No.	Identification	Form Ref.	Length	Field Description
*0110	Yes - Relationship	3b	11	Values: "CHILD", "FOSTERCHILD", "GRANDCHILD", "GRANDPARENT", "PARENT", "BROTHER", "SISTER", "AUNT", "UNCLE", "NEPHEW", "NIECE", "NONE", "SON", "DAUGHTER", "SPOUSE", "OTHER" or "STMbnn"
+0120	Period	3b	25	AN
0130	Maintain Home Outside American Samoa - Yes	4a	1	"X" or blank
0140	Maintain Home Outside American Samoa - No	4a	1	"X" or blank
*0150	Home Address	4b	60	AN, "STMbnn" or blank
+0160	Home Status	4b	6	"RENTED" or blank
*+0170	Occupant Name	4b	35	AN, "STMbnn" or blank
+0180	Occupant Relationship	4b	11	Values: "CHILD", "FOSTERCHILD", "GRANDCHILD", "GRANDPARENT", "PARENT", "BROTHER", "SISTER", "AUNT", "UNCLE", "NEPHEW", "NIECE", "NONE", "SON", DAUGHTER", "SPOUSE", "OTHER"
0190	Employer's Name	5	45	AN, Allowable Special Characters are: Space (), less-than (<), hyphen (-), and ampersand (&)

Field No.	Identification	Form Ref.	Length	Field Description
0200	Employer's Address	5	70	AN, Allowable Special Characters are: space (), slash (/), hyphen (-), and literal "NONE"
*0210	Date Left American Samoa - 1	6a-1	8	DT or blank, "STMbnn"
+0220	Date Returned To American Samoa - 1	6b-1	8	DT or blank
+0230	Number of Days Absent - 1	6c-1	3	"nnn" or blank
+0240	Reason for Absence - 1	6d-1	35	AN or blank
0250	Date Left American Samoa - 2	6a-2	8	DT or blank
0260	Date Returned To American Samoa - 2	6b-2	8	DT or blank
0270	Number of Days Absent - 2	6c-2	3	"nnn" or blank
0280	Reason for Absence - 2	6d-2	35	AN or blank
0290	Date Left American Samoa - 3	6a-3	8	DT or blank
0300	Date Returned To American Samoa - 3	6b-3	8	DT or blank
0310	Number of Days Absent - 3	6c-3	3	"nnn" or blank
0320	Reason for Absence - 3	6d-3	35	AN or blank
0330	Date Left American Samoa - 4	6a-4	8	DT or blank
0340	Date Returned to American Samoa - 4	6b-4	8	DT or blank

FORM 4563 Exclusion of Income For Bona Fide Residents ...

Field No.	Identification	Form Ref.	Length	Field Description
0350	Number of Days Absent - 4	6c-4	3	"nnn" or blank
0360	Reason for Absence - 4	6d-4	35	AN or blank
0370	Wages, Salaries, Tips, etc.	7	12	N
0380	Taxable Interest	8	12	N
0390	Ordinary Dividends	9	12	N
0400	Business Income	10	12	N
0410	Capital Gain	11	12	N
0420	Rental Real Estate, Royalties, etc	12	12	N
0430	Farm Income	13	12	N
*0440	Type of Other Income	14	6	"AN", "MSA", "LTC", or "STMbnn" or blank
+0445	Amount of Other Income	14	12	N
0450	Total Other Income	14	12	N
0460	Amount Excluded From Gross Income	15	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0836" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4684bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
*0010	Property Desc A (1)	1A	56	AN or "STMbnn"
+0020	Cost or Other Basis (1)	2A	12	N
+0030	Insurance (1)	3A	12	N
*+0040	Gain from Casualty or Theft (1)	4A	12	N or "STMbnn"
+0050	Fair Market Value Before Theft (1)	5A	12	N
+0060	Fair Market Value After Theft (1)	6A	12	N
+0070	Line 5 minus Line 6 (1)	7A	12	N
+0080	Smaller of Line 2 or Line 7 (1)	8A	12	N
+0090	Line 8 minus line 3 (1)	9A	12	N
0100	Property Desc B (2)	1B	56	AN
0110	Cost or Other Basis (2)	2B	12	N

FORM 4684 PAGE 1 Casualties and Thefts

Field No.	Identification	Form Ref.	Length	Field Description
0120	Insurance (2)	3B	12	N
0130	Gain from Casualty or Theft (2)	4B	12	N
0140	Fair Market Value Before Theft (2)	5B	12	N
0150	Fair Market Value After Theft (2)	6B	12	N
0160	Line 5 minus Line 6 (2)	7B	12	N
0170	Smaller of Line 2 or Line 7 (2)	8B	12	N
0180	Line 8 minus Line 3 (2)	9B	12	N
0190	Property Desc C (3)	1C	56	AN
0200	Cost or Other Basis (3)	2C	12	N
0210	Insurance (3)	3C	12	N
0220	Gain from Casualty or Theft (3)	4C	12	N
0230	Fair Market Value Before Theft (3)	5C	12	N
0240	Fair Market Value After Theft (3)	6C	12	N
0250	Line 5 minus Line 6 (3)	7C	12	N
0260	Smaller of Line 2 or Line 7 (3)	8C	12	N
0270	Line 8 minus Line 3 (3)	9C	12	N
0280	Property Desc D (4)	1D	56	AN
0290	Cost or Other Basis (4)	2D	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0300	Insurance (4)	3D	12	N
0310	Gain from Casualty or Theft (4)	4D	12	N
0320	Fair Market Value Before Theft (4)	5D	12	N
0330	Fair Market Value After Theft (4)	6D	12	N
0340	Line 5 minus Line 6 (4)	7D	12	N
0350	Smaller of Line 2 or Line 7 (4)	8D	12	N
0360	Line 8 minus Line 3 (4)	9D	12	N
0370	Total Casualty or Theft Loss	10	12	N
0380	Applicable Amount	11	12	N
0390	Net Casualty or Theft Loss	12	12	N
0400	Total Line 12 Amount	13	12	N
0410	Total Casualty or Theft Gain	14	12	N
0420	Line 14 more than Line 13	15	12	N
0430	Line 13 more than Line 14	16	12	N
0435	Add Amount from Line 12	17	12	N ||
0439	Yes Box Indicator	18a	1	"X" or blank ||
0441	No Box Indicator	18a	1	"X" or blank ||
0443	Total Amount from Box Ind	18a	12	N ||

FORM 4684 PAGE 1 Casualties and Thefts

Field No.	Identification	Form Ref.	Length	Field Description
0445	State/Local Taxes Box Ind	18b	1	"X" or blank
0446	Line 16 Minus Line 18a	19	12	N
0448	Add Amounts on Line 12	20	12	N
0450	No Box Indicator	21	1	"X" or blank
0452	Yes Box Indicator	21	1	"X" or blank
0454	Total Amount from Box Ind	21	12	N
0456	10% of Adjusted Gross Income	22	12	N
0458	Subtract Line 22 from Line 21	23	12	N
0459	Add Lines 18a, 20 and 23	24	12	N
	Record Terminus Character		1	Value "#"

FORM 4684 PAGE 2 Casualties and Thefts

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1104" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0460	Record ID		6	"FRMbbb"
0461	Form Number		6	"4684bb"
0462	Page Number		5	"PG02b"
0463	Taxpayer Identification Number		9	N (Primary SSN)
0464	Filler		1	blank
0465	Form Occurrence Number		7	N 0000001 - 0000005
*0470	Property Desc A (1)	25A	56	AN or "STMbnn" ||
+0480	Cost or Adj Basis (1)	26A	12	N ||
+0490	Insurance (1)	27A	12	N ||
*+0500	Gain from Casualty or Theft (1)	28A	12	N or "STMbnn" ||
+0510	Fair Market Value Before Theft (1)	29A	12	N ||
+0520	Fair Market Value After Theft (1)	30A	12	N ||
+0530	Net Fair Market (1)	31A	12	N ||
+0540	Property Basis or Net Fair Market (1)	32A	12	N ||
+0545	Form 8829 Indicator	33A	5	"F8829" or blank ||
+0550	Net Property Loss (1)	33A	12	N ||
0560	Property Desc B (2)	25B	56	AN ||
0570	Cost or Adj Basis (2)	26B	12	N ||

Field No.	Identification	Form Ref.	Length	Field Description	
0580	Insurance (2)	27B	12	N	||
0590	Gain from Casualty or Theft (2)	28B	12	N	||
0600	Fair Market Value Before Theft (2)	29B	12	N	||
0610	Fair Market Value After Theft (2)	30B	12	N	||
0620	Net Fair Market (2)	31B	12	N	||
0630	Property Basis or Net Fair Market (2)	32B	12	N	||
0635	Form 8829 Indicator	33B	5	"F8829" or blank	||
0640	Net Property Loss (2)	33B	12	N	||
0650	Property Desc C (3)	25C	56	AN	||
0660	Cost or Adj Basis (3)	26C	12	N	||
0670	Insurance (3)	27C	12	N	||
0680	Gain from Casualty or Theft (3)	28C	12	N	||
0690	Fair Market Value Before Theft (3)	29C	12	N	||
0700	Fair Market Value After Theft (3)	30C	12	N	||
0710	Net Fair Market (3)	31C	12	N	||
0720	Property Basis or Net Fair Market (3)	32C	12	N	||
0725	Form 8829 Indicator	33C	5	"F8829" or blank	||
0730	Net Property Loss (3)	33C	12	N	||
0740	Property Desc D (4)	25D	56	AN	||
0750	Cost or Adj Basis (4)	26D	12	N	||

Field No.	Identification	Form Ref.	Length	Field Description	
0760	Insurance (4)	27D	12	N	||
0770	Gain from Casualty or Theft (4)	28D	12	N	||
0780	Fair Market Value Before Theft (4)	29D	12	N	||
0790	Fair Market Value After Theft (4)	30D	12	N	||
0800	Net Fair Market (4)	31D	12	N	||
0810	Property Basis or Net Fair Market (4)	32D	12	N	||
0815	Form 8829 Indicator	33D	5	"F8829" or blank	||
0820	Net Property Loss (4)	33D	12	N	||
@0825	Casualties Computation	33	6	"STMbnn" or blank	||
0830	Total Casualty or Theft Loss	34	12	N	||
*0840	Short - Casualty or Theft Desc (1)	35(a)	25	AN or "STMbnn"	||
+0850	Short - Trade or Rental Property (1)	35(b)(i)	12	N	||
+0860	Short - Income Producing Property (1)	35(b)(ii)	12	N	||
+0870	Short - Gains from Casualties or Thefts (1)	35(c)	12	N	||
0880	Short - Casualty or Theft Desc (2)	35(a)	25	AN	||
0890	Short - Trade or Rental Property (2)	35(b)(i)	12	N	||
0900	Short - Income Producing Property (2)	35(b)(ii)	12	N	||

Field No.	Identification	Form Ref.	Length	Field Description	
0910	Short - Gains from Casualties or Thefts (2)	35(c)	12	N	||
0920	Short - Totals Trade, Business	36(b)(i)	12	N	||
0930	Short - Totals Income Producing Property	36(b)(ii)	12	N	||
0940	Short - Totals Gains from Casualties or Thefts	36(c)	12	N	||
0948	PAL Indicator	37(c)	3	"PAL" or blank	||
0950	Net Gain or (Loss)	37(c)	12	N	||
0958	PAL Indicator	38(c)	3	"PAL" or blank	||
0960	Amount on Line 30(b)(ii)	38(c)	12	N	||
0970	Casualty or Theft Gains from F4797	39(c)	12	N	||
*0980	Long - Casualty or Theft Desc (1)	40(a)	25	AN or "STMbnn"	||
+0990	Long - Trade Rental Property (1)	40(b)(i)	12	N	||
+1000	Long - Income Producing Property (1)	40(b)(ii)	12	N	||
+1010	Long - Gains from Casualties or Thefts(1)	40(c)	12	N	||
1020	Long - Casualty or Theft Desc (2)	40(a)	25	AN	||
1030	Long - Trade Rental Property (2)	40(b)(i)	12	N	||
1040	Long - Income Producing Property (2)	40(b)(ii)	12	N	||

FORM 4684 PAGE 2 Casualties and Thefts

Field No.	Identification	Form Ref.	Length	Field Description	
1050	Long - Gains from Casualties or Thefts (2)	40(c)	12	N	||
1060	Long - Total Losses Trade, Business	41(b)(i)	12	N	||
1070	Long - Total Losses Income Producing Property	41(b)(ii)	12	N	||
1080	Long - Total Gains	42	12	N	||
1090	Add Line 38 Amounts Cols (b)(i) and (b)(ii)	43	12	N	||
1098	PAL Indicator	44(a)	3	"PAL" or blank	||
1100	Net Gain or (Loss)	44(a)	12	N	||
1108	PAL Indicator	44(b)	3	"PAL" or blank	||
1110	Line 38 Amount Col (b)(ii)	44(b)	12	N	||
1115	PAL Indicator	45	3	"PAL" or blank	||
1120	Loss Equal to or Smaller than Gain	45	12	N	||
	Record Terminus Character		1	Value "#"	

FORM 4797 PAGE 1 Sales of Business Property

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1402" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4797bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0030	Current Year Gross Proceeds	1	12	N
*0040	Property Desc 1	2a(1)	80	AN or "STMbnn"
*+0050	Date Acquired 1	2b(1)	8	YYYYMMDD or "INHERIT" or "STMbnn" or blank
+0060	Date Sold 1	2c(1)	8	YYYYMMDD
+0070	Gross Sales Price 1	2d(1)	12	N or "LIKE-KIND"
+0080	Depreciation Allwd 1	2e(1)	12	N
+0090	Cost/Other Basis 1	2f(1)	12	N
+0095	Property Gain/Loss 1	2g(1)	12	N
0120	Property Desc 2	2a(2)	80	AN
0130	Date Acquired 2	2b(2)	8	YYYYMMDD or "INHERIT" or blank
0140	Date Sold 2	2c(2)	8	YYYYMMDD
0150	Gross Sales Price 2	2d(2)	12	N or "LIKE-KIND"
0160	Depreciation Allwd 2	2e(2)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0170	Cost/Other Basis 2	2f(2)	12	N
0175	Property Gain/Loss 2	2g(2)	12	N
0200	Property Desc 3	2a(3)	80	AN |
0210	Date Acquired 3	2b(3)	8	YYYYMMDD or "INHERIT" or blank
0220	Date Sold 3	2c(3)	8	YYYYMMDD
0230	Gross Sales Price 3	2d(3)	12	N or "LIKE-KIND" |
0240	Depreciation Allwd 3	2e(3)	12	N
0250	Cost/Other Basis 3	2f(3)	12	N
0255	Property Gain/Loss 3	2g(3)	12	N
0280	Property Desc 4	2a(4)	80	AN |
0290	Date Acquired 4	2b(4)	8	YYYYMMDD or "INHERIT" or blank
0300	Date Sold 4	2c(4)	8	YYYYMMDD
0310	Gross Sales Price 4	2d(4)	12	N or "LIKE-KIND" |
0320	Depreciation Allwd 4	2e(4)	12	N
0330	Cost/Other Basis 4	2f(4)	12	N
0335	Property Gain/Loss 4	2g(4)	12	N
0440	Gain/Loss (Form 4684 Sec B Gain)	3(g)	12	N
0450	Gain/Loss (Form 6252 Sec 1231)	4(g)	12	N
0456	Gain/Loss (Form 8824 Sec 1231)	5(g)	12	N or blank
0461	Gain from Part III	6(g)	12	N
0482	Tot Property Gain/ Loss	7(g)	12	N
0500	Nonrecaptured Net Sec 1231 Prior Year Losses	8(g)	12	N

FORM 4797 PAGE 1 Sales of Business Property

Field No.	Identification	Form Ref.	Length	Field Description
0511	Tot Gain/Loss (Sec 1231 Recapture)	9(g)	12	N
*0520	Property Held Desc 1	10a(1)	80	AN or "STMbnn" |
*+0530	Date Acquired 1	10b(1)	8	YYYYMMDD or "INHERIT" | or "STMbnn" or blank
+0540	Date Sold 1	10c(1)	8	YYYYMMDD
+0550	Gross Sales Price 1	10d(1)	12	N
+0560	Depreciation Allwd 1	10e(1)	12	N
+0570	Cost/Other Basis 1	10f(1)	12	N
+0575	Property Held Gain/ Loss 1	10g(1)	12	N |
0600	Property Held Desc 2	10a(2)	80	AN |
0610	Date Acquired 2	10b(2)	8	YYYYMMDD or "INHERIT" or blank
0620	Date Sold 2	10c(2)	8	YYYYMMDD
0630	Gross Sales Price 2	10d(2)	12	N |
0640	Depreciation Allwd 2	10e(2)	12	N
0650	Cost/Other Basis 2	10f(2)	12	N
0655	Property Held Gain/ Loss 2	10g(2)	12	N
0680	Property Held Desc 3	10a(3)	80	AN |
0690	Date Acquired 3	10b(3)	8	YYYYMMDD or "INHERIT" or blank
0700	Date Sold 3	10c(3)	8	YYYYMMDD
0710	Gross Sales Price 3	10d(3)	12	N |
0720	Depreciation Allwd 3	10e(3)	12	N
0730	Cost/Other Basis 3	10f(3)	12	N
0735	Property Held Gain/ Loss 3	10g(3)	12	N

FORM 4797 PAGE 1 Sales of Business Property

Field No.	Identification	Form Ref.	Length	Field Description
0760	Property Held Desc 4	10a(4)	80	AN |
0770	Date Acquired 4	10b(4)	8	YYYYMMDD or "INHERIT" or blank
0780	Date Sold 4	10c(4)	8	YYYYMMDD
0790	Gross Sales Price 4	10d(4)	12	N |
0800	Depreciation Allwd 4	10e(4)	12	N
0810	Cost/Other Basis 4	10f(4)	12	N
0815	Property Held Gain/ Loss 4	10g(4)	12	N
0925	Total Ordinary Loss	11(g)	12	N
0930	Total Property Gain or Nonrecap Loss Part I	12(g)	12	N
0940	Gain from Part III Summary	13(g)	12	N
0948	PAL Indicator	14	3	"PAL" or blank
0955	Net Gain/Loss from Form 4684	14(g)	12	N
0970	Ordinary Gain from Form 6252	15(g)	12	N
0974	Form 8824 Ordinary Gain/Loss for Entire Yr	16(g)	12	N or blank
1005	Combine Lines 10 through 16	17	12	N
1020	Form 4684 Loss	18a	12	N
1030	Redetermined Gain/ Loss	18b	12	N
	Record Terminus Character		1	Value "#"

FORM 4797 PAGE 2 Sales of Business Property

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1543" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1040	Record ID		6	"FRMbbb"
1041	Form Number		6	"4797bb"
1042	Page Number		5	"PG02b"
1043	Taxpayer Identification Number		9	N (Primary SSN)
1044	Filler		1	blank
1045	Form Occurrence Number		7	N 0000001
*1050	Property Description (1)	19(A)	80	AN or "STMbnn"
*+1060	Date Acquired (1)	19(A)	8	YYYYMMDD or "STMbnn"
+1070	Date Sold (1)	19(A)	8	YYYYMMDD
+1080	Gross Sales Price (1)	20(A)	12	N
+1090	Cost Or Other Basis Plus Exp of Sale (1)	21(A)	12	N
+1100	Depreciation Allowed (1)	22(A)	12	N
+1110	Adjusted Basis (1)	23(A)	12	N
+1120	Total Gain (1)	24(A)	12	N
1130	Property Description (2)	19(B)	80	AN
1140	Date Acquired (2)	19(B)	8	YYYYMMDD
1150	Date Sold (2)	19(B)	8	YYYYMMDD
1160	Gross Sales Price (2)	20(B)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1170	Cost Or Other Basis Plus Exp of Sale (2)	21(B)	12	N
1180	Depreciation Allowed (2)	22(B)	12	N
1190	Adjusted Basis (2)	23(B)	12	N
1200	Total Gain (2)	24(B)	12	N
1210	Property Description (3)	19(C)	80	AN
1220	Date Acquired (3)	19(C)	8	YYYYMMDD
1230	Date Sold (3)	19(C)	8	YYYYMMDD
1240	Gross Sales Price (3)	20(C)	12	N
1250	Cost Or Other Basis Plus Exp of Sale (3)	21(C)	12	N
1260	Depreciation Allowed (3)	22(C)	12	N
1270	Adjusted Basis (3)	23(C)	12	N
1280	Total Gain (3)	24(C)	12	N
1290	Property Description (4)	19(D)	80	AN
1300	Date Acquired (4)	19(D)	8	YYYYMMDD
1310	Date Sold (4)	19(D)	8	YYYYMMDD
1320	Gross Sales Price (4)	20(D)	12	N
1330	Cost Or Other Basis Plus Exp of Sale (4)	21(D)	12	N
1340	Depreciation Allowed (4)	22(D)	12	N
1350	Adjusted Basis (4)	23(D)	12	N
1360	Total Gain (4)	24(D)	12	N
*1370	Depreciation For Property (1)	25a (A)	12	N or "STMbnn"

Field No.	Identification	Form Ref.	Length	Field Description
+1380	Section 1245 Property Accepted Amount (1)	25b (A)	12	N
1390	Depreciation For Property (2)	25a (B)	12	N
1400	Section 1245 Property Accepted Amount (2)	25b (B)	12	N
1410	Depreciation For Property (3)	25a (C)	12	N
1420	Section 1245 Property Accepted Amount (3)	25b (C)	12	N
1430	Depreciation For Property (4)	25a (D)	12	N
1440	Section 1245 Property Accepted Amount (4)	25b (D)	12	N
*1450	Additional Depreciation After 12/31/75 (1)	26a (A)	12	N or "STMbnn"
+1460	Applicable Pcntg Amt (1)	26b (A)	12	N
+1470	Gain Less Depreciation After 12/31/75 (1)	26c (A)	12	N
+1480	Additional Deprec Aft 12/31/69, Bef 1/1/76 (1)	26d (A)	12	N
*+1490	Applicable Pcntg Amt (1)	26e (A)	12	N or "STMbnn"
+1500	Section 291 Amount (1)	26f (A)	12	NO ENTRY
+1510	Itemized Depreciation (1)	26g (A)	12	N
1520	Additional Depreciation After 12/31/75 (2)	26a (B)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1530	Applicable Pcntg Amt (2)	26b (B)	12	N
1540	Gain Less Depreciation After 12/31/75 (2)	26c (B)	12	N
1550	Additional Deprec Aft 12/31/69, Bef 1/1/76 (2)	26d (B)	12	N
1560	Applicable Pcntg Amt (2)	26e (B)	12	N
1570	Section 291 Amount (2)	26f (B)	12	NO ENTRY
1580	Itemized Depreciation (2)	26g (B)	12	N
1590	Additional Depreciation After 12/31/75 (3)	26a (C)	12	N
1600	Applicable Pcntg Amt (3)	26b (C)	12	N
1610	Gain Less Depreciation After 12/31/75 (3)	26c (C)	12	N
1620	Additional Deprec Aft 12/31/69, Bef 1/1/75 (3)	26d (C)	12	N
1630	Applicable Pcntg Amt (3)	26e (C)	12	N
1640	Section 291 Amount (3)	26f (C)	12	NO ENTRY
1650	Itemized Depreciation (3)	26g (C)	12	N
1660	Additional Depreciation After 12/31/75 (4)	26a (D)	12	N
1670	Applicable Pcntg Amt (4)	26b (D)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1680	Gain Less Depreciation After 12/31/75 (4)	26c (D)	12	N
1690	Additional Deprec Aft 12/31/69, Bef 1/1/75 (4)	26d (D)	12	N
1700	Applicable Pctng Amt (4)	26e (D)	12	N
1710	Section 291 Amount (4)	26f (D)	12	NO ENTRY
1720	Itemized Depreciation (4)	26g (D)	12	N
*1730	Soil Water Land Clearing Exp (1)	27a (A)	12	N or "STMbnn"
+1740	Applicable Pcntg Amt (1)	27b (A)	12	N
+1750	Smaller of Total Gain or Applicable Pcntg (1)	27c (A)	12	N
1760	Soil Water Land Clearing Exp (2)	27a (B)	12	N
1770	Applicable Pcntg Amt (2)	27b (B)	12	N
1780	Smaller of Total Gain or Applicable Pcntg (2)	27c (B)	12	N
1790	Soil Water Land Clearing Exp (3)	27a (C)	12	N
1800	Applicable Pcntg Amt (3)	27b (C)	12	N
1810	Smaller of Total Gain or Applicable Pcntg (3)	27c (C)	12	N
1820	Soil Water Land Clearing Exp (4)	27a (D)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1830	Applicable Pcntg Amt (4)	27b (D)	12	N
1840	Smaller of Total Gain or Applicable Pcntg (4)	27c (D)	12	N
*1850	Intangible Drilling & Devlpmt Costs (1)	28a (A)	12	N or "STMbnn"
+1860	Smaller of Total Gain or Intangible (1)	28b (A)	12	N
1870	Intangible Drilling & Devlpmt Costs (2)	28a (B)	12	N
1880	Smaller of Total Gain or Intangible (2)	28b (B)	12	N
1890	Intangible Drilling & Devlpmt Cost (3)	28a (C)	12	N
1900	Smaller of Total Gain or Intangible (3)	28b (C)	12	N
1910	Intangible Drilling & Devlpmt Costs (4)	28a (D)	12	N
1920	Smaller of Total Gain or Intangible (4)	28b (D)	12	N
*1930	Applicable Pcntg Excluded From Income (1)	29a (A)	12	N or "STMbnn"
+1940	Smaller Tot Gain/ Applicable Excluded from Inc (1)	29b (A)	12	N
1950	Applicable Pcntg Excluded From Income (2)	29a (B)	12	N
1960	Smaller Tot Gain/ Applicable Excluded from Inc (2)	29b (B)	12	N

FORM 4797 PAGE 2 Sales of Business Property

Field No.	Identification	Form Ref.	Length	Field Description
1970	Applicable Pcntg Excluded From Income (3)	29a (C)	12	N
1980	Smaller Tot Gain/ Applicable Excluded from Inc (3)	29b (C)	12	N
1990	Applicable Pcntg Excluded From Income (4)	29a (D)	12	N
2000	Smaller Tot Gain/ Applicable Excluded from Inc (4)	29b (D)	12	N
2010	Total Gains For All Properties	30	12	N
2020	Part III Exclusions	31	12	N
2030	Part III Net Gains	32	12	N or "NA"
*2070	Sect 179 Expense Ded	33a	12	N or "STMbnn"
+2080	Sect 280F Rcvry Ded	33b	12	N
2090	Sect 179 Depreciation or Recovery Deduction	34a	12	N
2100	Sect 280F Depreciation or Recovery Deduction	34b	12	N
2110	Sect 179 Recapture Amount	35a	12	N
2120	Sect 280F Recapture Amount	35b	12	N
	Record Terminus Character		1	Value "#"

FORM 4835 Farm Rental Income and Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0753" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4835bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0010	EIN		9	N or blank
0030	Farm Participation-Yes	A	1	"X" or blank
0035	Farm Participation-No	A	1	"X" or blank
0050	Income Production of Livestock	1	12	N
0060	Total Coop Distribution	2a	12	N
0075	Taxable Amount	2b	12	N
0090	Agricultural Program Payments	3a	12	N
0095	Taxable Amount	3b	12	N
@0100	Commodity Credit Loans Explan	4a	6	"STMbnn" or blank
0110	Commodity Credit Loans Amt	4a	12	N
0112	Commodity Credit Loans Forfeited	4b	12	N

FORM 4835 Farm Rental Income and Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0115	Taxable Amount	4c	12	N
0120	Crop Insur Proceeds Amt	5a	12	N
0122	Taxable Amount	5b	12	N
@0123	Election to Def Explanation	5c	6	"STMbnn" or blank
0124	Election to Defer Ind	5c	1	"X" or blank
0126	Deferred Amount	5d	12	N
0140	Other Income, Fed & State Tax Cr	6	12	N
0150	Gross Farm Rents	7	12	N
0165	Car and Truck Expense	8	12	N
0170	Chemicals	9	12	N
0180	Conservation Expenses	10	12	N
0185	Custom Hire (Machine Work)	11	12	N
0190	Depreciation/Sec. 179 Expense Deduction	12	12	N
0200	Employee Benefit Program	13	12	N
0210	Feed Purchased	14	12	N
0220	Fertilizer and lime	15	12	N
0230	Freight, Trucking	16	12	N
0240	Gasoline, fuel oil	17	12	N
0250	Insurance	18	12	N
@0255	Form 1098 Explanation	19a	6	"STMbnn" or blank

FORM 4835 Farm Rental Income and Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0260	Mortgage Interest Paid	19a	12	N
@0265	1098 Name/Address		6	"STMbnn" or blank
0270	Other Interest	19b	12	N
0280	Labor Hired	20	12	N
0320	Pension/ Profit-sharing Plans	21	12	N
0330	Rent or Lease Deduction Machinery/ Equipment	22a	12	N
0335	Rent or Lease Deduction Farm/ Pasture/Animals	22b	12	N
0340	Repairs, Maintenance	23	12	N
0350	Seeds, Plants Purchased	24	12	N
0370	Storage, Warehousing	25	12	N
0380	Supplies Purchased	26	12	N
0390	Taxes	27	12	N
0400	Utilities	28	12	N
0410	Veterinary Fees Medicine Breeding	29	12	N
*0420	Other Expenses Desc a	30a	15	AN or "STMbnn"
+0430	Other Expense Amount a	30a	12	N
0440	Other Expenses Desc b	30b	15	AN
0450	Other Expense Amount b	30b	12	N
0460	Other Expenses Desc c	30c	15	AN

FORM 4835 Farm Rental Income and Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0470	Other Expense Amount c	30c	12	N
0480	Other Expenses Desc d	30d	15	AN
0490	Other Expense Amount d	30d	12	N
0500	Other Expenses Desc e	30e	15	AN
0510	Other Expense Amount e	30e	12	N
0511	Other Expenses Desc f	30f	15	AN
0512	Other Expense Amount f	30f	12	N
0513	Other Expenses Desc g	30g	15	AN
0514	Other Expense Amount g	30g	12	N
0600	Deductions from Part II (Total Expenses)	31	12	N
0605	PAL Indicator	32	3	"PAL" or blank
0610	Net Farm Rent Profit	32	12	N
0615	All is At Risk Ind	33a	1	"X" or blank
0620	Some is Not at Risk	33b	1	"X" or blank
0630	Net Farm Rent (Loss)	33c	12	N
	Record Terminus Character		1	Value "#"

FORM 4952 Investment Interest Expense Deduction

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0239" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4952bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Investment Interest Expense	1	12	N
0020	Carryover Disallowed Interest Expense	2	12	N
0030	Total Investment Interest	3	12	N
0032	Investment Property Gross Income	4a	12	N
0070	Qualified Dividends	4b	12	N
0080	Subtract Line 4b from Line 4a	4c	12	N
0090	Disposed Net Gain	4d	12	N
0100	Disposed Net Capital Gain	4e	12	N
0102	Election Literal	4e	4	"ELEC" or blank
0104	Election Literal Amount	4e	12	N

FORM 4952 Investment Interest Expense Deduction

Field No.	Identification	Form Ref.	Length	Field Description
0110	Subtract Line 4e from Line 4d	4f	12	N
0120	Investment Capital Gain	4g	12	N
0130	Investment Income	4h	12	N
0140	Investment Expenses	5	12	N
0150	Net Investment Income	6	12	N
0160	Carry Forward Disallowed Interest Expense	7	12	N
0170	Investment Interest Expense Deduction	8	12	N
	Record Terminus Character		1	Value "#"

FORM 4970 Tax on Accumulation Distribution of...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0827" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4970bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Name of Person Subject to Trust Tax	A	35	A, hyphen (-), less than (<), or blank
0020	SSN of Person Subject to Trust Tax	B	9	N
0030	Name of Trust	C	35	AN
0040	Street Address	C	35	AN
0050	City/State/Zip	C	33	AN
0060	Employer Identification Number	D	9	N
0070	Domestic Indicator	E	1	"X" or blank
0080	Foreign Indicator	E	1	"X" or blank
0090	Beneficiary Date of Birth	F	8	DT
0100	Number of Trust Distributions	G	2	N
0110	Prior Years Dist. Amt.	1	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0120	Pre-Born/21 Dist. Amt.	2	12	N
0130	Net Distribution Amount	3	12	N
0140	Net Amount Tax	4	12	N
0150	Total Amount	5	12	N
0160	Tax Exempt Interest	6	12	N
0170	Taxable Amount	7	12	N
0180	Number of Dist. Years	8	2	N
0190	Annual Average of Dist. Amount	9	12	N
0200	Quarter Average of Dist. Amount	10	12	N
0210	Number of Accounted Earlier Years	11	2	N
0220	Recomputing Average	12	12	N
0230	Prior Year Pre-Dist. Taxable Income (a)	13a	12	N
0240	Prior Year Pre-Dist. Taxable Income (b)	13b	12	N
0250	Prior Year Pre-Dist. Taxable Income (c)	13c	12	N
0260	Prior Year Pre-Dist. Taxable Income (d)	13d	12	N
0270	Prior Year Pre-Dist. Taxable Income (e)	13e	12	N
0280	Mid Year Digits (a)	Part 2(a)2	4	N

Field No.	Identification	Form Ref.	Length	Field Description
0290	Mid Year Pre-Dist. Taxable Income (a)	14a	12	N
0300	Recomputing Average Repeated (a)	15a	12	N
0310	Recomputed Income (a)	16a	12	N
0320	Income Tax (a)	17a	12	N
0330	Pre-Credit Tax (a)	18a	12	N
0340	Additional Tax (a)	19a	12	N
0350	Tax Credit (a)	20a	12	N
0360	Net Tax (a)	21a	12	N
0370	Alternative Min. Tax Adjustment (a)	22a	12	N
0380	Adjusted Net Tax (a)	23a	12	N
0390	Mid Year Digits (b)	Part 2(b)	4	N
0400	Mid Year Pre-Dist. Taxable Income (b)	14b	12	N
0410	Recomputing Average Repeated (b)	15b	12	N
0420	Recomputed Income (b)	16b	12	N
0430	Income Tax (b)	17b	12	N
0440	Pre-Credit Tax (b)	18b	12	N
0450	Additional Tax (b)	19b	12	N
0460	Tax Credit (b)	20b	12	N
0470	Net Tax (b)	21b	12	N
0480	Alternative Min. Tax Adjustment (b)	22b	12	N
0490	Adjusted Net Tax (b)	23b	12	N

FORM 4970 Tax on Accumulation Distribution of...

Field No.	Identification	Form Ref.	Length	Field Description
0500	Mid Year Digits (c)	Part 2(c)	4	N
0510	Mid Year Pre-Dist. Taxable Income (c)	14c	12	N
0520	Recomputing Average Repeated (c)	15c	12	N
0530	Recomputed Income (c)	16c	12	N
0540	Income Tax (c)	17c	12	N
0550	Pre-Credit Tax (c)	18c	12	N
0560	Additional Tax (c)	19c	12	N
0570	Tax Credit (c)	20c	12	N
0580	Net Tax (c)	21c	12	N
0590	Alternative Min. Tax Adjustment (c)	22c	12	N
0600	Adjusted Net Tax (c)	23c	12	N
0610	Adjusted Tax	24	12	N
0620	Average Adjusted Tax	25	12	N
0630	Accountable Early Years Total	26	12	N
0640	Net Amount Tax Repeated	27	12	N
0670	Accumulation Dist. Attributable Tax	28	12	N
	Record Terminus Character		1	Value "#"

FORM 4972 Tax on Lump-Sum Distributions

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0426" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4972bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Recipient Name		35	AN
0020	Recipient SSN		9	N
0024	Distribution of Qualified Plan Yes Box	1	1	"X" or blank
0026	Distribution of Qualified Plan No Box	1	1	"X" or blank
0030	Rollover Yes Box	2	1	"X" or blank
0040	Rollover No Box	2	1	"X" or blank
0042	Beneficiary of Qual Participant Yes Box	3	1	"X" or blank
0044	Beneficiary of Qual Participant No Box	3	1	"X" or blank
0084	Qual Age - Five Yr Member Yes Box	4	1	"X" or blank
0086	Qual Age - Five Yr Member No Box	4	1	"X" or blank

FORM 4972 Tax on Lump-Sum Distributions

Field No.	Identification	Form Ref.	Length	Field Description
0190	Prior Yr Distribution Yes Box	5a	1	"X" or blank
0200	Prior Yr Distribution No Box	5a	1	"X" or blank
0201	Beneficiary Distribution Yes Box	5b	1	"X" or blank
0202	Beneficiary Distribution No Box	5b	1	"X" or blank
0204	NUA Literal	6	3	"NUA" or blank
0206	NUA Worksheet Amount	6	12	N
0210	Form 1099R Capital Gain	6	12	N
0220	Capital Gain Election	7	12	N
0230	NUA Literal	8	3	"NUA" or blank
0235	NUA Included Amt.	8	12	N
0240	Ordinary Income	8	12	N
0250	Death Benefit Exclusion	9	12	N
0260	Total Taxable Amount	10	12	N
0270	Actuarial Value	11	12	N
0280	Adjusted Total Taxable Amount	12	12	N
0290	50% of Adjusted Taxable Amount	13	12	N
0300	Net Adjusted Taxable Amount	14	12	N
0310	20% of Net Adjusted Taxable Amt	15	12	N
0320	Minimum Distribution Allowance	16	12	N

FORM 4972 Tax on Lump-Sum Distributions

Field No.	Identification	Form Ref.	Length	Field Description
0330	Allowable Taxable Amount	17	12	N
0340	Federal Estate Tax	18	12	N
0350	Net Taxable Amount	19	12	N
0351	Acturial/Adjusted Taxable Amt Ratio	20	6	R
0352	Percentage of Minimum Distribution Allowance	21	12	N
0353	Adjusted Actuarial Value	22	12	N
0605	10 Yr Method Taxable Amt	23	12	N
0610	10 Yr Method Lump Sum Tax	24	12	N
0620	10 Yr Method Tentative Average Tax	25	12	N
0660	10 Yr Method Taxable Adj Acturial Amt.	26	12	N
0670	10 Yr Method Adjusted Acturial Tax	27	12	N
0680	10 Yr Method Adjusted Average Tax	28	12	N
0690	10 Yr Method Average Tax	29	12	N
0695	Multiple Recipient Distribution Literal	29	3	"MRD" or blank
0705	Total Tax on Lump-Sum Distribution	30	12	N
	Record Terminus Character		1	Value "#"

FORM 5074 Allocation of Individual Inc Tax to Guam or CNMI

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0963" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"5074bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0120	Wages, Salaries, Tips (Guam)	1	12	N
0125	Wages, Salaries, Tips (CNMI)	1	12	N
0130	Taxable Interest (Guam)	2	12	N
0135	Taxable Interest (CNMI)	2	12	N
0140	Ordinary Dividends (Guam)	3	12	N
0145	Ordinary Dividends (CNMI)	3	12	N
0150	Refunds, Credits/ Offsets & Local Inc Taxes (Guam)	4	12	N
0155	Refunds, Credits/ Offsets & Local Inc Taxes (CNMI)	4	12	N
0160	Alimony Received (Guam)	5	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0165	Alimony Received (CNMI)	5	12	N
0170	Business Income or Loss (Guam)	6	12	N
0175	Business Income or Loss (CNMI)	6	12	N
0180	Capital Gain or Loss (Guam)	7	12	N
0185	Capital Gain or Loss (CNMI)	7	12	N
0190	Other Gains or Losses (Guam)	8	12	N
0195	Other Gains or Losses (CNMI)	8	12	N
0200	IRA Distributions (Taxable Amt) (Guam)	9	12	N
0205	IRA Distributions (Taxable Amt) (CNMI)	9	12	N
0210	Pensions & Annuities (Taxable Amt) (Guam)	10	12	N
0215	Pensions & Annuities (Taxable Amt) (CNMI)	10	12	N
0220	Rental Real Estate, Royalties etc. (Guam)	11	12	N
0225	Rental Real Estate, Royalties etc. (CNMI)	11	12	N
0230	Farm Income or Loss (Guam)	12	12	N
0235	Farm Income or Loss (CNMI)	12	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0240	Unemployment Compensation (Guam)	13	12	N
0245	Unemployment Compensation (CNMI)	13	12	N
0250	Social Security Benefits (Taxable Amt) (Guam)	14	12	N
0255	Social Security Benefits (Taxable Amt) (CNMI)	14	12	N
*0260	Other Income List Statement (Guam)	15	20	AN, "STMbnn" or blank
+0265	Other Income Total Amount (Guam)	15	12	N
*0270	Other Income List Statement (CNMI)	15	20	AN, "STMbnn" or blank
+0275	Other Income Total Amount (CNMI)	15	12	N
0280	Total Income (Guam)	16	12	N
0285	Total Income (CNMI)	16	12	N
0290	Educator Expenses (Guam)	17	12	N ||
0295	Educator Expenses (CNMI)	17	12	N ||
0300	Bus Expenses Reservists and Others (Guam)	18	12	N
0305	Bus Expenses Reservists and Others (CNMI)	18	12	N
0310	Health Savings Account Deduction (Guam)	19	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0315	Health Savings Account Deduction (CNMI)	19	12	N
0320	Moving Expenses (Guam)	20	12	N
0325	Moving Expenses (CNMI)	20	12	N
0330	One-Half of Self-Employment Tax (Guam)	21	12	N
0335	One-Half of Self-Employment Tax (CNMI)	21	12	N
0340	Self-Employed SEP/ SIMPLE & Qualified Plans (Guam)	22	12	N
0345	Self-Employed SEP/ SIMPLE & Qualified Plans (CNMI)	22	12	N
0350	Self-Employed Health Insurance Deduction (Guam)	23	12	N
0355	Self-Employed Health Insurance Deduction (CNMI)	23	12	N
0360	Penalty on Early Withdrawal of Savings (Guam)	24	12	N
0365	Penalty on Early Withdrawal of Savings (CNMI)	24	12	N
0380	IRA Deduction (Guam)	25	12	N
0385	IRA Deduction (CNMI)	25	12	N
0390	Student Loan Interest Deduction (Guam)	26	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0395	Student Loan Interest Deduction (CNMI)	26	12	N
0400	Tuition and Fees Deduction (Guam)	27	12	N ||
0405	Tuition and Fees Deduction (CNMI)	27	12	N ||
*0410	Other Adjustments List statement (Guam)		20	AN, "STMbnn" or blank, Allowable special characters are parentheses
+0415	Other Adjustments Total Amount (Guam)		12	N
*0420	Other Adjustments List Statement (CNMI)		20	AN, "STMbnn" or blank, Allowable special characters are parentheses
+0425	Other Adjustments Total amount (CNMI)		12	N
0430	Total Adjustments (Guam)	28	12	N
0435	Total Adjustments (CNMI)	28	12	N
0440	Adjusted Gross Income (Guam)	29	12	N
0445	Adjusted Gross Income (CNMI)	29	12	N
0450	Payments on Estimated Tax Return Filed with Guam	30	12	N
0455	Payments on Estimated Tax Return Filed with CNMI	30	12	N

FORM 5074 Allocation of Individual Inc Tax to Guam or CNMI

Field No.	Identification	Form Ref.	Length	Field Description
0460	Inc Tax Withheld From US Gov Civilian Wages (Guam)	31	12	N
0465	Inc Tax Withheld From US Gov Civilian Wages (CNMI)	31	12	N
0470	Inc Tax Withheld From US Armed Forces Wages (Guam)	32	12	N
0475	Inc Tax Withheld From US Armed Forces Wages (CNMI)	32	12	N
0480	Inc Tax Withheld From Wages Earned in Guam	33	12	N
0485	Inc Tax Withheld From Wages Earned in CNMI	33	12	N
0490	Total Payments (Guam)	34	12	N
0495	Total Payments (CNMI)	34	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0458" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"5329bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Name of Person Subject to Penalty Tax		35	A, hyphen (-), less than (<), or blank
0020	SSN of Person Subject to Penalty Tax		9	N
0030	Street Address		35	AN. Allowable special characters are space, ampersand, slash, hyphen, percent and Literal "NONE"
0040	City		22	AN
0050	State Abbreviation		2	A (Standard Postal State Abbreviations in the File Specifications)
0060	Zip Code		9	N (left-justified)
0070	Amended Return Ind		1	NO ENTRY
0072	Total Early Distributions	1	12	N
0073	Exception Code	2	2	N 01-11

Field No.	Identification	Form Ref.	Length	Field Description
0074	Total Amount Excluded from Additional Tax	2	12	N
0076	Amount Subject to Additional Tax	3	12	N
0078	Additional Tax on Early Distributions	4	12	N
0081	Distributions Coverdell ESAs and QTPs	5	12	N
0084	Distributions Excepted From Additional Tax	6	12	N
0087	Amount Subject to Additional Tax	7	12	N
0091	Additional Tax on Certain Distr from Educ Accts	8	12	N
0094	Previous Year Total Excess Contributions	9	12	N
0100	Contribution Credit	10	12	N
0110	Includible Traditional IRA Distributions	11	12	N
0120	Excess Contributions Withdrawn	12	12	N
0130	Excess Contributions Adjustment	13	12	N
0140	Adjusted Earlier Year Excess Contributions	14	12	N
0145	Excess Contributions to Traditional IRA	15	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0150	Total Excess Contributions	16	12	N
0160	Excess Contributions Tax on Traditional IRA	17	12	N
0200	Excess Contributions to Roth IRA for Current TY	18	12	N
0210	Roth IRA Contribution Credit	19	12	N
0220	Includible Current Tax Year Roth IRA Distributions	20	12	N
0230	Total of Lines 19 and 20	21	12	N
0240	Prev Yr Roth IRA Excess Contributions Withdrawn	22	12	N
0250	Roth IRA Current TY Excess Contributions	23	12	N
0260	Total Roth IRA Excess Contributions	24	12	N
0280	Excess Contributions Tax on Roth IRA	25	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0405" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0310	Record ID		6	"FRMbbb"
0311	Form Number		6	"5329bb"
0312	Page Number		5	"PG02b"
0313	Taxpayer Identification Number		9	N (Primary SSN)
0314	Filler		1	blank
0315	Form Occurrence Number		7	N 0000001 - 0000002
0490	Excess Contributions to Ed IRA for Current TY	26	12	N
0500	Ed IRA Contribution Credit	27	12	N
0510	Includible Current Tax Year Ed IRA Distributions	28	12	N
0520	Total of Lines 27 and 28	29	12	N
0530	Previous Yr Ed IRA Excess Contributions Withdrawn	30	12	N
0540	Ed IRA Current TY Excess Contributions	31	12	N
0550	Total Ed IRA Excess Contributions	32	12	N
0570	Excess Contributions Tax on Ed IRA	33	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0580	Previous Year Excess Contributions Not Eliminated	34	12	N
0590	MSA Contributions Credit	35	12	N
0600	Includible MSA Distributions for Current Tax Year	36	12	N
0610	Total of Lines 35 and 36	37	12	N
0620	Previous Year MSA Excess Contributions Withdrawn	38	12	N
0630	MSA Excess Contributions for Current TY	39	12	N
0640	Total MSA Excess Contributions	40	12	N
0660	Excess Contributions Tax on MSA	41	12	N
0675	Excess Contributions for Prior Year	42	12	N
0685	Amount Per Instructions	43	12	N
0695	Tax Year Distributions from Form 8889	44	12	N
0705	Add Line 43 and 44	45	12	N
0715	Prior Year Excess Contributions	46	12	N
0725	Excess Contributions for Tax Year	47	12	N

FORM 5329 PAGE 2 Additional Taxes on Qualified Plans ...

Field No.	Identification	Form Ref.	Length	Field Description
0735	Total Excess Contributions	48	12	N
0750	Excess Contributions Tax on HSA	49	12	N
0800	Minimum Required Distribution	50	12	N
0810	Amount Actually Distributed	51	12	N
0814	Waiver of Tax Literal	52	2	"RC" or blank |
0818	Waiver of Tax Amount	52	12	N |
0820	Excess Accumulation	52	12	N
0830	Waiver	53	6	"WAIVER" or blank
@0840	Waiver Explanation	53	6	"STMbnn" or blank
0850	Tax on Excess Accumulations	53	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0198" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"5405bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	SSN		9	N
0020	Street Address of Home	A	35	AN
0030	City of Home	A	22	AN
0040	State of Home	A	2	AN
0050	Zip Code of Home	A	12	N (left justified)
0060	Date Acquired	B	8	YYYYMMDD
0065	Purchased after 12/31/08 and before 12/01/09	C	1	"X" or blank ||
0070	Maximum Allowable Amount	1	12	N
0080	Modified Adjusted Gross Income	2	12	N
0090	Subtract Maximum from Amt on Line 2	3	12	N
0100	Divide Line 3 by $20,000	4	6	R
0110	Multiply Line 1 by Line 4	5	12	N

FORM 5405 First-Time Homebuyer Credit

Field No.	Identification	Form Ref.	Length	Field Description
0120	Credit	6	12	N
	Record Terminus Character		1	Value "#"

FORM 5471 PAGE 1 Information Return of U.S. Persons with Respect...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1616" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record Identification		6	"FRMbbb"
0001	Form Number		6	"5471bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	0000001
0010	Foreign Tax Year Beginning		8	YYYYMMDD
0020	Foreign Tax Year Ending		8	YYYYMMDD
0040	Prior Filer Name(s)		40	AN
0050	Address of Filer		35	AN
0060	City of Filer		22	AN
0070	State of Filer		2	AN
0080	Zip Code of Filer		12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0090	Filer's Tax Year Beginning		8	YYYYMMDD
0100	Filer's Tax Year Ending		8	YYYYMMDD
0110	Identifying Number		9	NO ENTRY
0130	Category of Filer-2	B(2)	1	"X" or Blank

Field No.	Identification	Form Ref.	Length	Field Description
0135	Category of Filer-3	B(3)	1	"X" or Blank
@0136	Category 3 Attachment	B(3)	6	"STMbnn" or Blank
0140	Category of Filer-4	B(4)	1	"X" or Blank
0150	Category of Filer-5	B(5)	1	"X" or Blank
0160	Percent Voting Stock	C	6	R
0170	Person This Information Return is Filed For	D(1)	40	AN or Blank
0180	Address of Person	D(2)	35	AN
0182	City of Person	D(2)	22	AN
0184	State of Person	D(2)	2	AN
0186	Zip Code of Person	D(2)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0190	Identifying Number	D(3)	9	N or Blank
0200	Shareholder	D(4)	1	"X" or Blank
0210	Officer	D(4)	1	"X" or Blank
0220	Director	D(4)	1	"X" or Blank
@0225	First Person's Statement	D	6	"STMbnn" or Blank
0230	Person This Information Return is Filed For-2	D(1)	40	AN or Blank
0240	Address of Person-2	D(2)	35	AN or Blank
0242	City of Person-2	D(2)	22	AN or Blank
0244	State of Person-2	D(2)	2	AN or Blank
0246	Zip Code of Person-2	D(2)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or Blank

Field No.	Identification	Form Ref.	Length	Field Description
0250	Identifying Number-2	D(3)	9	N or Blank
0260	Shareholder-2	D(4)	1	"X" or Blank
0270	Officer-2	D(4)	1	"X" or Blank
0280	Director-2	D(4)	1	"X" or Blank
@0285	Second Person's Statement	D	6	"STMbnn" or Blank
0290	Person This Information Return is Filed For-3	D(1)	40	AN or Blank
0300	Address of Person-3	D(2)	35	AN or Blank
0302	City of Person-3	D(2)	22	AN or Blank
0304	State of Person-3	D(2)	2	AN or Blank
0306	Zip Code of Person-3	D(2)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or Blank
0310	Identifying Number-3	D(3)	9	N or Blank
0320	Shareholder-3	D(4)	1	"X" or Blank
0330	Officer-3	D(4)	1	"X" or Blank
0340	Director-3	D(4)	1	"X" or Blank
@0345	Third Person's Statement	D	6	"STMbnn" or Blank
0350	Person This Information Return is Filed For-4	D(1)	40	AN or Blank
0360	Address of Person-4	D(2)	35	AN or Blank
0362	City of Person-4	D(2)	22	AN or Blank
0364	State of Person-4	D(2)	2	AN or Blank
0366	Zip Code of Person-4	D(2)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or Blank

Field No.	Identification	Form Ref.	Length	Field Description
0370	Identifying Number-4	D(3)	9	N or Blank
0380	Shareholder-4	D(4)	1	"X" or Blank
0390	Officer-4	D(4)	1	"X" or Blank
0400	Director-4	D(4)	1	"X" or Blank
@0405	Fourth Person's Statement	D	6	"STMbnn" or Blank
@0407	Additional Lines of Line D Data	D	6	"STMbnn" or blank
0420	Name of Foreign Corporation	1a	35	AN
0425	Prior Corporation Name(s)	1a	70	AN
0430	Address of Foreign Corp.	1a	35	AN
0440	City of Foreign Corp.	1a	22	AN
0450	State of Foreign Corp.	1a	2	AN
0460	Zip Code of Foreign Corp.	1a	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0465	Country of Foreign Corp.	1a	35	AN or blank
0470	Employer Identification Number	1b	9	N
0480	Country Under Whose Laws Incorporated	1c	2	ALPHA - "US" IS NOT VALID
0490	Date of Incorporation	1d	8	YYYYMMDD
0500	Principal Place of Business (Country Code)	1e	2	ALPHA

Field No.	Identification	Form Ref.	Length	Field Description
0505	Reserved		2	Blank
0510	Business Code	1f	6	N RANGE: 111000-813000
0520	Principal Business Activity	1g	35	AN
0523	Foreign Corporation Functional Currency	1h	20	AN
0525	Dormant Indicator		1	"X" or Blank
0530	Name of Branch Office in U.S	2a	35	AN
0540	Address of Branch	2a	35	AN
0550	City of Branch	2a	22	AN
0560	State of Branch	2a	2	AN
0570	Zip Code of Branch	2a	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0580	Identifying Number of Branch Office	2a	9	N
0590	Taxable Income (Loss)	2b(i)	12	N
0600	U.S Income Tax Paid	2b(ii)	12	N
0610	Name of Foreign Corp. Statutory or Resident Agent	2c	35	AN
0620	Address of Foreign Corp. Resident Agent	2c	35	AN
0630	City of Foreign Corp. Resident Agent	2c	22	AN
0640	State of Foreign Corp. Resident Agent	2c	2	AN

Field No.	Identification	Form Ref.	Length	Field Description
0650	Zip Code of Foreign Corp. Resident Agent	2c	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0655	Country of Foreign Corp. Resident Agent	2c	35	AN or blank
0660	Name of Person with Custody of Corp. Books	2d	35	AN
0670	Address of Person with Custody	2d	35	AN
0680	City of Person with Custody	2d	22	AN
0690	State of Person with Custody	2d	2	AN
0700	Zip Code of Person with Custody	2d	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0705	Country of Person with Custody	2d	35	AN or blank
0710	Location of Books and Records	2d	71	AN or Blank
*0720	Description of Class of Stock	PT I(a)	6	ALPHA VALUE: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or "STMbnn" or Blank
+0730	Number of Shares Beginning	PT I(b)(i)	10	N
+0740	Number of Shares End	PTI(b)(ii)	10	N
0750	Description of Class of Stock-2	PT I(a)	1	ALPHA VALUE: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or Blank
0760	Number of Shares Beginning-2	PT I(b)(i)	10	N

Field No.	Identification	Form Ref.	Length	Field Description
0770	Number of Shares End-2	PTI(b)(ii)	10	N
0780	Description of Class of Stock-3	PT I(a)	1	ALPHA VALUE: C = COMMON P = PREFERRED T = TREASURY or Blank
0790	Number of Shares Beginning-3	PTI(b)(i)	10	N
0800	Number of Shares End-3	PTI(b)(ii)	10	N
0810	Description of Class of Stock-4	PT I(a)	1	ALPHA VALUE: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or Blank
0820	Number of Shares Beginning-4	PT I(b)(i)	10	N
0830	Number of Shares End-4	PTI(b)(ii)	10	N
0835	Statement Reference - BMF Use Only	PT I	6	Blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2228" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0970	Record Identification		6	"FRMbbb"
0971	Form Number		6	"5471bb"
0972	Page Number		5	"PG02b"
0973	Taxpayer Identification Number		9	N (Primary SSN)
0974	Filler		1	Blank
0975	Form Occurrence Number		7	0000001
0980	Name of Shareholder-1	SCH B (a)	35	AN
0990	Address of Shareholder-1	SCH B (a)	35	AN
1000	City of Shareholder-1	SCH B (a)	22	AN
1010	State of Shareholder-1	SCH B (a)	2	AN
1020	Zip Code of Shareholder-1	SCH B (a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1030	Identifying Number of Shareholder-1	SCH B (a)	9	N
1040	Description of Stock Held by Shareholder 1-1	SCH B (b)	20	AN
1050	Number of Shares Beginning of Period 1-1	SCH B (c)	10	N
1060	Number of Shares End of Period 1-1	SCH B (d)	10	N

Field No.	Identification	Form Ref.	Length	Field Description
1065	Pro Rata Share of SubPart F Income-1	SCH B (e)	6	R
1070	Description of Stock Held by Shareholder 1-2	SCH B (b)	20	AN
1080	Number of Shares Beginning of Period 1-2	SCH B (c)	10	N
1090	Number of Shares End of Period 1-2	SCH B (d)	10	N
1100	Description of Stock Held by Shareholder 1-3	SCH B (b)	20	AN
1110	Number of Shares Beginning of Period 1-3	SCH B (c)	10	N
1120	Number of Shares End of Period 1-3	SCH B (d)	10	N
1130	Description of Stock Held by Shareholder 1-4	SCH B (b)	20	AN
1140	Number of Shares Beginning of Period 1-4	SCH B (c)	10	N
1150	Number of Shares End of Period 1-4	SCH B (d)	10	N
1170	Name of Shareholder-2	SCH B (a)	35	AN
1180	Address of Shareholder-2	SCH B (a)	35	AN
1190	City of Shareholder-2	SCH B (a)	22	AN
1200	State of Shareholder-2	SCH B (a)	2	AN

Field No.	Identification	Form Ref.	Length	Field Description
1210	Zip Code of Shareholder-2	SCH B (a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1220	Identifying Number of Shareholder-2	SCH B (a)	9	N
1230	Description of Stock Held by Shareholder 2-1	SCH B (b)	20	AN
1240	Number of Shares Beginning of Period 2-1	SCH B (c)	10	N
1250	Number of Shares End of Period 2-1	SCH B (d)	10	N
1255	Pro Rata Share of Subpart F Income-2	SCH B (e)	6	R
1260	Description of Stock Held by Shareholder 2-2	SCH B (b)	20	AN
1270	Number of Shares Beginning of Period 2-2	SCH B (c)	10	N
1280	Number of Shares End of Period 2-2	SCH B (d)	10	N
1290	Description of Stock Held by Shareholder 2-3	SCH B (b)	20	AN
1300	Number of Shares Beginning of Period 2-3	SCH B (c)	10	N
1310	Number of Shares End of Period 2-3	SCH B (d)	10	N
1320	Description of Stock Held by Shareholder 2-4	SCH B (b)	20	AN
1330	Number of Shares Beginning of Period 2-4	SCH B (c)	10	N

Field No.	Identification	Form Ref.	Length	Field Description
1340	Number of Shares End of Period 2-4	SCH B (d)	10	N
1360	Name of Shareholder-3	SCH B (a)	35	AN
1370	Address of Shareholder-3	SCH B (a)	35	AN
1380	City of Shareholder-3	SCH B (a)	22	AN
1390	State of Shareholder-3	SCH B (a)	2	AN
1400	Zip Code of Shareholder-3	SCH B (a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1410	Identifying Number of Shareholder-3	SCH B (a)	9	N
1420	Description of Stock Held by Shareholder 3-1	SCH B (b)	20	AN
1430	Number of Shares Beginning of Period 3-1	SCH B (c)	10	N
1440	Number of Shares End of Period 3-1	SCH B (d)	10	N
1445	Pro Rata Share of Subpart F Income-3	SCH B (e)	6	R
1450	Description of Stock Held By Shareholder 3-2	SCH B (b)	20	AN
1460	Number of Shares Beginning of Period 3-2	SCH B (c)	10	N
1470	Number of Shares End of Period 3-2	SCH B (d)	10	N

Field No.	Identification	Form Ref.	Length	Field Description
1480	Description of Stock Held by Shareholder 3-3	SCH B (b)	20	AN
1490	Number of Shares Beginning of Period 3-3	SCH B (c)	10	N
1500	Number of Shares End of Period 3-3	SCH B (d)	10	N
1510	Description of Stock Held By Shareholder 3-4	SCH B (b)	20	AN
1520	Number of Shares Beginning of Period 3-4	SCH B (c)	10	N
1530	Number of Shares End of Period 3-4	SCH B (d)	10	N
1550	Name of Shareholder-4	SCH B (a)	35	AN
1560	Address of Shareholder-4	SCH B (a)	35	AN
1570	City of Shareholder-4	SCH B (a)	22	AN
1580	State of Shareholder-4	SCH B (a)	2	AN
1590	Zip Code of Shareholder-4	SCH B (a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1600	Identifying Number of Shareholder-4	SCH B (a)	9	N
1610	Description of Stock Held By Shareholder 4-1	SCH B (b)	20	AN
1620	Number of Shares Beginning of Period 4-1	SCH B (c)	10	N

Field No.	Identification	Form Ref.	Length	Field Description
1630	Number of Shares End of Period 4-1	SCH B (d)	10	N
1635	Pro Rata Share of Subpart F Income-4	SCH B (e)	6	R
1640	Description of Stock Held By Shareholder 4-2	SCH B (b)	20	AN
1650	Number of Shares Beginning of Period 4-2	SCH B (c)	10	N
1660	Number of Shares End of Period 4-2	SCH B (d)	10	N
1670	Description of Stock Held By Shareholder 4-3	SCH B (b)	20	AN
1680	Number of Shares Beginning of Period 4-3	SCH B (c)	10	N
1690	Number of Shares End of Period 4-3	SCH B (d)	10	N
1700	Description of Stock Held By Shareholder 4-4	SCH B (b)	20	AN
1710	Number of Shares Beginning of Period 4-4	SCH B (c)	10	N
1720	Number of Shares End of Period 4-4	SCH B (d)	10	N
1740	Name of Shareholder-5	SCH B (a)	35	AN
1750	Address of Shareholder-5	SCH B (a)	35	AN
1760	City of Shareholder-5	SCH B (a)	22	AN
1770	State of Shareholder-5	SCH B (a)	2	AN

Field No.	Identification	Form Ref.	Length	Field Description
1780	Zip Code of Shareholder-5	SCH B (a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1790	Identifying Number of Shareholder-5	SCH B (a)	9	N
1800	Description of Stock Held By Shareholder 5-1	SCH B (b)	20	AN
1810	Number of Shares Beginning of Period 5-1	SCH B (c)	10	N
1820	Number of Shares End of Period 5-1	SCH B (d)	10	N
1825	Pro Rata Share of Subpart F Income-5	SCH B (e)	6	R
1830	Description of Stock Held By Shareholder 5-2	SCH B (b)	20	AN
1840	Number of Shares Beginning of Period 5-2	SCH B (c)	10	N
1850	Number of Shares End of Period 5-2	SCH B (d)	10	N
1860	Description of Stock Held By Shareholder 5-3	SCH B (b)	20	AN
1870	Number of Shares Beginning of Period 5-3	SCH B (c)	10	N
1880	Number of Shares End of Period 5-3	SCH B (d)	10	N
1890	Description of Stock Held By Shareholder 5-4	SCH B (b)	20	AN

Field No.	Identification	Form Ref.	Length	Field Description
1900	Number of Shares Beginning of Period 5-4	SCH B (c)	10	N
1910	Number of Shares End of Period 5-4	SCH B (d)	10	N
@1915	Additional Lines of Schedule B Data	Sch B	6	"STMbnn" or blank
1930	Gross Receipts (Functional Currency)	SCH C 1a	18	N
1940	Gross Receipts (U.S. Dollars)	SCH C 1a	12	N
1950	Returns (Functional Currency)	SCH C 1b	18	N
1960	Returns (U.S. Dollars)	SCH C 1b	12	N
1970	Subtract Line 1b From 1a (Functional Currency)	SCH C 1c	18	N
1980	Subtract Line 1b From 1a (U.S. Dollars)	SCH C 1c	12	N
1990	Cost of Goods Sold (Functional Currency)	SCH C 2	18	N
2000	Cost of Goods Sold (U.S. Dollars)	SCH C 2	12	N
2010	Gross Profit (Functional Currency)	SCH C 3	18	N
2020	Gross Profit (U.S. Dollars)	SCH C 3	12	N
2030	Dividends (Functional Currency)	SCH C 4	18	N

Field No.	Identification	Form Ref.	Length	Field Description
2040	Dividends (U.S. Dollars)	SCH C 4	12	N
2050	Interest (Income) (Functional Currency)	SCH C 5	18	N
2060	Interest (Income) (U.S. Dollars)	SCH C 5	12	N
2070	Gross Rents (Functional Currency)	SCH C 6a	18	N
2080	Gross Rents (U.S. Dollars)	SCH C 6a	12	N
2083	Gross Royalties & Fees (Functional Currency)	SCH C 6b	18	N
2085	Gross Royalties & Fees (U.S. Dollars)	SCH C 6b	12	N
2090	Net Gain (Loss) (Functional Currency)	SCH C 7	18	N
2100	Net Gain (Loss) (U.S. Dollars)	SCH C 7	12	N
2110	Other Income (Functional Currency)	SCH C 8	18	N
2120	Reserved	SCH C 8	6	Blank
2130	Other Income (U.S. Dollars)	SCH C 8	12	N
@2140	Attach Schedule - Other Income	SCH C 8	6	"STMbnn" or Blank
2150	Total Income (Functional Currency)	SCH C 9	18	N
2160	Total Income (U.S. Dollars)	SCH C 9	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2170	Compensation Not Deducted (Functional Currency)	SCH C 10	18	N
2180	Compensation Not Deducted (U.S. Dollars)	SCH C 10	12	N
2190	Rents (Functional Currency)	SCH C 11a	18	N
2200	Rents (U.S. Dollars)	SCH C 11a	12	N
2203	Royalties and License Fees (Functional Currency)	SCH C 11b	18	N
2205	Royalties and License Fees (U.S. Dollars)	SCH C 11b	12	N
2210	Interest (Deductions) (Functional Currency)	SCH C 12	18	N
2220	Interest (Deductions) (U.S. Dollars)	SCH C 12	12	N
2230	Depreciation (Functional Currency)	SCH C 13	18	N
2240	Depreciation (U.S. Dollars)	SCH C 13	12	N
2250	Depletion (Functional Currency)	SCH C 14	18	N
2260	Depletion (U.S Dollars)	SCH C 14	12	N
2270	Taxes (Functional Currency)	SCH C 15	18	N
2280	Taxes (U.S. Dollars)	SCH C 15	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2290	Other Deductions (Functional Currency)	SCH C 16	18	N
2300	Reserved	SCH C 16	6	Blank
2310	Other Deductions (U.S. Dollars)	SCH C 16	12	N
@2320	Attach Schedule-Other Deductions	SCH C 16	6	"STMbnn" or Blank
2330	Total Deductions (Functional Currency)	SCH C 17	18	N
2340	Total Deductions (U.S. Dollars)	SCH C 17	12	N
2350	Net Income or (Loss) (Functional Currency)	SCH C 18	18	N
2360	Net Income or (Loss) (U.S. Dollars)	SCH C 18	12	N
2370	Extraordinary Items (Functional Currency)	SCH C 19	18	N
2380	Extraordinary Items (U.S. Dollars)	SCH C 19	12	N
2390	Provisions For Income (Functional Currency)	SCH C 20	18	N
2400	Provisions For Income (U.S. Dollars)	SCH C 20	12	N
2410	Net Income (Loss) (Functional Currency)	SCH C 21	18	N
2415	Income (Loss) (U.S. Dollars)	SCH C 21	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1309" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
2420	Record Identification		6	"FRMbbb"
2421	Form Number		6	"5471bb"
2422	Page Number		5	"PG03b"
2423	Taxpayer Identification Number		9	N (Primary SSN)
2424	Filler		1	Blank
2425	Form Occurrence Number		7	0000001
2430	Amount of Tax in U.S. Dollars	SCH E 1(d)	12	N
*2440	Name of Country or U.S. Possession-1	SCH E 2(a)	35	AN or "STMbnn"
+2450	Amount of Tax in Foreign Currency-1	SCH E 2(b)	18	N
+2460	Amount of Tax Conversion Rate-1	SCH E 2(c)	11	N (nnnnnnn.nnnn) Decimal is implied
+2470	Amount of Tax in U.S. Dollars-1	SCH E 2(d)	12	N
2480	Name of Country or U.S. Possession-2	SCH E 3(a)	35	AN or Blank
2490	Amount of Tax in Foreign Currency-2	SCH E 3(b)	18	N or Blank
2500	Amount of Tax Conversion Rate-2	SCH E 3(c)	11	N (nnnnnnn.nnnn) Decimal is implied
2510	Amount of Tax in U.S. Dollars-2	SCH E 3(d)	12	N or Blank

Field No.	Identification	Form Ref.	Length	Field Description
2520	Name of Country or U.S. Possession-3	SCH E 4(a)	35	AN or Blank
2530	Amount of Tax in Foreign Currency-3	SCH E 4(b)	18	N or Blank
2540	Amount of Tax Conversion Rate-3	SCH E 4(c)	11	N (nnnnnnn.nnnn) Decimal is implied
2550	Amount of Tax in U.S. Dollars-3	SCH E 4(d)	12	N or Blank
2560	Name of Country or U.S. Possession-4	SCH E 5(a)	35	AN or Blank
2570	Amount of Tax in Foreign Currency-4	SCH E 5(b)	18	N or Blank
2580	Amount of Tax Conversion Rate-4	SCH E 5(c)	11	N (nnnnnnn.nnnn) Decimal is implied
2590	Amount of Tax in U.S. Dollars-4	SCH E 5(d)	12	N or Blank
2600	Name of Country or U.S. Possession-5	SCH E 6(a)	35	AN or Blank
2610	Amount of Tax in Foreign Currency-5	SCH E 6(b)	18	N or Blank
2620	Amount of Tax Conversion Rate-5	SCH E 6(c)	11	N (nnnnnnn.nnnn) Decimal is implied
2630	Amount of Tax in U.S. Dollars-5	SCH E 6(d)	12	N or Blank
2640	Name of Country or U.S. Possession-6	SCH E 7(a)	35	AN or blank
2650	Amount of Tax in Foreign Currency-6	SCH E 7(b)	18	N or Blank
2660	Amount of Tax Conversion Rate-6	SCH E 7(c)	11	N (nnnnnnn.nnnn) Decimal is implied
2670	Amount of Tax in U.S. Dollars-6	SCH E 7(d)	12	N or Blank

Field No.	Identification	Form Ref.	Length	Field Description
2675	Statement Reference - BMF Use Only	Part I	6	Blank
2680	Total Tax in U.S. Dollars	SCH E 8(d)	12	N
2690	Cash - Beginning	SCH F 1(a)	12	N
2700	Cash - End	SCH F 1(b)	12	N
2710	Notes & Accts. Receivable - Beginning	SCH F2a(a)	12	N
2720	Notes & Accts. Receivable - End	SCH F2a(b)	12	N
2730	Less Allowance for Bad Debts - Beginning	SCH F2b(a)	12	N
2740	Less Allowance for Bad Debts - End	SCH F2b(b)	12	N
2750	Inventories - Beginning	SCH F 3(a)	12	N
2760	Inventories - End	SCH F 3(b)	12	N
2770	Other Current Assets - Beginning	SCH F 4(a)	12	N
2780	Reserved	SCH F 4(a)	6	Blank
2790	Other Current Assets - End	SCH F 4(b)	12	N
@2800	Other Current Assets (Attach Schedule)	SCH F 4	6	"STMbnn" or Blank
2810	Loans To Stockholders Beginning	SCH F 5(a)	12	N
2820	Loans To Stockholders End	SCH F 5(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2830	Investment in Subsidiaries - Beginning	SCH F 6(a)	12	N
2840	Reserved	SCH F 6(a)	6	Blank
2850	Investment in Subsidiaries - End	SCH F 6(b)	12	N
@2860	Investment in Subsidiaries (Attach Schedule)	SCH F 6(b)	6	"STMbnn" or Blank
2870	Other Investments - Beginning	SCH F 7(a)	12	N
2880	Reserved	SCH F 7(a)	6	Blank
2890	Other Investments - End	SCH F 7(b)	12	N
@2900	Other Investments (Attach Schedule)	SCH F 7(b)	6	"STMbnn" or Blank
2910	Bldgs & Other Depreciables - Beginning	SCH F8a(a)	12	N
2920	Bldgs & Other Depreciables - End	SCH F8a(b)	12	N
2930	Less Accumulated Depreciation - Beginning	SCH F8b(a)	12	N
2940	Less Accumulated Depreciation - End	SCH F8b(b)	12	N
2950	Depletable Assets - Beginning	SCH F9a(a)	12	N
2960	Depletable Assets - End	SCH F9a(b)	12	N
2970	Less Accum. Depletion - Beginning	SCH F9b(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2980	Less Accum. Depletion - End	SCH F9b(b)	12	N
2990	Land - Beginning	SCH F10(a)	12	N
3000	Land - End	SCH F10(b)	12	N
3010	Goodwill - Beginning	SCHF11a(a)	12	N
3020	Goodwill - End	SCHF11a(b)	12	N
3030	Organization Costs - Beginning	SCHF11b(a)	12	N
3040	Organization Costs - End	SCHF11b(b)	12	N
3050	Patents, Trademarks - Beginning	SCHF11c(a)	12	N
3060	Patents, Trademarks - End	SCHF11c(b)	12	N
3070	Less Accum. Amortization - Beginning	SCHF11d(a)	12	N
3080	Less Accum. Amortization - End	SCHF11d(b)	12	N
3090	Other Assets - Beginning	SCH F12(a)	12	N
3100	Reserved	SCH F12(a)	6	Blank
3110	Other Assets - End	SCH F12(b)	12	N
@3120	Other Assets (Attach Schedule)	SCH F 12	6	"STMbnn" or Blank
3130	Total Assets - Beginning	SCH F13(a)	12	N
3140	Total Assets - End	SCH F13(b)	12	N
3150	Accounts Payable - Beginning	SCH F14(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
3160	Accounts Payable - End	SCH F14(b)	12	N
3170	Other Current Liabilities - Beginning	SCH F15(a)	12	N
3180	Reserved	SCH F15(a)	6	BLANK
3190	Other Current Liabilities - End	SCH F15(b)	12	N
@3200	Other Current Liabilities (Attach Schedule)	SCH F 15	6	"STMbnn" or Blank
3210	Loans from Stockholders - Beginning	SCH F16(a)	12	N
3220	Loans From Stockholders - End	SCH F16(b)	12	N
3230	Other Liabilities - Beginning	SCH F17(a)	12	N
3240	Reserved	SCH F17(a)	6	Blank
3250	Other Liabilities - End	SCH F17(b)	12	N
@3260	Other Liabilities (Attach Schedule)	SCH F 17	6	"STMbnn" or Blank
3270	Preferred Stock - Beginning	SCHF18a(a)	12	N
3280	Preferred Stock - End	SCHF18a(b)	12	N
3290	Common Stock - Beginning	SCHF18b(a)	12	N
3300	Common Stock - End	SCHF18b(b)	12	N
3305	Paid-in or Capital Surplus - Beginning	SCH F19(a)	12	N
3310	Reserved	SCH F19(a)	6	Blank

Field No.	Identification	Form Ref.	Length	Field Description
3315	Paid-in or Capital Surplus - End	SCH F19(b)	12	N
@3320	Paid-in or Capital Surplus (Attach Reconcilation)	SCH F 19	6	"STMbnn" or Blank
3330	Retained Earnings - Beginning	SCH F20(a)	12	N
3340	Retained Earnings - End	SCH F20(b)	12	N
3350	Less Cost of Treasury Stock - Beginning	SCH F21(a)	12	N
3360	Less Cost of Treasury Stock - End	SCH F21(b)	12	N
3370	Total Liabilities & Equity - Beginning	SCH F22(a)	12	N
3380	Total Liabilities & Equity - End	SCH F22(b)	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0608" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
3400	Record Identification		6	"FRMbbb"
3401	Form Number		6	"5471bb"
3402	Page Number		5	"PG04b"
3403	Taxpayer Identification Number		9	N (Primary SSN)
3404	Filler		1	Blank
3405	Form Occurrence Number		7	0000001
3410	Own 10% Interest in a Partnership - Yes	SCH G 1	1	"X" or Blank
3420	Own 10% Interest in a Partnership - No	SCH G 1	1	"X" or Blank
@3425	Own 10% Yes Attachment	SCH G 1	6	"STMbnn" or Blank
3430	Own Interest in a Trust - Yes	SCH G 2	1	"X" or Blank
3440	Own Interest in a Trust - No	SCH G 2	1	"X" or blank
3450	Own Foreign Entities - Yes	SCH G 3	1	"X" or Blank
3460	Own Foreign Entities - No	SCH G 3	1	"X" or Blank
@3465	Own Foreign Entities Yes Attachment	SCH G 3	6	"STMbnn" or Blank

Field No.	Identification	Form Ref.	Length	Field Description
3466	Foreign Corporation Participant 1 Box - Yes	Sch G 4	1	"X" or blank
3467	Foreign Corporation Participant 1 Box - No	Sch G 4	1	"X" or blank
3468	Foreign Corporation Participant 2 Box - Yes	Sch G 5	1	"X" or blank
3469	Foreign Corporation Participant 2 Box - No	Sch G 5	1	"X" or blank
3470	Current Year Income (Loss)	SCH H 1	18	N
3480	Capital Gains or Losses (Net Additions)	SCH H 2a	18	N
3490	Capital Gains or Losses (Net Subtractions)	SCH H 2a	18	N
3500	Depreciation & Amortization (Net Additions)	SCH H 2b	18	N
3510	Depreciation & Amortization (Net Subtractions)	SCH H 2b	18	N
3520	Depletion (Net Additions)	SCH H 2c	18	N
3530	Depletion (Net Subtractions)	SCH H 2c	18	N
3540	Investment Allowance (Net Additions)	SCH H 2d	18	N
3550	Investment Allowance (Net Subtractions)	SCH H 2d	18	N

Field No.	Identification	Form Ref.	Length	Field Description
3560	Charges To Reserves (Net Additions)	SCH H 2e	18	N
3570	Charges To Reserves (Net Subtractions)	SCH H 2e	18	N
3580	Inventory Adjustments (Net Additions)	SCH H 2f	18	N
3590	Inventory Adjustments (Net Subtractions)	SCH H 2f	18	N
3600	Taxes (Net Additions)	SCH H 2g	18	N
3610	Taxes (Net Subtractions)	SCH H 2g	18	N
3620	Other Earnings (Net Additions)	SCH H 2h	18	N
3625	Reserved	SCH H 2h	6	Blank
3630	Other Earnings (Net Subtractions)	SCH H 2h	18	N
@3635	Other Earnings (Attach Schedule)	SCH H 2h	6	"STMbnn" or Blank
3640	Total Net Additions	SCH H 3	18	N
3650	Total Net Subtractions	SCH H 4	18	N
3660	Current Earnings & Profits	SCH H 5a	18	N
3670	Dastm Gain or Loss	SCH H 5b	18	N
3680	Combine Lines 5a & 5b	SCH H 5c	18	N
3690	Earnings & Profits In U.S. Dollars	SCH H 5d	12	N
3700	Exchange Rate Used For Line 5d	SCH H 5d	11	N (nnnnnnn.nnnn) Decimal is implied

Field No.	Identification	Form Ref.	Length	Field Description
3710	Subpart F Income	SCH I 1	12	N
3720	Earnings Invested in U.S. Property	SCH I 2	12	N
3730	Subpart F Income Previously Excluded	SCH I 3	12	N
3740	Previously Excluded Export Trade Income	SCH I 4	12	N
3750	Factoring Income	SCH I 5	12	N
3760	Total Lines 1-5	SCH I 6	12	N
3770	Dividends Received	SCH I 7	12	N
3780	Exchange Gain or Loss	SCH I 8	12	N
3790	Income of Foreign Corporation Blocked (Yes Box)		1	"X" or Blank
3795	Income of Foreign Corporation Blocked (No Box)		1	"X" or Blank
3800	Did Any Become Unblocked (Yes Box)		1	"X" or Blank
3805	Did Any Become Unblocked (No Box)		1	"X" or Blank
@3810	Statement (If Yes, Explain)		6	"STMbnn" or Blank
@3815	Additional Schedules I		6	"STMbnn" or Blank
	Record Terminus Character		1	Value "#"

SCHEDULE J (FORM 5471) Accumulated Earnings & Profits of Controlled...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0645" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record Identification		6	"SCHbbJ"
0001	Form Number		6	"5471bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	0000001
0010	Identifying Number		9	NO ENTRY
0020	Name of Foreign Corporation		35	AN
0030	Balance BOY Post-1986	1(a)	18	N
0040	Current Year E&P	2a(a)	18	N
0050	Current Year Deficit in E&P	2b(a)	18	N
0060	Total Current and Accumulated E&P Post-1986	3(a)	18	N
0070	Amounts Included Under Sec. 951(a) Post-1986	4(a)	18	N
0080	Actual Distributions Post-1986	5b(a)	18	N
0090	Balance of E&P Post-1986	6b(a)	18	N

Field No.	Identification	Form Ref.	Length	Field Description
0100	Balance At EOY Post-1986	7(a)	18	N
0110	Balance BOY Pre-1987	1(b)	18	N
0120	Total Current and Accumulated E&P Pre-1987	3(b)	18	N
0130	Amounts Included Under Sec. 951(a) Pre-1987	4(b)	18	N
0140	Actual Distributions Pre-1987	5b(b)	18	N
0150	Balance of E&P Pre-1987	6b(b)	18	N
0160	Balance at EOY Pre-1987	7(b)	18	N
0170	Balance BOY - Property	1(c)(i)	18	N
0180	Amounts Included Under Sec. 951(a) - Property	4(c)(i)	18	N
0190	Actual Distribution or Reclassification - Property	5a(c)(i)	18	N
0200	Balance of E&P - Property	6(c)(i)	18	N
0210	Balance at EOY - Property	7(c)(i)	18	N
0220	Balance BOY - Assets	1(c)(ii)	18	N
0230	Amounts Included Under Sec. 951(a) - Assets	4(c)(ii)	18	N
0240	Actual Distribution or Reclassification - Assets	5a(c)(ii)	18	N

SCHEDULE J (FORM 5471) Accumulated Earnings & Profits of Controlled...

Field No.	Identification	Form Ref.	Length	Field Description
0250	Balance of E&P - Assets	6a(c)(ii)	18	N
0260	Balance at EOY - Assets	7(c)(ii)	18	N
0270	Balance BOY - Income	1(c)(iii)	18	N
0280	Amounts Included Under Sec. 951(a) - Income	4(c)(iii)	18	N
0290	Actual Distribution or Reclassification - Income	5a(c)(iii)	18	N
0300	Balance of E&P - Income	6a(c)(iii)	18	N
0310	Balance at EOY - Income	7(c)(iii)	18	N
0320	Balance BOY Total	1(d)	18	N
0330	Balance at EOY Total	7(d)	18	N
	Record Terminus Character		1	Value "#"

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1660" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record Identification		6	"SCHbbM"
0001	Form Number		6	"5471bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	0000001-0000005
0010	Identifying Number		9	NO ENTRY
0020	Name of Foreign Corporation		35	AN
0022	Country Code For Functional Currency		2	N
0024	Exchange Rate		11	N (nnnnnnn.nnnn) Decimal is implied
0030	Sales of Stock in Trade - U.S. Person	1(b)	12	N
0035	Sales of Tangible Property US Person	2(b)	12	N
0040	Sales of Property Rights - U.S. Person	3(b)	12	N
0043	Buy-in Payments Received U.S. Person	4(b)	12	N
0047	Cost Sharing Payments Received U.S. Person	5(b)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0050	Compensation Received - U.S. Person	6(b)	12	N
0060	Commissions Received - U.S. Person	7(b)	12	N
0070	Rents, Royalties Received - U.S. Person	8(b)	12	N
0080	Dividends Received - U.S. Person	9(b)	12	N
0090	Interest Received - U.S. Person	10(b)	12	N
0100	Premiums Received - U.S. Person	11(b)	12	N
0110	Add Lines 1 - 11 for U.S. Person	12(b)	12	N
0120	Purchase of Stock In Trade - U.S. Person	13(b)	12	N
0130	Purchase of Tangible Property - U.S. Person	14(b)	12	N
0140	Purchase of Property Rights - U.S. Person	15(b)	12	N
0143	Buy-in Payments Paid U.S. Person	16(b)	12	N
0147	Cost Sharing Payments Paid U.S. Person	17(b)	12	N
0150	Compensation Paid - U.S. Person	18(b)	12	N
0160	Commissions Paid - U.S. Person	19(b)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0170	Rents, Royalties Paid - U.S. Person	20(b)	12	N
0180	Dividends Paid - U.S. Person	21(b)	12	N
0190	Interest Paid - U.S. Person	22(b)	12	N
0195	Premiums Paid for Insurance US Person	23(b)	12	N
0200	Add Lines 13 - 23 for U.S. Person	24(b)	12	N
0210	Amounts Borrowed - U.S. Person	25(b)	12	N
0220	Amounts Loaned - U.S. Person	26(b)	12	N
0230	Sales of Stock in Trade - Domestic Corp.	1(c)	12	N
0235	Sales of Tangible Property Domestic Corp.	2(c)	12	N
0240	Sales of Property Rights - Domestic Corp.	3(c)	12	N
0243	Buy-in Payments Received Domestic Corp.	4(c)	12	N
0247	Cost Sharing Payments Received Domestic Corp.	5(c)	12	N
0250	Compensation Received - Domestic Corp.	6(c)	12	N
0260	Commissions Received - Domestic Corp.	7(c)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0270	Rents, Royalties Received - Domestic Corp.	8(c)	12	N
0280	Dividends Received - Domestic Corp.	9(c)	12	N
0290	Interest Received - Domestic Corp.	10(c)	12	N
0300	Premiums Received - Domestic Corp.	11(c)	12	N
0310	Add Lines 1 - 11 for Domestic Corp.	12(c)	12	N
0320	Purchase of Stock in Trade - Domestic Corp.	13(c)	12	N
0330	Purchase of Tangible Property - Domestic Corp.	14(c)	12	N
0340	Purchase of Property Rights - Domestic Corp.	15(c)	12	N
0343	Buy-in Payments Paid Domestic Corp.	16(c)	12	N
0347	Cost Sharing Payments Paid Domestic Corp.	17(c)	12	N
0350	Compensation Paid - Domestic Corp.	18(c)	12	N
0360	Commissions Paid - Domestic Corp.	19(c)	12	N
0370	Rents, Royalties Paid - Domestic Corp.	20(c)	12	N
0380	Dividends Paid - Domestic Corp.	21(c)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0390	Interest Paid - Domestic Corp.	22(c)	12	N
0395	Premiums Paid for Insurance Domestic Corp.	23(c)	12	N
0400	Add Lines 13 - 23 for Domestic Corp.	24(c)	12	N
0410	Amounts Borrowed - Domestic Corp.	25(c)	12	N
0420	Amounts Loaned - Domestic Corp.	26(c)	12	N
0430	Sales of Stock in Trade - Foreign Corp.	1(d)	12	N
0435	Sales of Tangible Property Foreign Corp.	2(d)	12	N
0440	Sales of Property Rights - Foreign Corp.	3(d)	12	N
0443	Buy-in Payments Received Foreign Corp.	4(d)	12	N
0447	Cost Sharing Payments Received Foreign Corp.	5(d)	12	N
0450	Compensation Received - Foreign Corp.	6(d)	12	N
0460	Commissions Received - Foreign Corp.	7(d)	12	N
0470	Rents, Royalties Received - Foreign Corp.	8(d)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0480	Dividends Received - Foreign Corp.	9(d)	12	N
0490	Interest Received - Foreign Corp.	10(d)	12	N
0500	Premiums Received - Foreign Corp.	11(d)	12	N
0510	Add Lines 1 - 11 for Foreign Corp.	12(d)	12	N
0520	Purchase of Stock in Trade - Foreign Corp.	13(d)	12	N
0530	Purchase of Tangible Property - Foreign Corp.	14(d)	12	N
0540	Purchase of Property Rights - Foreign Corp.	15(d)	12	N
0543	Buy-in Payments Paid Foreign Corp.	16(d)	12	N
0547	Cost Sharing Payments Paid Foreign Corp.	17(d)	12	N
0550	Compensation Paid - Foreign Corp.	18(d)	12	N
0560	Commissions Paid - Foreign Corp.	19(d)	12	N
0570	Rents, Royalties Paid - Foreign Corp.	20(d)	12	N
0580	Dividends Paid - Foreign Corp.	21(d)	12	N
0590	Interest Paid - Foreign Corp.	22(d)	12	N
0595	Premiums Paid for Insurance Foreign Corp.	23(d)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0600	Add Lines 13 - 23 for Foreign Corp.	24(d)	12	N
0610	Amounts Borrowed - Foreign Corp.	25(d)	12	N
0620	Amounts Loaned - Foreign Corp.	26(d)	12	N
0630	Sales of Stock in Trade - 10% Foreign Corp.	1(e)	12	N
0635	Sales of Tangible Property 10% Foreign Corp.	2(e)	12	N
0640	Sales of Property Rights - 10% Foreign Corp.	3(e)	12	N
0643	Buy-in Payments Received 10% Foreign Corp.	4(e)	12	N
0647	Cost Sharing Payments Received 10% Foreign Corp.	5(e)	12	N
0650	Compensation Received - 10% Foreign Corp.	6(e)	12	N
0660	Commissions Received - 10% Foreign Corp.	7(e)	12	N
0670	Rents, Royalties Received - 10% Foreign Corp.	8(e)	12	N
0680	Dividends Received - 10% Foreign Corp.	9(e)	12	N
0690	Interest Received - 10% Foreign Corp.	10(e)	12	N
0700	Premiums Received - 10% Foreign Corp.	11(e)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0710	Add Lines 1 - 11 for 10% Foreign Corp.	12(e)	12	N
0720	Purchase of Stock in Trade - 10% Foreign Corp.	13(e)	12	N
0730	Purchase of Tangible Property - 10% Foreign Corp.	14(e)	12	N
0740	Purchase of Property Rights - 10% Foreign Corp.	15(e)	12	N
0743	Buy-in Payments Paid 10% Foreign Corp.	16(e)	12	N
0747	Cost Sharing Payments Paid 10% Foreign Corp.	17(e)	12	N
0750	Compensation Paid - 10% Foreign Corp.	18(e)	12	N
0760	Commissions Paid - 10% Foreign Corp.	19(e)	12	N
0770	Rents, Royalties Paid - 10% Foreign Corp.	20(e)	12	N
0780	Dividends Paid - 10% Foreign Corp.	21(e)	12	N
0790	Interest Paid - 10% Foreign Corp.	22(e)	12	N
0795	Premiums Paid for Insurance 10% Foreign Corp.	23(e)	12	N
0800	Add Lines 13 - 23 for 10% Foreign Corp.	24(e)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0810	Amounts Borrowed - 10% Foreign Corp.	25(e)	12	N
0820	Amounts Loaned - 10% Foreign Corp.	26(e)	12	N
0830	Sales of Stock in Trade - 10% Any Corp.	1(f)	12	N
0835	Sales of Tangible Property 10% Any Corp.	2(f)	12	N
0840	Sales of Property Rights - 10% Any Corp.	3(f)	12	N
0843	Buy-in Payments Received 10% Any Corp.	4(f)	12	N
0847	Cost Sharing Payments Received 10% Any Corp.	5(f)	12	N
0850	Compensation Received - 10% Any Corp.	6(f)	12	N
0860	Commissions Received - 10% Any Corp.	7(f)	12	N
0870	Rents, Royalties Received - 10% Any Corp.	8(f)	12	N
0880	Dividends Received - 10% Any Corp.	9(f)	12	N
0890	Interest Received - 10% Any Corp.	10(f)	12	N
0900	Premiums Received - 10% Any Corp.	11(f)	12	N
0910	Add Lines 1 - 11 for 10% Any Corp.	12(f)	12	N

SCHEDULE M (FORM 5471) Transactions Between Controlled Foreign Corps

Field No.	Identification	Form Ref.	Length	Field Description
0920	Purchase of Stock in Trade - 10% Any Corp.	13(f)	12	N
0930	Purchase of Tangible Property - 10% Any Corp.	14(f)	12	N
0940	Purchase of Property Rights - 10% Any Corp.	15(f)	12	N
0943	Buy-in Payments Paid 10% Any Corp.	16(f)	12	N
0947	Cost Sharing Payments Paid 10% Any Corp.	17(f)	12	N
0950	Compensation Paid - 10% Any Corp.	18(f)	12	N
0960	Commissions Paid - 10% Any Corp.	19(f)	12	N
0970	Rents, Royalties Paid - 10% Any Corp.	20(f)	12	N
0980	Dividends Paid - 10% Any Corp.	21(f)	12	N
0990	Interest Paid - 10% Any Corp.	22(f)	12	N
0995	Premiums Paid for Insurance 10% Any Corp.	23(f)	12	N
1000	Add Lines 13 - 23 for 10% Any Corp.	24(f)	12	N
1010	Amounts Borrowed - 10% Any Corp.	25(f)	12	N
1020	Amounts Loaned - 10% Any Corp.	26(f)	12	N
	Record Terminus Character		1	Value "#"

SCHEDULE O (FORM 5471) PAGE 1 Organization or Reorganization of Foreign Corp.

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2150" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record Identification		6	"SCHbbO"
0001	Form Number		6	"5471bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	0000001 - 0000005
0010	Identifying Number		9	NO ENTRY
0020	Name of Foreign Corporation		35	AN
0030	Name of Shareholder	I (a)	40	AN
0035	Name of Shareholder - Name Line 2	I (a)	40	AN
0040	Address of Shareholder	I (b)	35	AN
0050	City of Shareholder	I (b)	22	AN
0060	State of Shareholder	I (b)	2	AN
0070	Zip Code of Shareholder	I (b)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0080	Identifying Number of Shareholder	I (c)	9	N
0090	Date of Original Acquisition	I (d)	8	YYYYMMDD
0100	Date of Additional Acquisition	I (e)	8	YYYYMMDD

SCHEDULE O (FORM 5471) PAGE 1 Organization or Reorganization of Foreign Corp.

Field No.	Identification	Form Ref.	Length	Field Description
0110	Name of Shareholder-2	I (a)	40	AN
0115	Name of Shareholder-2 - Name Line 2	I (a)	40	AN
0120	Address of Shareholder-2	I (b)	35	AN
0130	City of Shareholder-2	I (b)	22	AN
0140	State of Shareholder-2	I (b)	2	AN
0150	Zip Code of Shareholder-2	I (b)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0160	Identifying Number of Shareholder-2	I (c)	9	N or blank
0170	Date of Original Acquisition-2	I (d)	8	YYYYMMDD or blank
0180	Date of Additional Acquisition-2	I (e)	8	YYYYMMDD or blank
0190	Name of Shareholder-3	I (a)	40	AN
0195	Name of Shareholder-3 - Name Line 2	I (a)	40	AN
0200	Address of Shareholder-3	I (b)	35	AN
0210	City of Shareholder-3	I (b)	22	AN
0220	State of Shareholder-3	I (b)	2	AN
0230	Zip Code of Shareholder-3	I (b)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0240	Identifying Number of Shareholder-3	I (c)	9	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
0250	Date of Original Acquisition-3	I (d)	8	YYYYMMDD or blank
0260	Date of Additional Acquisition-3	I (e)	8	YYYYMMDD or blank
0270	Name of Shareholder-4	I (a)	40	AN
0275	Name of Shareholder-4 - Name Line 2	I (a)	40	AN
0280	Address of Shareholder-4	I (b)	35	AN
0290	City of Shareholder-4	I (b)	22	AN
0300	State of Shareholder-4	I (b)	2	AN
0310	Zip Code of Shareholder-4	I (b)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0320	Identifying Number of Shareholder-4	I (c)	9	N or blank
0330	Date of Original Acquisition-4	I (d)	8	YYYYMMDD or blank
0340	Date of Additional Acquisition-4	I (e)	8	YYYYMMDD or blank
@0345	Part I Additional Information	Part I	6	"STMbnn" or blank
0350	Name of U.S. Shareholder	II A(a)	40	AN
0355	Name of U.S. Shareholder - N/L 2	II A(a)	40	AN
0360	Address of U.S Shareholder	II A(a)	35	AN
0370	City of U.S Shareholder	II A(a)	22	AN

Field No.	Identification	Form Ref.	Length	Field Description
0380	State of U.S. Shareholder	II A(a)	2	AN
0390	Zip Code of U.S. Shareholder	II A(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0395	Identifying Number of U.S. Shareholder	II A(a)	9	N or blank
0400	Type of Return	II A(b)(1)	8	AN
0410	Date Return Filed	II A(b)(2)	8	YYYYMMDD
0420	IRS Center Where Filed	II A(b)(3)	12	AN
0430	Date Information Return Filed	II A(c)	8	YYYYMMDD or blank
0440	Name of U.S. Shareholder-2	II A(a)	40	AN
0445	Name of U.S. Shareholder-2 - N/L 2	II A(a)	40	AN
0450	Address of U.S. Shareholder-2	II A(a)	35	AN
0460	City of U.S. Shareholder-2	II A(a)	22	AN
0470	State of U.S. Shareholder-2	II A(a)	2	AN
0480	Zip Code of U.S. Shareholder-2	II A(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0485	Identifying Number of U.S. Shareholder-2	II A(a)	9	N or blank
0490	Type of Return-2	II A(b)(1)	8	AN
0500	Date Return Filed-2	II A(b)(2)	8	YYYYMMDD or blank
0510	IRS Center Where Filed-2	II A(b)(3)	12	AN
0520	Date Information Return Filed-2	II A(c)	8	YYYYMMDD or blank

Field No.	Identification	Form Ref.	Length	Field Description
0530	Name of U.S. Shareholder-3	II A(a)	40	AN
0535	Name of U.S. Shareholder-3 - N/L 2	II A(a)	40	AN
0540	Address of U.S. Shareholder-3	II A(a)	35	AN
0550	City of U.S. Shareholder-3	II A(a)	22	AN
0560	State of U.S. Shareholder-3	II A(a)	2	AN
0570	Zip Code of U.S. Shareholder-3	II A(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0575	Identifying Number of U.S. Shareholder-3	II A(a)	9	N or blank
0580	Type of Return-3	II A(b)(1)	8	AN
0590	Date Return Filed-3	II A(b)(2)	8	YYYYMMDD or blank
0600	IRS Center Where Filed-3	II A(b)(3)	12	AN
0610	Date Information Return Filed-3	II A(c)	8	YYYYMMDD or blank
@0615	Part II Section A Additional Information	Part II	6	"STMbnn" or blank
@0620	Attach Statement of U.S. Persons	II A	6	"STMbnn" or blank
0630	Name of U.S. Officer or Director	II B(a)	40	AN
0635	Name of U.S. Officer or Director - N/L 2	II B(a)	40	AN
0640	Address of U.S. Officer	II B(b)	35	AN

Field No.	Identification	Form Ref.	Length	Field Description
0650	City of U.S. Officer	II B(b)	22	AN
0660	State of U.S. Officer	II B(b)	2	AN
0670	Zip Code of U.S. Officer	II B(b)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0680	Social Security Number	II B(c)	9	N
0690	Officer	II B(d)	1	"X" or blank
0700	Director	II B(d)	1	"X" or blank
0710	Name of U.S. Officer or Director-2	II B(a)	40	AN
0715	Name of U.S. Officer or Director-2 - N/L 2	II B(a)	40	AN
0720	Address of U.S. Officer-2	II B(b)	35	AN
0730	City of U.S. Officer-2	II B(b)	22	AN
0740	State of U.S. Officer-2	II B(b)	2	AN
0750	Zip Code of U.S. Officer-2	II B(b)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0760	Social Security Number-2	II B(c)	9	N or blank
0770	Officer-2	II B(d)	1	"X" or blank
0780	Director-2	II B(d)	1	"X" or blank
0790	Name of U.S. Officer or Director-3	II B(a)	40	AN
0795	Name of U.S. Officer or Director-3 - N/L 2	II B(a)	40	AN

Field No.	Identification	Form Ref.	Length	Field Description
0800	Address of U.S. Officer-3	II B(b)	35	AN
0810	City of U.S. Officer-3	II B(b)	22	AN
0820	State of U.S. Officer-3	II B(b)	2	AN
0830	Zip Code of U.S. Officer-3	II B(b)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0840	Social Security Number-3	II B(c)	9	N or blank
0850	Officer-3	II B(d)	1	X or blank
0860	Director-3	II B(d)	1	X or blank
@0865	Part II Section B Additional Information	Part II	6	"STMbnn" or blank
0870	Name of Shareholder Filing	II C(a)	40	AN
0880	Class of Stock Acquired	II C(b)	1	ALPHA: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or blank
0890	Date of Acquisition	II C(c)	8	YYYYMMDD or blank
0900	Method of Acquisition	II C(d)	8	AN
0910	Number of Shares Acquired Directly	II C(e)(1)	10	N or blank
0920	Number of Shares Acquired Indirectly	II C(e)(2)	10	N or blank
0930	Number of Shares Acquired Constructively	II C(e)(3)	10	N or blank
0940	Name of Shareholder Filing-2	II C(a)	40	AN

Field No.	Identification	Form Ref.	Length	Field Description
0950	Class of Stock Acquired-2	II C(b)	1	ALPHA: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or blank
0960	Date of Acquisition-2	II C(c)	8	YYYYMMDD or blank
0970	Method of Acquisition-2	II C(d)	8	AN
0980	Number of Shares Acquired Directly-2	II C(e)(1)	10	N or blank
0990	Number of Shares Acquired Indirectly-2	II C(e)(2)	10	N or blank
1000	Number of Shares Acquired Constructively-2	II C(e)(3)	10	N or blank
1010	Name of Shareholder Filing-3	II C(a)	40	AN
1020	Class of Stock Acquired-3	II C(b)	1	ALPHA: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or blank
1030	Date of Acquisition-3	II C(c)	8	YYYYMMDD or blank
1040	Method of Acquisition-3	II C(d)	8	AN
1050	Number of Shares Acquired Directly-3	II C(e)(1)	10	N or blank
1060	Number of Shares Acquired Indirectly-3	II C(e)(2)	10	N or blank
1065	Number of Shares Acquired Constructively-3	II C(e)(3)	10	N or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2451" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1070	Record Identification		6	"SCHbbO"
1071	Form Number		6	"5471bb"
1072	Page Number		5	"PG02b"
1073	Taxpayer Identification Number		9	N (Primary SSN)
1074	Filler		1	Blank
1075	Schedule Occurrence Number		7	0000001 - 0000005
1080	Amount Paid or Value Given	II C(f)	12	N or blank
1090	Name From Whom Shares Were Acquired	II C(g)	40	AN
1095	Name From Whom Shares Were Acquired - N/L 2	II C(g)	40	AN
1100	Address-Person From Whom Shares Acquired	II C(g)	35	AN
1110	City-Person From Whom Shares Acquired	II C(g)	22	AN
1120	State-Person From Whom Shares Acquired	II C(g)	2	AN
1130	Zip Code-Person From Whom Shares Acquired	II C(g)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1135	Country-Person from Whom Shares Acquired	II C	35	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
1140	Amount Paid or Value Given-2	II C(f)	12	N or blank
1150	Name From Whom Shares Were Acquired-2	II C(g)	40	AN
1155	Name From Whom Shares Were Acquired-2 - N/L 2	II C(g)	40	AN
1160	Address-Person From Whom Shares Acquired-2	II C(g)	35	AN
1170	City-Person From Whom Shares Acquired-2	II C(g)	22	AN
1180	State-Person From Whom Shares Acquired-2	II C(g)	2	AN
1190	Zip Code-Person From Whom Shares Acquired-2	II C(g)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1195	Country-Person from Whom Shares Acquired-2	II C	35	AN or blank
1200	Amount Paid or Value Given-3	II C(f)	12	N or blank
1210	Name From Whom Shares Were Acquired-3	II C(g)	40	AN
1215	Name From Whom Shares Were Acquired-3 - N/L 2	II C(g)	40	AN
1220	Address-Person From Whom Shares Acquired-3	II C(g)	35	AN
1230	City-Person From Whom Shares Acquired-3	II C(g)	22	AN

Field No.	Identification	Form Ref.	Length	Field Description
1240	State-Person From Whom Shares Acquired-3	II C(g)	2	AN
1250	Zip Code-Person From Whom Shares Acquired-3	II C(g)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1253	Country-Person from Whom Shares Acquired-3	II C	35	AN or blank
@1255	Part II Section C Additional Information	II	6	"STMbnn" or blank
1260	Name of Shareholder Disposing of Stock	II D(a)	40	AN
1270	Class of Stock	II D(b)	1	ALPHA: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or blank
1280	Date of Disposition	II D(c)	8	YYYYMMDD or blank
1290	Method of Disposition	II D(d)	8	AN
1300	Number of Shares Disposed Directly	II D(e)(1)	10	N or blank
1310	Number of Shares Disposed Indirectly	II D(e)(2)	10	N or blank
1320	Number of Shares Disposed Constructively	II D(e)(3)	10	N or blank
1330	Name of Shareholder Disposing of Stock-2	II D(a)	40	AN
1340	Class of Stock-2	II D(b)	1	ALPHA: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or blank
1350	Date of Disposition-2	II D(c)	8	YYYYMMDD or blank

Field No.	Identification	Form Ref.	Length	Field Description
1360	Method Of Disposition-2	II D(d)	8	AN
1370	Number of Shares Disposed Directly-2	II D(e)(1)	10	N or blank
1380	Number of Shares Disposed Indirectly-2	II D(e)(2)	10	N or blank
1390	Number of Shares Disposed Constructively-2	II D(e)(3)	10	N or blank
1400	Name of Shareholder Disposing of Stock-3	II D(a)	40	AN
1410	Class of Stock-3	II D(b)	1	ALPHA: "C" = COMMON, "P" = PREFERRED, "T" = TREASURY or blank
1420	Date of Disposition-3	II D(c)	8	YYYYMMDD or blank
1430	Method of Disposition-3	II D(d)	8	AN
1440	Number of Shares Disposed Directly-3	II D(e)(1)	10	N or blank
1450	Number of Shares Disposed Indirectly-3	II D(e)(2)	10	N or blank
1460	Number of Shares Disposed Constructively-3	II D(e)(3)	10	N or blank
1470	Amount Received	II D(f)	12	N or blank
1480	Name To Whom Disposition of Stock Was Made	II D(g)	40	AN
1485	Name To Whom Disposition Made - N/L 2	II D(g)	40	AN

Field No.	Identification	Form Ref.	Length	Field Description
1490	Address of Person to Whom Disposition	II D(g)	35	AN
1500	City of Person to Whom Disposition	II D(g)	22	AN
1510	State of Person to Whom Disposition	II D(g)	2	AN
1520	Zip Code of Person to Whom Disposition	II D(g)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1525	Country of Person to Whom Disposition	II D	35	AN or blank
1530	Amount Received-2	II D(f)	12	N or blank
1540	Name To Whom Disposition of Stock Was Made-2	II D(g)	40	AN
1545	Name To Whom Disposition Made-2 - N/L 2	II D(g)	40	AN
1550	Address of Person to Whom Disposition-2	II D(g)	35	AN
1560	City of Person to Whom Disposition-2	II D(g)	22	AN
1570	State of Person to Whom Disposition-2	II D(g)	2	AN
1580	Zip Code of Person to Whom Disposition-2	II D(g)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1585	Country of Person to Whom Disposition-2	II D	35	AN or blank
1590	Amount Received-3	II D(f)	12	N or blank
1600	Name To Whom Disposition of Stock Was Made-3	II D(g)	40	AN

Field No.	Identification	Form Ref.	Length	Field Description
1605	Name To Whom Disposition Made-3 - N/L 2	II D(g)	40	AN
1610	Address of Person to Whom Disposition-3	II D(g)	35	AN
1620	City of Person to Whom Disposition-3	II D(g)	22	AN
1630	State of Person to Whom Disposition-3	II D(g)	2	AN
1640	Zip Code of Person to Whom Disposition-3	II D(g)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1643	Country of Person to Whom Disposition-3	II D	35	AN or blank
@1645	Part II Section D Additional Information	II	6	"STMbnn" or blank
1650	Name of Transferor	II E(a)	40	AN
1655	Name of Transferor - Name Line 2	II E(a)	40	AN
1660	Address of Transferor	II E(a)	35	AN
1670	City of Transferor	II E(a)	22	AN
1680	State of Transferor	II E(a)	2	AN
1690	Zip Code of Transferor	II E(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1695	Country of Transferor	II E	35	AN or blank
1700	Identifying Number of Transferor	II E(b)	9	N or blank
1710	Date of Transfer	II E(c)	8	YYYYMMDD or blank

Field No.	Identification	Form Ref.	Length	Field Description
1720	Name of Transferor-2	II E(a)	40	AN
1725	Name of Transferor-2 - Name Line 2	II E(a)	40	AN
1730	Address of Transferor-2	II E(a)	35	AN
1740	City of Transferor-2	II E(a)	22	AN
1750	State of Transferor-2	II E(a)	2	AN
1760	Zip Code of Transferor-2	II E(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1765	Country of Transferor-2	II E	35	AN or blank
1770	Identifying Number of Transferor-2	II E(b)	9	N or blank
1780	Date of Transfer-2	II E(c)	8	YYYYMMDD or blank
1790	Name of Transferor-3	II E(a)	40	AN
1795	Name of Transferor-3 - Name Line 2	II E(a)	40	AN
1800	Address of Transferor-3	II E(a)	35	AN
1810	City of Transferor-3	II E(a)	22	AN
1820	State of Transferor-3	II E(a)	2	AN
1830	Zip Code of Transferor-3	II E(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1835	Country of Transferor-3	II E	35	AN or blank
1840	Identifying Number of Transferor-3	II E(b)	9	N or blank
1850	Date of Transfer-3	II E(c)	8	YYYYMMDD or blank

Field No.	Identification	Form Ref.	Length	Field Description
1860	Description of Assets	II E(d)(1)	40	AN
1870	Fair Market Value	II E(d)(2)	12	N or blank
1880	Adjusted Basis	II E(d)(3)	12	N or blank
1890	Description of Assets Transferred	II E(e)	40	AN
1900	Description of Assets-2	II E(d)(1)	40	AN
1910	Fair Market Value-2	II E(d)(2)	12	N or blank
1920	Adjusted Basis-2	II E(d)(3)	12	N or blank
1930	Description of Assets Transferred-2	II E(e)	40	AN
1940	Description of Assets-3	II E(d)(1)	40	AN
1950	Fair Market Value-3	II E(d)(2)	12	N or blank
1960	Adjusted Basis-3	II E(d)(3)	12	N or blank
1970	Description of Assets Transferred-3	II E(e)	40	AN
@1975	Part II Section E Additional Information	II	6	"STMbnn" or blank
@1980	Attach Schedule if Filed Tax Return	II F(a)	6	"STMbnn" or blank
1990	Date of Any Reorganization During Last 4 Years	II F(b)	8	YYYYMMDD or blank
@2000	Attach A Chart	II F(c)	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

FORM 5695 Residential Energy Efficient Property Credits

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0352" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"5695bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0010	Identifying Number of Taxpayer		9	N
0015	Qualified Solar Electric Property	1	12	N
0025	Mulitiply Line 1 by 30%	2	12	N
0035	Smaller Line 2 or 3	4	12	N
0045	Qualified Solar Water Heating Property	5	12	N
0055	Multiply Line 5 by 30%	6	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0065	Smaller of Line 6 or 7	8	12	N
0075	Qualified Fuel Cell Property	9	12	N
0085	Multiply Line 9 by 30%	10	12	N
0095	Number of Kilowatts	11	6	R
0105	Kilowatt Capacity of Line 9	11	12	N
0115	Smaller of Line 10 or 11	12	12	N
0120	Qualified Small Wind Energy Costs	13	12	N
0130	Multiply Line 13 by 30%	14	12	N
0140	Number of Kilowatts	15	6	R
0150	Kilowatt Capacity of Line 13	15	12	N
0160	Smallest of Lines 14, 15 or 16	17	12	N

FORM 5695 Residential Energy Efficient Property Credits

Field No.	Identification	Form Ref.	Length	Field Description
0170	Qualified Geothermal Heat Pump Costs	18	12	N
0180	Multiply Line 18 by 30%	19	12	N
0190	smaller of Line 19 or 20	21	12	N
0200	Credit Carryforward from 2007	22	12	N
0210	Add Lines 4, 8, 12, 17, 21 and 22	23	12	N
0215	Tax from Form 1040	24	12	N
0220	Form 1040 Credit & Other Credits	25	12	N
0225	Subtract Line 25 from Line 24	26	12	N
0230	Residential Energy Efficient Property Credit	27	12	N
0235	Credit Carryforward to 2009	28	12	N
	Record Terminus Character		1	Value "#"

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Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0747" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"5713bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	N 0000001
0010	Tax Year Beginning		8	YYYYMMDD
0020	Tax Year Ending		8	YYYYMMDD
0040	Identifying Number		9	NO ENTRY
0050	Address		35	AN
0060	City		22	AN
0070	State		2	AN
0080	Zip Code		12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0090	Service Center Where Return Is Filed		10	AN
0100	Type Of Filer: (individual)		1	"X" or blank
0110	Type Of Filer: (partnership)		1	NO ENTRY
0120	Type Of Filer: (corporation)		1	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
0130	Type Of Filer: (trust)		1	NO ENTRY
0140	Type Of Filer: (estate)		1	NO ENTRY
0150	Type Of Filer: (other)		1	"X" or blank
0160	Adjusted Gross Income (Individuals)	1	12	N
0170	Partner/Corporation Name	2a/b	35	NO ENTRY
0180	Partner/Corporation Identifying Number	2a/b	9	NO ENTRY
0190	Partner/Corporation Name - 2	2a/b	35	NO ENTRY
0200	Partner Corporation Identifying Number - 2	2a/b	9	NO ENTRY
0210	Partner/Corporation Name - 3	2a/b	35	NO ENTRY
0220	Partner Corporation Identifying Number - 3	2a/b	9	NO ENTRY
0230	Partner/Corporation Name - 4	2a/b	35	NO ENTRY
0240	Partner/Corporation Identifying Number - 4	2a/b	9	NO ENTRY
0250	Partner/Corporation Name - 5	2a/b	35	NO ENTRY
0260	Partner/Corporation Identifying Number - 5	2a/b	9	NO ENTRY
0270	Partner/Corporation Name - 6	2a/b	35	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
0280	Partner/Corporation Identifying Number - 6	2a/b	9	NO ENTRY
0290	Partner/Corporation Name - 7	2a/b	35	NO ENTRY
0300	Partner/Corporation Identifying Number - 7	2a/b	9	NO ENTRY
0305	Attachment - Additional Information	2a/b	6	NO ENTRY
0310	Additional Information Included	2a/b	1	NO ENTRY
0320	Partnership Principal Business Activity Code	2c	6	NO ENTRY
0330	Principal Business Activity Description	2c	35	NO ENTRY
0340	Partnership IC-DISCs Code	2d	3	NO ENTRY
0350	IC-DISCs Description	2d	35	NO ENTRY
0360	Partnership's Total Assets	3a	12	NO ENTRY
0370	Partnership's Ordinary Income	3b	12	NO ENTRY
0380	Type Of Form 1120 Series Filed	4a	6	NO ENTRY
0390	Name Of Corporation	4b(1)	35	NO ENTRY
0400	Employer Identification Number	4b(2)	9	NO ENTRY
0410	Taxable Year Beginning	4b(3)	8	NO ENTRY
0420	Taxable Year Ending	4b(3)	8	NO ENTRY

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Field No.	Identification	Form Ref.	Length	Field Description
0430	Total Assets	4c(1)	12	NO ENTRY
0440	Taxable Income	4c(2)	12	NO ENTRY
0450	Total Income Of Estates Or Trusts	5	12	NO ENTRY
0460	Foreign Tax Credit	6a	12	N
0470	Deferral Of Earnings	6b	12	N
0480	Deferral Of IC-DISC Income	6c	12	NO ENTRY
0490	Exempt FSC Income	6d	12	NO ENTRY
0500	Excludable Extra-Territorial Income	6e	12	NO ENTRY
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1396" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0510	Record ID		6	"FRMbbb"
0511	Form Number		6	"5713bb"
0512	Page Number		5	"PG02b"
0513	Taxpayer Identification Number		9	N (Primary SSN)
0514	Filler		1	blank
0515	Form Occurrence Number		7	N 0000001
0520	Operations Reportable Under Section 999(a) - Yes	7a	1	"X" or blank
0530	Operations Reportable Under Section 999(a) - No	7a	1	"X" or blank
0540	Foreign Corporation Controlled - Yes Box	7b	1	"X" or blank
0550	Foreign Corporation Controlled - No Box	7b	1	"X" or blank
0560	Do You Own Any Stock Of IC-DISC - Yes Box	7c	1	"X" or blank
0570	Do You Own Any Stock Of IC-DISC - No Box	7c	1	"X" or blank
0580	Do You Claim Foreign Tax Credit - Yes Box	7d	1	"X" or blank
0590	Do You Claim Foreign Tax Credit - No Box	7d	1	"X" or blank
0600	Do You Control Any Corporation - Yes Box	7e	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0610	Do You Control Any Corporation - No Box	7e	1	"X" or blank
0620	If Yes, Did Corporation Participate - Yes Box	7e	1	"X" or blank
0630	If Yes, Did Corporation Participate - No Box	7e	1	"X" or blank
0640	Are You Controlled - Yes Box	7f	1	"X" or blank
0650	Are You Controlled - No Box	7f	1	"X" or blank
0660	If Yes, Did Person Participate - Yes Box	7f	1	"X" or blank
0670	If Yes, Did Person Participate - No Box	7f	1	"X" or blank
0680	Treated Under Section 671 As Owner - Yes Box	7g	1	"X" or blank
0690	Treated Under Section 671 As Owner - No Box	7g	1	"X" or blank
0700	Partner In A Partnership - Yes Box	7h	1	"X" or blank
0710	Partner In A Partnership - No Box	7h	1	"X" or blank
0720	Are You A Foreign Sales Corporation - Yes Box	7i	1	"X" or blank
0730	Are You A Foreign Sales Corporation - No Box	7i	1	"X" or blank
0732	Are You Excluding Extraterritorial Income - Yes	7j	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0734	Are You Excluding Extraterritorial Income - No	7j	1	"X" or blank
0740	Boycott Of Israel - Yes Box	8	1	"X" or blank
0750	Boycott Of Israel - No Box	8	1	"X" or blank
0760	Are You Submitting Additional Information	8	1	"X" or blank
*0770	Name Of Country	8a(1)	35	AN or "STMbnn" or blank
+0780	Identifying Number Of Person Having Operations	8a(2)	9	N
+0790	Principal Business Activity Code	8a(3)	6	N
*+0800	Description Of Principal Business Activity	8a(4)	35	AN or "STMbnn"
+0810	IC-DISCs Product Code	8a(5)	3	NO ENTRY
0820	Name Of Country - 2	8b(1)	35	AN or blank
0830	Identifying Number Of Person Having Operations - 2	8b(2)	9	N or blank
0840	Principal Business Activity Code - 2	8b(3)	6	N or blank
0850	Description Of Principal Business Activity - 2	8b(4)	35	AN or blank
0860	IC-DISCs Product Code - 2	8b(5)	3	NO ENTRY
0870	Name Of Country - 3	8c(1)	35	AN or blank
0880	Identifying Number Of Person Having Operations - 3	8c(2)	9	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
0890	Principal Business Activity Code - 3	8c(3)	6	N or blank
0900	Description Of Principal Business Activity - 3	8c(4)	35	AN or blank
0910	IC-DISCs Product Code - 3	8c(5)	3	NO ENTRY
0920	Name Of Country - 4	8d(1)	35	AN or blank
0930	Identifying Number Of Person Having Operations - 4	8d(2)	9	N or blank
0940	Principal Business Activity Code - 4	8d(3)	6	N or blank
0950	Description Of Principal Business Activity - 4	8d(4)	35	AN or blank
0960	IC-DISCs Product Code - 4	8d(5)	3	NO ENTRY
0970	Name Of Country - 5	8e(1)	35	AN or blank
0980	Identifying Number Of Person Having Operations - 5	8e(2)	9	N or blank
0990	Principal Business Activity Code - 5	8e(3)	6	N or blank
1000	Description Of Principal Business Activity - 5	8e(4)	35	AN or blank
1010	IC-DISCs Product Code - 5	8e(5)	3	NO ENTRY
1020	Name Of Country - 6	8f(1)	35	AN or blank
1030	Identifying Number Of Person Having Operations - 6	8f(2)	9	N or blank
1040	Principal Business Activity Code - 6	8f(3)	6	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
1050	Description Of Principal Business Activity - 6	8f(4)	35	AN or blank
1060	IC-DISCs Product Code - 6	8f(5)	3	NO ENTRY
1070	Name Of Country - 7	8g(1)	35	AN or blank
1080	Identifying Number Of Person Having Operations - 7	8g(2)	9	N or blank
1090	Principal Business Activity Code - 7	8g(3)	6	N or blank
1100	Description Of Principal Business Activity - 7	8g(4)	35	AN or blank
1110	IC-DISCs Product Code - 7	8g(5)	3	NO ENTRY
1120	Name Of Country - 8	8h(1)	35	AN or blank
1130	Identifying Number Of Person Having Operations	8h(2)	9	N OR BLANK
1140	Principal Business Activity Code - 8	8h(3)	6	N or blank
1150	Description Of Principal Business Activity - 8	8h(4)	35	AN or blank
1160	IC-DISCs Product Code - 8	8h(5)	3	NO ENTRY
1170	Name Of Country - 9	8i(1)	35	AN or blank
1180	Identifying Number Of Person Having Operations - 9	8i(2)	9	N or blank
1190	Principal Business Activity Code - 9	8i(3)	6	N or blank
1200	Description Of Principal Business Activity - 9	8i(4)	35	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
1210	IC-DISCs Product Code - 9	8i(5)	3	NO ENTRY
1220	Name Of Country - 10	8j(1)	35	AN or blank
1230	Identifying Number Of Person Having Operations-10	8j(2)	9	N or blank
1240	Principal Business Activity Code - 10	8j(3)	6	N or blank
1250	Description Of Principal Business Activity - 10	8j(4)	35	AN or blank
1260	IC-DISCs Product Code - 10	8j(5)	3	NO ENTRY
1270	Name Of Country - 11	8k(1)	35	AN or blank
1280	Identifying Number Of Person Having Operations-11	8k(2)	9	N or blank
1290	Principal Business Activity Code - 11	8k(3)	6	N or blank
1300	Description Of Principal Business Activity - 11	8k(4)	35	AN or blank
1310	IC-DISCs Product Code - 11	8k(5)	3	NO ENTRY
1320	Name Of Country - 12	8l(1)	35	AN or blank
1330	Identifying Number Of Person Having Operations-12	8l(2)	9	N or blank
1340	Principal Business Activity Code - 12	8l(3)	6	N or blank
1350	Description Of Principal Business Activity - 12	8l(4)	35	AN or blank
1360	IC-DISCs Product Code - 12	8l(5)	3	NO ENTRY
1370	Name Of Country - 13	8m(1)	35	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
1380	Identifying Number Of Person Having Operations-13	8m(2)	9	N or blank
1390	Principal Business Activity Code - 13	8m(3)	6	N or blank
1400	Description Of Principal Business Activity - 13	8m(4)	35	AN or blank
1410	IC-DISCs Product Code - 13	8m(5)	3	NO ENTRY
1420	Name Of Country - 14	8n(1)	35	AN or blank
1430	Identifying Number Of Person Having Operations-14	8n(2)	9	N or blank
1440	Principal Business Activity Code - 14	8n(3)	6	N or blank
1450	Description Of Principal Business Activity - 14	8n(4)	35	AN or blank
1460	IC-DISCs Product Code - 14	8n(5)	3	NO ENTRY
1470	Name Of Country - 15	8o(1)	35	AN or blank
1480	Identifying Number Of Person Having Operations-15	8o(2)	9	N or blank
1490	Principal Business Activity Code - 15	8o(3)	6	N or blank
1500	Desciption Of Principal Business Activity - 15	8o(4)	35	AN or blank
1510	IC-DISCs Product Code - 15	8o(5)	3	NO ENTRY
1565	Reserved	8	6	Blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1485" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1600	Record ID		6	"FRMbbb"
1601	Form Number		6	"5713bb"
1602	Page Number		5	"PG03b"
1603	Taxpayer Identification Number		9	N (Primary SSN)
1604	Filler		1	blank
1605	Form Occurrence Number		7	N 0000001
1610	Non-listed Countries Boycotting Israel (Yes Box)	9	1	"X" or blank
1620	Non-listed Countries Boycotting Israel (No Box)	9	1	"X" or blank
1630	Submitting Additional Information	9	1	"X" or blank
*1640	Name Of Non-Listed Country	9a(1)	35	AN or "STMbnn" or blank
+1650	Identifying Number Of Person	9a(2)	9	N
+1660	Business Activity Code	9a(3)	6	N
*+1670	Description Of Principal Activity	9a(4)	35	AN or "STMbnn"
+1680	IC-DISCs Only - Product Code	9a(5)	3	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
1690	Name Of Non-Listed Country - 2	9b(1)	35	AN or blank
1700	Identifying Number Of Person - 2	9b(2)	9	N or blank
1710	Business Activity Code - 2	9b(3)	6	N or blank
1720	Description Of Principal Activity - 2	9b(4)	35	AN or blank
1730	IC-DISCs Only - Product Code - 2	9b(5)	3	NO ENTRY
1740	Name Of Non-Listed Country - 3	9c(1)	35	AN or blank
1750	Identifying Number Of Person - 3	9c(2)	9	N or blank
1760	Business Activity Code - 3	9c(3)	6	N or blank
1770	Description Of Principal Activity - 3	9c(4)	35	AN or blank
1780	IC-DISCs Only - Product Code - 3	9c(5)	3	NO ENTRY
1790	Name Of Non-Listed Country - 4	9d(1)	35	AN or blank
1800	Identifying Number Of Person - 4	9d(2)	9	N or blank
1810	Business Activity Code - 4	9d(3)	6	N or blank
1820	Description Of Principal Activity - 4	9d(4)	35	AN or blank
1830	IC-DISCs Only - Product Code - 4	9d(5)	3	NO ENTRY
1840	Name Of Non-Listed Country - 5	9e(1)	35	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
1850	Identifying Number Of Person - 5	9e(2)	9	N or blank
1860	Business Activity Code - 5	9e(3)	6	N or blank
1870	Description Of Principal Activity - 5	9e(4)	35	AN or blank
1880	IC-DISCs Only - Product Code - 5	9e(5)	3	NO ENTRY
1890	Name Of Non-Listed Country - 6	9f(1)	35	AN or blank
1900	Identifying Number Of Person - 6	9f(2)	9	N or blank
1910	Business Activity Code - 6	9f(3)	6	N or blank
1920	Description Of Principal Activity - 6	9f(4)	35	AN or blank
1930	IC-DISCs Only - Product Code - 6	9f(5)	3	NO ENTRY
1940	Name Of Non-Listed Country - 7	9g(1)	35	AN or blank
1950	Identifying Number Of Person - 7	9g(2)	9	N or blank
1960	Business Activity Code - 7	9g(3)	6	N or blank
1970	Description Of Principal Activity - 7	9g(4)	35	AN or blank
1980	IC-DISCs Only - Product Code - 7	9g(5)	3	NO ENTRY
1990	Name Of Non-Listed Country - 8	9h(1)	35	AN or blank
2000	Identifying Number Of Person - 8	9h(2)	9	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
2010	Business Activity Code - 8	9h(3)	6	N or blank
2020	Description Of Principal Activity - 8	9h(4)	35	AN or blank
2030	IC-DISCs Only - Product Code - 8	9h(5)	3	NO ENTRY
2035	Reserved	9	6	Blank
2040	Operations In Any Other Country (Yes Box)	10	1	"X" or blank
2050	Operations In Any Other Country (No Box)	10	1	"X" or blank
2060	Additional Information Relating To Boycotts	10	1	"X" or blank
*2070	Name Of Other Country	10a(1)	35	AN or "STMbnn" or blank
+2080	Identifying Number	10a(2)	9	N
+2090	Principal Business Code	10a(3)	6	N
*+2100	Description Of Business Activity	10a(4)	35	AN or "STMbnn"
+2110	IC-DISCs - Enter Product Code	10a(5)	3	NO ENTRY
2120	Name Of Other Country - 2	10b(1)	35	AN or blank
2130	Identifying Number - 2	10b(2)	9	N or blank
2140	Principal Business Code - 2	10b(3)	6	N or blank
2150	Description Of Business Activity - 2	10b(4)	35	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
2160	IC-DISCs - Enter Product Code - 2	10b(5)	3	NO ENTRY
2170	Name Of Other Country - 3	10c(1)	35	AN or blank
2180	Identifying Number - 3	10c(2)	9	N or blank
2190	Principal Business Code - 3	10c(3)	6	N or blank
2200	Description Of Business Activity - 3	10c(4)	35	AN or blank
2210	IC-DISCs - Enter Product Code - 3	10c(5)	3	NO ENTRY
2220	Name Of Country - 4	10d(1)	35	AN or blank
2230	Identifying Number - 4	10d(2)	9	N or blank
2240	Principal Business Code - 4	10d(3)	6	N or blank
2250	Description Of Business Activity - 4	10d(4)	35	AN or blank
2260	IC-DISCs - Enter Product Code - 4	10d(5)	3	NO ENTRY
2270	Name Of Other Country - 5	10e(1)	35	AN or blank
2280	Identifying Number - 5	10e(2)	9	N or blank
2290	Principal Business Code - 5	10e(3)	6	N or blank
2300	Description Of Business Activity - 5	10e(4)	35	AN or blank
2310	IC-DISCs - Enter Product Code - 5	10e(5)	3	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
2320	Name Of Other Country - 6	10f(1)	35	AN or blank
2330	Identifying Number - 6	10f(2)	9	N or blank
2340	Principal Business Code - 6	10f(3)	6	N or blank
2350	Description Of Business Activity - 6	10f(4)	35	AN or blank
2360	IC-DISCs - Enter Product Code - 6	10f(5)	3	NO ENTRY
2370	Name Of Other Country - 7	10g(1)	35	AN or blank
2380	Identifying Number - 7	10g(2)	9	N or blank
2390	Principal Business Code - 7	10g(3)	6	N or blank
2400	Description Of Business Activity - 7	10g(4)	35	AN or blank
2410	IC-DISCs - Enter Product Code - 7	10g(5)	3	NO ENTRY
2420	Name Of Other Country - 8	10h(1)	35	AN or blank
2430	Identifying Number - 8	10h(2)	9	N OR BLANK
2440	Principal Business Code - 8	10h(3)	6	N OR BLANK
2450	Description Of Business Activity - 8	10h(4)	35	AN or blank
2460	IC-DISCs - Enter Product Code - 8	10h(5)	3	NO ENTRY
2465	Reserved	10	6	Blank

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Field No.	Identification	Form Ref.	Length	Field Description
2470	Requested To Participate (Yes Box)	11	1	"X" or blank
2480	Requested To Participate (No Box)	11	1	"X" or blank
@2485	Line 11 Attachments	11	6	"STMbnn" or blank
2490	Did You Participate (Yes Box)	12	1	"X" or blank
2500	Did You Participate (No Box)	12	1	"X" or blank
@2505	Line 12 Attachments	12	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1926" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
2520	Record ID		6	"FRMbbb"
2521	Form Number		6	"5713bb"
2522	Page Number		5	"PG04b"
2523	Taxpayer Identification Number		9	N (Primary SSN)
2524	Filler		1	Blank
2525	Form Occurrence Number		7	N 0000001
2530	Requests Refrain From Business With Country (Yes)	13a(1)(a)	1	"X" or blank
2540	Requests Refrain From Business With Country (No)	13a(1)(a)	1	"X" or blank
2550	Agreement Refrain From Business with Country (Yes)	13a(1)(a)	1	"X" or blank
2560	Agreement Refrain From Business with Country (No)	13a(1)(a)	1	"X" or blank
2570	Requests Refrain From Business With Person (Yes)	13a(1)(b)	1	"X" or blank
2580	Requests Refrain From Business With Person (No)	13a(1)(b)	1	"X" or blank
2590	Agreement Refrain From Business with Person (Yes)	13a(1)(b)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
2600	Agreement Refrain From Business with Person (No)	13a(1)(b)	1	"X" or blank
2610	Requests Refrain From Business With Company (Yes)	13a(1)(c)	1	"X" or blank
2620	Requests Refrain From Business With Company (No)	13a(1)(c)	1	"X" or blank
2630	Agreement Refrain From Business with Company (Yes)	13a(1)(c)	1	"X" or blank
2640	Agreement Refrain From Business with Company (No)	13a(1)(c)	1	"X" or blank
2650	Request To Refrain From Employing (Yes Box)	13a(1)(d)	1	"X" or blank
2660	Request To Refrain From Employing (No Box)	13a(1)(d)	1	"X" or blank
2670	Agreement To Refrain From Employing (Yes Box)	13a(1)(d)	1	"X" or blank
2680	Agreement To Refrain From Employing (No Box)	13a(1)(d)	1	"X" or blank
2690	Requests To Refrain From Shipping (Yes Box)	13a(2)	1	"X" or blank
2700	Requests To Refrain From Shipping (No Box)	13a(2)	1	"X" or blank
2710	Agreement To Refrain From Shipping (Yes Box)	13a(2)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
2720	Agreement To Refrain From Shipping (No Box)	13a(2)	1	"X" or blank
2730	Additional Information - Requests and Agreements	13b	1	"X" or blank
*2740	Name Of Resquesting Country	13b(1)a	35	AN or "STMbnn" or blank
+2750	Identifying Number Of Person Receiving	13b(2)a	9	N
+2760	Business Code	13b(3)a	6	N
*+2770	Business Activity Description	13b(4)a	35	AN or "STMbnn"
+2780	IC-DISCs Code	13b(5)a	3	NO ENTRY
+2790	Number Of Requests - Total	13b(6)a	12	N
+2800	Number Of Requests - Code	13b(7)a	2	N
+2810	Number Of Agreements - Total	13b(8)a	12	N
+2820	Number Of Agreements - Code	13b(9)a	2	N
2830	Name Of Requesting Country - 2	13b(1)b	35	AN or blank
2840	Identifying Number Of Person Receiving - 2	13b(2)b	9	N or blank
2850	Business Code - 2	13b(3)b	6	N or blank
2860	Business Activity Description - 2	13b(4)b	35	AN or blank
2870	IC-DISCs Code - 2	13b(5)b	3	NO ENTRY
2880	Number Of Requests - Total - 2	13b(6)b	12	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
2890	Number Of Requests - Code - 2	13b(7)b	2	N or blank
2900	Number Of Agreements - Total - 2	13b(8)b	12	N or blank
2910	Number Of Agreements - Code - 2	13b(9)b	2	N or blank
2920	Name Of Requesting Country - 3	13b(1)c	35	AN or blank
2930	Identifying Number Of Person Receiving - 3	13b(2)c	9	N or blank
2940	Business Code - 3	13b(3)c	6	N or blank
2950	Business Activity Description - 3	13b(4)c	35	AN or blank
2960	IC-DISCs Code - 3	13b(5)c	3	NO ENTRY
2970	Number Of Requests - Total - 3	13b(6)c	12	N or blank
2980	Number Of Requests - Code - 3	13b(7)c	2	N or blank
2990	Number Of Agreements - Total - 3	13b(8)c	12	N or blank
3000	Number Of Agreements - Code - 3	13b(9)c	2	N or blank
3010	Name Of Requesting Country - 4	13b(1)d	35	AN or blank
3020	Identifying Number Of Person Receiving - 4	13b(2)d	9	N or blank
3030	Business Code - 4	13b(3)d	6	N or blank
3040	Business Activity Description - 4	13b(4)d	35	AN or blank
3050	IC-DISCs Code - 4	13b(5)d	3	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
3060	Number Of Requests - Total - 4	13b(6)d	12	N or blank
3070	Number Of Requests - Code - 4	13b(7)d	2	N or blank
3080	Number Of Agreements - Total - 4	13b(8)d	12	N or blank
3090	Number Of Agreements - Code - 4	13b(9)d	2	N or blank
3100	Name Of Requesting Country - 5	13b(1)e	35	AN or blank
3110	Identifying Number Of Person Receiving - 5	13b(2)e	9	N or blank
3120	Business Code - 5	13b(3)e	6	N or blank
3130	Business Activity Description - 5	13b(4)e	35	AN or blank
3140	IC-DISCs Code - 5	13b(5)e	3	NO ENTRY
3150	Number Of Requests - Total - 5	13b(6)e	12	N or blank
3160	Number Of Requests - Code - 5	13b(7)e	2	N or blank
3170	Number Of Agreements - Total - 5	13b(8)e	12	N or blank
3180	Number Of Agreements - Code - 5	13b(9)e	2	N or blank
3190	Name Of Requesting Country - 6	13b(1)f	35	AN or blank
3200	Identifying Number Of Person Receiving - 6	13b(2)f	9	N or blank
3210	Business Code - 6	13b(3)f	6	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
3220	Business Activity Description - 6	13b(4)f	35	AN or blank
3230	IC-DISCs Code - 6	13b(5)f	3	NO ENTRY
3240	Number Of Requests - Total - 6	13b(6)f	12	N or blank
3250	Number Of Requests - Code - 6	13b(7)f	2	N or blank
3260	Number Of Agreements - Total - 6	13b(8)f	12	N or blank
3270	Number Of Agreements - Code - 6	13b(9)f	2	N or blank
3280	Name Of Requesting Country - 7	13b(1)g	35	AN or blank
3290	Identifying Number Of Person Receiving - 7	13b(2)g	9	N or blank
3300	Business Code - 7	13b(3)g	6	N or blank
3310	Business Activity Description - 7	13b(4)g	35	AN or blank
3320	IC-DISCs Code - 7	13b(5)g	3	NO ENTRY
3330	Number Of Requests - Total - 7	13b(6)g	12	N or blank
3340	Number Of Requests - Code - 7	13b(7)g	2	N or blank
3350	Number Of Agreements - Total - 7	13b(8)g	12	N or blank
3360	Number Of Agreements - Code - 7	13b(9)g	2	N or blank
3370	Name Of Requesting Country - 8	13b(1)h	35	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
3380	Identifying Number Of Person Receiving - 8	13b(2)h	9	N or blank
3390	Business Code - 8	13b(3)h	6	N or blank
3400	Business Activity Description - 8	13b(4)h	35	AN or blank
3410	IC-DISCs Code-8	13b(5)h	3	NO ENTRY
3420	Number Of Requests - Total - 8	13b(6)h	12	N or blank
3430	Number Of Requests - Code - 8	13b(7)h	2	N or blank
3440	Number Of Agreements - Total - 8	13b(8)h	12	N or blank
3450	Number Of Agreements - Code - 8	13b(9)h	2	N or blank
3460	Name Of Requesting Country - 9	13b(1)i	35	AN or blank
3470	Identifying Number Of Person Receiving - 9	13b(2)i	9	N or blank
3480	Business Code - 9	13b(3)i	6	N or blank
3490	Business Activity Description - 9	13b(4)i	35	AN or blank
3500	IC-DISCs Code - 9	13b(5)i	3	NO ENTRY
3510	Number Of Requests - Total - 9	13b(6)i	12	N or blank
3520	Number Of Requests - Code - 9	13b(7)i	2	N or blank
3530	Number Of Agreements - Total - 9	13b(8)i	12	N or blank
3540	Number Of Agreements - Code - 9	13b(9)i	2	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
3550	Name Of Requesting Country - 10	13b(1)j	35	AN or blank
3560	Identifying Number Of Person Receiving - 10	13b(2)j	9	N or blank
3570	Business Code - 10	13b(3)j	6	N or blank
3580	Business Activity Description - 10	13b(4)j	35	AN or blank
3590	IC-DISCs Code - 10	13b(5)j	3	NO ENTRY
3600	Number Of Requests - Total - 10	13b(6)j	12	N or blank
3610	Number Of Requests - Code - 10	13b(7)j	2	N or blank
3620	Number Of Agreements - Total - 10	13b(8)j	12	N or blank
3630	Number Of Agreements - Code - 10	13b(9)j	2	N or blank
3640	Name Of Requesting Country - 11	13b(1)k	35	AN or blank
3650	Identifying Number Of Person Receiving - 11	13b(2)k	9	N or blank
3660	Business Code - 11	13b(3)k	6	N or blank
3670	Business Activity Description - 11	13b(4)k	35	AN or blank
3680	IC-DISCs Code - 11	13b(5)k	3	NO ENTRY
3690	Number Of Requests - Total - 11	13b(6)k	12	N or blank
3700	Number Of Requests - Code - 11	13b(7)k	2	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
3710	Number Of Agreements - Total - 11	13b(8)k	12	N or blank
3720	Number Of Agreements - Code - 11	13b(9)k	2	N or blank
3730	Name Of Requesting Country - 12	13b(1)1	35	AN or blank
3740	Identifying Number Of Person Receiving - 12	13b(2)1	9	N or blank
3750	Business Code - 12	13b(3)1	6	N or blank
3760	Business Activity Description - 12	13b(4)1	35	AN or blank
3770	IC-DISCs Code - 12	13b(5)1	3	NO ENTRY
3780	Number Of Requests - Total - 12	13b(6)1	12	N or blank
3790	Number Of Requests - Code 12	13b(7)1	2	N or blank
3800	Number Of Agreements - Total - 12	13b(8)1	12	N or blank
3810	Number Of Agreements - Code - 12	13b(9)1	2	N or blank
3820	Name Of Requesting Country - 13	13b(1)m	35	AN or blank
3830	Identifying Number Of Person Receiving - 13	13b(2)m	9	N or blank
3840	Business Code - 13	13b(3)m	6	N or blank
3850	Business Activity Description - 13	13b(4)m	35	AN or blank
3860	IC-DISCs Code - 13	13b(5)m	3	NO ENTRY
3870	Number Of Requests - Total - 13	13b(6)m	12	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
3880	Number Of Requests - Code - 13	13b(7)m	2	N or blank
3890	Number Of Agreements - Total - 13	13b(8)m	12	N or blank
3900	Number Of Agreements - Code - 13	13b(9)m	2	N or blank
3910	Name Of Requesting Country - 14	13b(1)n	35	AN or blank
3920	Identifying Number Of Person Receiving - 14	13b(2)n	9	N or blank
3930	Business Code - 14	13b(3)n	6	N or blank
3940	Business Activity Description - 14	13b(4)n	35	AN or blank
3950	IC-DISCs Code - 14	13b(5)n	3	NO ENTRY
3960	Number Of Requests - Total - 14	13b(6)n	12	N or blank
3970	Number Of Requests - Code - 14	13b(7)n	2	N or blank
3980	Number Of Agreements - Total - 14	13b(8)n	12	N or blank
3990	Number Of Agreements - Code - 14	13b(9)n	2	N or blank
4000	Name Of Requesting Country - 15	13b(1)o	35	AN or blank
4010	Identifying Number Of Person Receiving - 15	13b(2)o	9	N or blank
4020	Business Code - 15	13b(3)o	6	N or blank
4030	Business Activity Description - 15	13b(4)o	35	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
4040	IC-DISCs Code - 15	13b(5)o	3	NO ENTRY
4050	Number Of Requests - Total - 15	13b(6)o	12	N or blank
4060	Number Of Requests - Code - 15	13b(7)o	2	N or blank
4070	Number Of Agreements - Total - 15	13b(8)o	12	N or blank
4080	Number Of Agreements - Code - 15	13b(9)o	2	N or blank
4090	Name Of Requesting Country - 16	13b(1)p	35	AN or blank
4100	Identifying Number Of Person Receiving - 16	13b(2)p	9	N or blank
4110	Business Code - 16	13b(3)p	6	N or blank
4120	Business Activity Description - 16	13b(4)p	35	AN or blank
4130	IC-DISCs Code - 16	13b(5)p	3	NO ENTRY
4140	Number Of Requests - Total - 16	13b(6)p	12	N or blank
4150	Number Of Requests - Code - 16	13b(7)p	2	N or blank
4160	Number Of Agreements - Total - 16	13b(8)p	12	N or blank
4170	Number Of Agreements - Code - 16	13b(9)p	2	N or blank
4175	Reserved	13	6	Blank
	Record Terminus Character		1	Value "#"

SCHEDULE A (FORM 5713) Computation of The International Boycott Factor

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1253" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"SCHbbA"
0001	Schedule Type		6	"5713bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	N 0000001-0000005
0020	Boycotting Israel		1	"X" or blank
0030	Boycotting Other		1	"X" or blank
0040	Identify Other Country		35	AN
0050	Name Of Country	a(1)	35	AN
0060	Boycott Purchases	a(2)	12	N
0070	Boycott Sales	a(3)	12	N
0080	Boycott Payroll	a(4)	12	N
0090	Name Of Country - 2	b(1)	35	AN or blank
0100	Boycott Purchases - 2	b(2)	12	N or blank
0110	Boycott Sales - 2	b(3)	12	N or blank
0120	Boycott Payroll - 2	b(4)	12	N or blank
0130	Name Of Country - 3	c(1)	35	AN or blank
0140	Boycott Purchases - 3	c(2)	12	N or blank

SCHEDULE A (FORM 5713) Computation of The International Boycott Factor

Field No.	Identification	Form Ref.	Length	Field Description
0150	Boycott Sales - 3	c(3)	12	N or blank
0160	Boycott Payroll - 3	c(4)	12	N or blank
0170	Name Of Country - 4	d(1)	35	AN or blank
0180	Boycott Purchases - 4	d(2)	12	N or blank
0190	Boycott Sales - 4	d(3)	12	N or blank
0200	Boycott Payroll - 4	d(4)	12	N or blank
0210	Name Of Country - 5	e(1)	35	AN or blank
0220	Boycott Purchases - 5	e(2)	12	N or blank
0230	Boycott Sales - 5	e(3)	12	N or blank
0240	Boycott Payroll - 5	e(4)	12	N or blank
0250	Name Of Country - 6	f(1)	35	AN or blank
0260	Boycott Purchases - 6	f(2)	12	N or blank
0270	Boycott Sales - 6	f(3)	12	N or blank
0280	Boycott Payroll - 6	f(4)	12	N or blank
0290	Name Of Country - 7	g(1)	35	AN or blank
0300	Boycott Purchases - 7	g(2)	12	N or blank
0310	Boycott Sales - 7	g(3)	12	N or blank
0320	Boycott Payroll - 7	g(4)	12	N or blank
0330	Name Of Country - 8	h(1)	35	AN or blank
0340	Boycott Purchases - 8	h(2)	12	N or blank
0350	Boycott Sales - 8	h(3)	12	N or blank
0360	Boycott Payroll - 8	h(4)	12	N or blank

SCHEDULE A (FORM 5713) Computation of The International Boycott Factor

Field No.	Identification	Form Ref.	Length	Field Description
0370	Name Of Country - 9	i(1)	35	AN or blank
0380	Boycott Purchases - 9	i(2)	12	N or blank
0390	Boycott Sales - 9	i(3)	12	N or blank
0400	Boycott Payroll - 9	i(4)	12	N or blank
0410	Name Of Country - 10	j(1)	35	AN or blank
0420	Boycott Purchases - 10	j(2)	12	N or blank
0430	Boycott Sales - 10	j(3)	12	N or blank
0440	Boycott Payroll - 10	j(4)	12	N or blank
0450	Name Of Country - 11	k(1)	35	AN or blank
0460	Boycott Purchases - 11	k(2)	12	N or blank
0470	Boycott Sales - 11	k(3)	12	N or blank
0480	Boycott Payroll - 11	k(4)	12	N or blank
0490	Name Of Country - 12	l(1)	35	AN or blank
0500	Boycott Purchases - 12	l(2)	12	N or blank
0510	Boycott Sales - 12	l(3)	12	N or blank
0520	Boycott Payroll - 12	l(4)	12	N or blank
0530	Name Of Country - 13	m(1)	35	AN or blank
0540	Boycott Purchases - 13	m(2)	12	N or blank
0550	Boycott Sales - 13	m(3)	12	N or blank
0560	Boycott Payroll - 13	m(4)	12	N or blank
0570	Name Of Country - 14	n(1)	35	AN or blank
0580	Boycott Purchases - 14	n(2)	12	N or blank

SCHEDULE A (FORM 5713) Computation of The International Boycott Factor

Field No.	Identification	Form Ref.	Length	Field Description
0590	Boycott Sales - 14	n(3)	12	N or blank
0600	Boycott Payroll - 14	n(4)	12	N or blank
0610	Name Of Country - 15	o(1)	35	AN or blank
0620	Boycott Purchases - 15	o(2)	12	N or blank
0630	Boycott Sales - 15	o(3)	12	N or blank
0640	Boycott Payroll - 15	o(4)	12	N or blank
0650	Total - Boycott Purchases	(2)	12	N
0660	Total - Boycott Sales	(3)	12	N
0670	Total - Boycott Payroll	(4)	12	N
0680	Numerator Of Boycott Factor	1(4)	12	N
0690	Total Purchases From Countries Other U.S.	2a	12	N
0700	Total Sales To Or From Countries Other Than U.S.	2b	12	N
0710	Total Payroll Paid Or Accrued	2c	12	N
0720	Total Of Lines 2a, b, And c	2d	12	N
0730	International Boycott Factor	3	12	N
	Record Terminus Character		1	Value "#"

SCHEDULE B (FORM 5713) Specifically Attributable Taxes & Income ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1864" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"SCHbbB"
0001	Schedule Type		6	"5713bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	N 0000001 - 0000005
0020	Boycotting Israel		1	"X" or blank
0030	Boycotting Other		1	"X" or blank
0040	Identify Other Country		35	AN
0050	Name Of Country	a(1)	35	AN
0060	Business Code	a(2)	6	N
0070	Description Of Business Activity	a(3)	35	AN
0080	Foreign Taxes	a(4)	12	N
0090	Prorated Share	a(5)	12	N
0100	IC-DISC Taxable Income	a(6)	12	NO ENTRY
0110	FSC Taxable Income	a(7)	12	NO ENTRY
0120	Name Of Country - 2	b(1)	35	AN or blank
0130	Business Code - 2	b(2)	6	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
0140	Description Of Business Activity - 2	b(3)	35	AN or blank
0150	Foreign Taxes - 2	b(4)	12	N OR BLANK
0160	Prorated Share - 2	b(5)	12	N OR BLANK
0170	IC-DISC Taxable Income - 2	b(6)	12	NO ENTRY
0180	FSC Taxable Income - 2	b(7)	12	NO ENTRY
0190	Name Of Country - 3	c(1)	35	AN or blank
0200	Business Code - 3	c(2)	6	N OR BLANK
0210	Description Of Business Activity - 3	c(3)	35	A/N OR BLANK
0220	Foreign Taxes - 3	c(4)	12	N OR BLANK
0230	Prorated Share - 3	c(5)	12	N OR BLANK
0240	IC-DISC Taxable Income - 3	c(6)	12	NO ENTRY
0250	FSC Taxable Income - 3	c(7)	12	NO ENTRY
0260	Name Of Country - 4	d(1)	35	AN or blank
0270	Business Code - 4	d(2)	6	N OR BLANK
0280	Description Of Business Activity - 4	d(3)	35	AN or blank
0290	Foreign Taxes - 4	d(4)	12	N OR BLANK
0300	Prorated Share - 4	d(5)	12	N OR BLANK
0310	IC-DISC Taxable Income - 4	d(6)	12	NO ENTRY
0320	FSC Taxable Income - 4	d(7)	12	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
0330	Name Of Country - 5	e(1)	35	AN or blank
0340	Business Code - 5	e(2)	6	N OR BLANK
0350	Description Of Business Activity - 5	e(3)	35	AN or blank
0360	Foreign Taxes - 5	e(4)	12	N OR BLANK
0370	Prorated Share - 5	e(5)	12	N OR BLANK
0380	IC-DISC Taxable Income - 5	e(6)	12	NO ENTRY
0390	FSC Taxable Income - 5	e(7)	12	NO ENTRY
0400	Name Of Country - 6	f(1)	35	AN or blank
0410	Business Code - 6	f(2)	6	N OR BLANK
0420	Description Of Business Activity - 6	f(3)	35	AN or blank
0430	Foreign Taxes - 6	f(4)	12	N OR BLANK
0440	Prorated Share - 6	f(5)	12	N OR BLANK
0450	IC-DISC Taxable Income - 6	f(6)	12	NO ENTRY
0460	FSC Taxable Income - 6	f(7)	12	NO ENTRY
0470	Name Of Country - 7	g(1)	35	AN or blank
0480	Business Code - 7	g(2)	6	N OR BLANK
0490	Description Of Business Activity - 7	g(3)	35	AN or blank
0500	Foreign Taxes - 7	g(4)	12	N OR BLANK
0510	Prorated Share - 7	g(5)	12	N OR BLANK

Field No.	Identification	Form Ref.	Length	Field Description
0520	IC-DISC Taxable Income - 7	g(6)	12	NO ENTRY
0530	FSC Taxable Income - 7	g(7)	12	NO ENTRY
0540	Name Of Country - 8	h(1)	35	AN or blank
0550	Business Code - 8	h(2)	6	N OR BLANK
0560	Description Of Business Activity - 8	h(3)	35	AN or blank
0570	Foreign Taxes - 8	h(4)	12	N OR BLANK
0580	Prorated Share - 8	h(5)	12	N OR BLANK
0590	IC-DISC Taxable Income - 8	h(6)	12	NO ENTRY
0600	FSC Taxable Income - 8	h(7)	12	NO ENTRY
0610	Name Of Country - 9	i(1)	35	AN or blank
0620	Business Code-9	i(2)	6	N OR BLANK
0630	Description Of Business Activity - 9	i(3)	35	AN or blank
0640	Foreign Taxes - 9	i(4)	12	N OR BLANK
0650	Prorated Share - 9	i(5)	12	N or blank
0660	IC-DISC Taxable Income - 9	i(6)	12	NO ENTRY
0670	FSC Taxable Income - 9	i(7)	12	NO ENTRY
0680	Name Of Country - 10	j(1)	35	AN or blank
0690	Business Code - 10	j(2)	6	N OR BLANK
0700	Description Of Business Activity - 10	j(3)	35	AN or blank

SCHEDULE B (FORM 5713) Specifically Attributable Taxes & Income ...

Field No.	Identification	Form Ref.	Length	Field Description
0710	Foreign Taxes - 10	j(4)	12	N OR BLANK
0720	Prorated Share - 10	j(5)	12	N OR BLANK
0730	IC-DISC Taxable Income - 10	j(6)	12	NO ENTRY
0740	FSC Taxable Income - 10	j(7)	12	NO ENTRY
0750	Name Of Country - 11	k(1)	35	AN or blank
0760	Business Code - 11	k(2)	6	N OR BLANK
0770	Description Of Business Activity - 11	k(3)	35	AN or blank
0780	Foreign Taxes - 11	k(4)	12	N OR BLANK
0790	Prorated Share - 11	k(5)	12	N OR BLANK
0800	IC-DISC Taxable Income - 11	k(6)	12	NO ENTRY
0810	FSC Taxable Income - 11	k(7)	12	NO ENTRY
0820	Name Of Country - 12	l(1)	35	A
0830	Business Code - 12	l(2)	6	N OR BLANK
0840	Description Of Business Activity - 12	l(3)	35	AN or blank
0850	Foreign Taxes - 12	l(4)	12	N or blank
0860	Prorated Share - 12	l(5)	12	N OR BLANK
0870	IC-DISC Taxable Income - 12	l(6)	12	NO ENTRY
0880	FSC Taxable Income - 12	l(7)	12	NO ENTRY
0890	Name Of Country - 13	m(1)	35	AN or blank
0900	Business Code - 13	m(2)	6	N OR BLANK

SCHEDULE B (FORM 5713) Specifically Attributable Taxes & Income ...

Field No.	Identification	Form Ref.	Length	Field Description
0910	Description Of Business Activity - 13	m(3)	35	AN or blank
0920	Foreign Taxes - 13	m(4)	12	N OR BLANK
0930	Prorated Share - 13	m(5)	12	N OR BLANK
0940	IC-DISC Taxable Income - 13	m(6)	12	NO ENTRY
0950	FSC Taxable Income	m(7)	12	NO ENTRY
0960	Name Of Country - 14	n(1)	35	AN or blank
0970	Business Code -14	n(2)	6	N OR BLANK
0980	Description Of Business Activity - 14	n(3)	35	AN or blank
0990	Foreign Taxes - 14	n(4)	12	N or blank
1000	Prorated Share - 14	n(5)	12	N OR BLANK
1010	IL-DISC Taxable Income - 14	n(6)	12	NO ENTRY
1020	FSC Taxable Income	n(7)	12	NO ENTRY
1030	Total - Foreign Taxes	o(4)	12	N
1040	Total - Prorated Share	o(5)	12	N
1050	Total - IC-DISC Taxable Income	o(6)	12	NO ENTRY
1060	Total - FSC Taxable Income	o(7)	12	NO ENTRY
	Record Terminus Character		1	Value "#"

SCHEDULE C (FORM 5713) PAGE 1 Tax Effect of The International Boycott Provisions

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0282" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"SCHbbC"
0001	Schedule Type		6	"5713bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	International Boycott Factor From Schedule A	1a	1	"X" or blank
0030	Attributable Taxes And Income	1b	1	"X" or blank
0040	Foreign Tax Credit Before Adjustment	2a(1)	12	N OR BLANK
0050	International Boycott Factor Line 3, Sch A (F5713)	2a(2)	12	N OR BLANK
0060	Reduction Of Foreign Tax Credit	2a(3)	12	N OR BLANK
0070	Adjusted Foreign Tax Credit	2a(4)	12	N OR BLANK
0080	Amount From Line O, Sch B (Form 5713)	2b	12	N OR BLANK
0090	Prorated Share Of Total Income	3a(1)	12	N OR BLANK

SCHEDULE C (FORM 5713) PAGE 1 Tax Effect of The International Boycott Provisions

Field No.	Identification	Form Ref.	Length	Field Description
0100	Prorated Share Of Income Attributable	3a(2)	12	N OR BLANK
0110	Subtract Line 3(a)2 From Line 3(a)1	3a(3)	12	N OR BLANK
0120	International Boycott Factor - Line 3	3a(4)	12	N OR BLANK
0130	Prorated Share Of Subpart F	3a(5)	12	N OR BLANK
0140	Amount From Line O, Sch B	3b	12	N OR BLANK
0150	Prorated Share Of Section 995 Amount	4a(1)	12	N OR BLANK
0160	International Boycott Factor - Line 4	4a(2)	12	N OR BLANK
0170	Prorated Share Of IC-DISc Income	4a(3)	12	NO ENTRY
0180	Amount From Line O, Sch B	4a(4)	12	NO ENTRY
0190	Add Amounts From Columns	5a(1)	12	N OR BLANK
0200	International Boycott Factor - Line 5	5a(2)	12	NO ENTRY
0210	Exempt Foreign Trade Income	5a(3)	12	N OR BLANK
0220	Amount From Line O	5b	12	N OR Blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0079" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0230	Record ID		6	"SCHbbC"
0231	Schedule Type		6	"5713bb"
0232	Page Number		5	"PG02b"
0233	Taxpayer Identification Number		9	N (Primary SSN)
0234	Filler		1	blank
0235	Schedule Occurrence Number		7	N 0000001
0240	Form 8873 Amount	6a	12	N
0250	International Boycott Factor	6b	12	N
0260	Reduction of Qualifying Foreign Trade Income	6c	12	N
	Record Terminus Character		1	Value "#"

FORM 5884 WORK OPPORTUNITY CREDIT

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0262" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"5884bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0040	Wages Paid Worked At Least 120 But < 400 Hours	1a	12	N
0050	Total Wages Worked 120-400 Hours	1a	12	N
0060	Wages Paid Worked At Least 400 Hours	1b	12	N
0070	Total Wages Worked 400 Hours or More	1b	12	N
0072	Second Year Wages	1c	12	N
0074	Total Second Year Wages	1c	12	N
0080	Sum of Lines 1a, 1b and 1c	2	12	N ‖ --‖ --‖
@0085	Attach Exception Statement	2	6	"STMbnn" or blank ‖
0090	Work Oppt. Credits from Flow-Through Entities	3	12	N

FORM 5884 WORK OPPORTUNITY CREDIT

Field No.	Identification	Form Ref.	Length	Field Description
0100	Add Lines 2 and 3	4	12	N
0110	Work Opportunity Credit	5	12	N
0120	Subtract Line 5 from Line 4	6	12	N
0130	Work Opportunity Credit for Current Year	7	12	N
0135	Carryforward of Work Opportunity Credit after 2006	8	12	N
0140	Carryback of Work Opportunity Credit from 2009	9	12	N
0150	Add Lines 6 through 9	10	12	N
0160	Allocation to Patrons	11	12	NO ENTRY
0165	Subtract Line 11 from Line 10	12	12	NO ENTRY

	Record Terminus Character	1	Value "#"

FORM 5884-A Credits for Affected Midwestern Disaster Area ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0172" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"5884Ab"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified Wages Paid/Incurred after Disaster	1	12	N
0030	40% of Line 1	2	12	N
0040	Empl Ret Cr from PRTSHP, S Corp, Coop, Est & Tr	3	12	N
0050	1041 Portion Amount	4	12	NO ENTRY
0060	Current Year Credit	4	12	N
0070	Value of Qualified Lodging	5	12	N
0080	30% of Line 5	6	12	N
0090	Emplyr Hous Cr from PRTSHP, S Corp, Coop, Est & Tr	7	12	N
0100	1041 Portion Amount	8	12	NO ENTRY
0110	Current Year Credit	8	12	N
	Record Terminus Character		1	Value "#"

FORM 6198 At-Risk Limitations

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0461" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"6198bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0009	Description of Activity		80	AN
0010	Activity Profit/Loss	1	12	N
0020	Sch D Gain/Loss	2a	12	N
0030	F4797 Gain/Loss	2b	12	N
*0033	Other Gain/Loss Type	2c	20	AN or "STMbnn"
+0037	Other Gain/Loss Amount	2c	12	N
0040	Total Other Gain/ Loss	2c	12	N
0050	Sch K-1 Income/Gain/ Loss	3	12	N
0060	Other Deductions	4	12	N
0070	Current Year Overall Profit/Loss	5	12	N
0080	Adjusted Basis	6	12	N
0090	Tax Year Increases	7	12	N
0100	Line 6 Plus Line 7	8	12	N

FORM 6198 At-Risk Limitations

Field No.	Identification	Form Ref.	Length	Field Description
0110	Tax Year Decreases	9	12	N
0120	Line 8 Minus Line 9	10a	12	N
0130	Amount at Risk	10b	12	N
0140	Investment	11	12	N
0150	Increases at Effective Date	12	12	N
0160	Line 11 Plus Line 12	13	12	N
0170	Decreases at Effective Date	14	12	N
0180	At Risk Effective Date Box	15a	1	"X" or blank
0190	Prior Year F6198, Line 19b Box	15b	1	"X" or blank
0200	Amount at Risk	15	12	N
0210	Increases Effective Date Box	16a	1	"X" or blank
0220	Increases End of Prior Year Box	16b	1	"X" or blank
0230	Amount of Increases	16	12	N
0240	Line 15 Plus Line 16	17	12	N
0250	Decreases Effective Date Box	18a	1	"X" or blank
0260	Decreases End of Prior Year Box	18b	1	"X" or blank
0270	Amount of Decreases	18	12	N
0280	Line 17 Minus Line 18	19a	12	N
0290	Amount at Risk	19b	12	N
0300	Larger of Line 10b or Line 19b	20	12	N
0310	Deductible Loss	21	12	N
	Record Terminus Character		1	Value "#"

FORM 6251 PAGE 1 Alternative Minimum Tax - Individuals

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0513" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"6251bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0035	AGI or AGI Less Deductions	1	12	N
0045	Medical/Dental Expense	2	12	N
0065	Schedule A Taxes	3	12	N
0085	Certain Mortgage Int.	4	12	N
0087	Miscellaneous Itemized Deductions	5	12	N
0088	Worksheet Amount	6	12	N ‖
0089	Amount from Form 4684	7	12	N ‖
*0090	Type of Other Tax Refund	8	25	AN or "STMbnn" ‖
+0091	Amount of Other Tax Refund	8	12	N ‖
0092	Refund of Taxes	8	12	N ‖
0094	Investment Int. Expense	9	12	N ‖

Field No.	Identification	Form Ref.	Length	Field Description
0096	Depletion	10	12	N ‖
0098	Net Operating Loss	11	12	N ‖
0100	Tax Exempt Interest From Private Activity Bonds	12	12	N ‖
0102	Section 1202 Exclusion	13	12	N ‖
0104	Incentive Stock Options	14	12	N ‖
0106	Beneficiaries of Estates and Trusts	15	12	N ‖
0110	Large Partnerships	16	12	N ‖
0114	Adjusted Gain or Loss	17	12	N ‖
0118	Depreciation	18	12	N ‖
0122	Passive Activity Loss	19	12	N ‖
0126	Certain Loss Limitations	20	12	N ‖
0130	Circulation Expense	21	12	N ‖
0134	Long-term Contracts	22	12	N ‖
0138	Mining Exploration and Development Costs	23	12	N ‖
0142	Research Experimental Expense	24	12	N ‖
0146	Certain Installment Sales	25	12	N ‖
0150	Intangible Drilling	26	12	N ‖
0154	Other Adjustments	27	12	N ‖
0267	Alternative Tax Net Operating Loss	28	12	N ‖

FORM 6251 PAGE 1 Alternative Minimum Tax - Individuals

Field No.	Identification	Form Ref.	Length	Field Description	
0283	Alternative Minimum Taxable Income	29	12	N	||
0287	Exemption Amount	30	12	N	||
0306	Child Exemption Worksheet Literal	30	1	"C" or blank	||
0315	Adjusted AMT Income	31	12	N	||
0325	Initial Minimum Tax	32	12	N	||
0330	Foreign Tax Credit	33	12	N	||
0333	Tentative Minimum Tax	34	12	N	||
0337	Applicable Return Tax	35	12	N	||
0340	Alternative Minimum Tax	36	12	N	||
	Record Terminus Character		1	Value "#"	

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0271" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0350	Record ID		6	"FRMbbb"
0351	Form Number		6	"6251bb"
0352	Page Number		5	"PG02b"
0353	Taxpayer Identification Number		9	N (Primary SSN)
0354	Filler		1	blank
0355	Form Occurrence Number		7	N 0000001
0360	Adjusted AMT Income	37	12	N
0370	Amount from Appropriate Worksheet	38	12	N
0380	Unrecaptured Section 1250 Gain	39	12	N
0390	Amount Per Line Instructions	40	12	N
0410	Smaller of Line 37 or 40	41	12	N
0420	Subtract Line 41 from 37	42	12	N
0430	Multiply Line 42 by .26 or.28 and Subtract $3,500	43	12	N
0470	Filing Status Amount	44	12	N
0480	Amount from Appropriate Worksheet	45	12	N
0485	Subtract Line 45 from 44	46	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0490	Smaller of Line 37 or 38	47	12	N
0500	Smaller of Line 46 or 47	48	12	N
0580	Subtract Line 48 from 47	49	12	N
0590	Multiply Line 49 by .15	50	12	N
0605	Subtract Line 47 from 41	51	12	N
0610	Multiply Line 51 by .25	52	12	N
0615	Add Lines 43, 50, and 52	53	12	N
0620	Multiply Line 37 by .26 or .28 and Subtract $3,500	54	12	N
0625	Smaller of Line 53 or 54	55	12	N
	Record Terminus Character		1	Value "#"

FORM 6252 Installment Sale Income

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0623" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"6252bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0010	Property Description	1	65	AN
0020	Date Acquired	2a	8	DT
0030	Date Sold	2b	8	DT
0040	Related Party Yes	3	1	"X" or blank
0050	Related Party No	3	1	"X" or blank
0060	Marketable Security Yes	4	1	"X" or blank
0070	Marketable Security No	4	1	"X" or blank
0080	Selling Price	5	12	N
0090	Mortgage / Indebtedness	6	12	N
0100	Line 5 Minus Line 6	7	12	N
0110	Cost or Basis	8	12	N
0120	Depreciation Allowable	9	12	N
0130	Adjusted Basis	10	12	N

FORM 6252 Installment Sale Income

Field No.	Identification	Form Ref.	Length	Field Description
0140	Commission/Other Exp	11	12	N
0150	Income Recapture F4797	12	12	N
0160	Sum of Lines 10/11/ 12	13	12	N
0170	Line 5 Minus Line 13	14	12	N
0185	Excluded Gain Amount	15	12	N
0190	Gross Profit	16	12	N
0200	Line 6 Minus Line 13	17	12	N
0210	Contract Price	18	12	N
0220	Gross Profit Ratio	19	6	R (Please see Part I, Sect 5.01.2.b)
0230	Yr of Sale Line 17 Amt	20	12	N
0240	Payments Received	21	12	N
0250	Sum of Lines 20, 21	22	12	N
0260	Payments Recd Prior Yr	23	12	N
0270	Installment Sale Income	24	12	N
0280	Ordinary Income Part	25	12	N
0290	Line 24 Minus Line 25	26	12	N
0300	Related Party Identity	27	40	AN
0310	Continuation Data	27	80	AN
0320	Property Sold Yes	28	1	"X" or blank
0330	Property Sold No	28	1	"X" or blank

FORM 6252 Installment Sale Income

Field No.	Identification	Form Ref.	Length	Field Description
0335	2nd Disp more than 2 years after 1st Disp	29a	1	"X" or blank
0337	Date of Disposition	29a	8	DT
0340	1st Disp Sale/ Exchange	29b	1	"X" or blank
0350	2nd Disp Involuntary Conversion	29c	1	"X" or blank
0360	2nd Disp After Death of Orig. Seller/Buyer	29d	1	"X" or blank
0370	Disposition Not to Avoid Tax	29e	1	"X" or blank
@0380	Explanation of Disp Not to Avoid Tax	29e	6	"STMbnn" or blank
0390	Selling Price	30	12	N
0400	Contract Price 1st Yr	31	12	N
0410	Smaller Line 30 or 31	32	12	N
0420	Total Payments Received	33	12	N
0430	Line 32 Minus Line 33	34	12	N
0440	Line 34 Times 1st Year Gross Profit Ratio	35	12	N
0450	Line 35 Ordinary Income	36	12	N
0460	Line 35 Minus Line 36	37	12	N
	Record Terminus Character		1	Value "#"

FORM 6478 Credit for Alcohol Used as Fuel

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0442" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"6478bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified Ethanol Fuel Production (Gallons)	1(a)	12	N
0030	Total Qualified Ethanol Fuel	1(c)	12	N
0032	Alcohol 190 Proof or more Sold or Used before 2009	2(a)	12	N
0034	Total Alcohol 190 or more Sold or Used before 2009	2(c)	12	N
0036	Alcohol 190 Proof or more Sold or Used after 2008	3(a)	12	NO ENTRY
0038	Total Alcohol 190 or more Sold or Used after 2008	3(c)	12	NO ENTRY
0042	Alcohol 150 to 189 Proof Sold or Used before 2009	4(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0044	Total 150 to 189 Proof Sold or Used before 2009	4(c)	12	N
0046	Alcohol 150 to 189 Proof Sold or Used after 2008	5(a)	12	NO ENTRY
0048	Total 150 to 189 Proof Sold or Used after 2008	5(c)	12	NO ENTRY
0052	Cellolosic Produced and Sold or Used after 2008	6(a)	12	NO ENTRY
0054	Total Cellolosic Made and Sold or Used after 2008	6(c)	12	NO ENTRY
0056	190 or more in Mixture Sold or Used before 2009	7(a)	12	N
0058	Total 190 or more Mixture Sold or Used before 2009	7(c)	12	N
0062	190 or more in Mixture Sold or Used after 2008	8(a)	12	NO ENTRY
0064	Total 190 or more Mixture Sold or Used after 2008	8(c)	12	NO ENTRY
0066	150 to 189 Proof Mixture Sold or Used before 2009	9(a)	12	N
0068	Tot 150 to 189 in Mixture Sold or Used before 2009	9(c)	12	N
0072	150 to 189 Proof Mixture Sold or Used after 2008	10(a)	12	NO ENTRY

FORM 6478 Credit for Alcohol Used as Fuel

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0346" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"6478bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified Ethanol Fuel Production (Gallons)	1(a)	12	N
0030	Total Qualified Ethanol Fuel	1(c)	12	N
0032	Alcohol 190 Proof or more Sold or Used before 2009	2(a)	12	N
0034	Total Alcohol 190 or more Sold or Used before 2009	2(c)	12	N
0036	Alcohol 190 Proof or more Sold or Used after 2008	3(a)	12	NO ENTRY
0038	Total Alcohol 190 or more Sold or Used after 2008	3(c)	12	NO ENTRY
0042	Alcohol 150 to 189 Proof Sold or Used before 2009	4(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0044	Total 150 to 189 Proof Sold or Used before 2009	4(c)	12	N
0046	Alcohol 150 to 189 Proof Sold or Used after 2008	5(a)	12	NO ENTRY
0048	Total 150 to 189 Proof Sold or Used after 2008	5(c)	12	NO ENTRY
0076	Biofuel Made and Sold or Used after 2008/Alcohol	6(a)	12	NO ENTRY
0078	Tot Biofuel Made and Sold or Used after 2008/Alcol	6(c)	12	NO ENTRY
0079	Biofuel Made and Sold or Used after 2008/not Alcol	7(a)	12	NO ENTRY
0082	Tot Biofuel Made and Sold or Used after 2008/no Al	7(c)	12	NO ENTRY
0085	Amount to Include in Income	8	12	N
0100	Partnerships, etc. Fuel Credits	9	12	N
0110	Add Lines 8 and 9	10	12	N

FORM 6478 Credit for Alcohol Used as Fuel

Field No.	Identification	Form Ref.	Length	Field Description
0120	Credit from Passive Activities	11	12	N
0130	Previous Total minus Passive Activities Credit	12	12	N
0140	Passive Activity Credit Allowed	13	12	N
0148	Carry-back/Carry-forward of Credit	14	12	N
0155	Current Year Credit for Alcohol Used as Fuel	15	12	N
0158	Allocated to Beneficiaries	16	12	NO ENTRY
0168	Attach 1041 Statement	16	6	NO ENTRY
0180	Estate and Trust Current Year Credit	17	12	NO ENTRY
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0498" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"6765bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0015	Paid or Inc to Energy Consortia - Sect. A	1	12	N
0020	Payments Paid or Incurred - Sect. A	2	12	N
0030	Organization Base Period Amt. - Sect. A	3	12	N
0040	Subtract Line 3 from Line 2 - Sect. A	4	12	N
0050	Wages for Qualified Services - Sect. A	5	12	N
0060	Cost of Supplies - Sect. A	6	12	N
0070	Cost of Computers - Sect. A	7	12	N
0080	Percentage of Contract Research Expenses - Sect. A	8	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0090	Total Qualified Research Expenses - Sect. A	9	12	N
0100	Fixed-Base Percentage	10	6	R
0110	Avg. Annual Gross Receipts - Sect. A	11	12	N
0120	Multiply Line 11 by Percent on Line 10 (Base Amt.)	12	12	N
0130	Subtract Line 12 from Line 9	13	12	N
0140	Multiply line 9 by 50%	14	12	N
0150	Smaller of Line 13 or Line 14	15	12	N
0160	Add Lines 1, 4 and 15	16	12	N
0170	Section 280C Election "Yes" Box - A	17	1	"X" or blank
0175	Section 280C Election "No" Box - A	17	1	"X" or blank
0180	Regular Credit	17	12	N
@0190	Attach Schedule	17	6	"STMbnn" or blank
0195	Paid or Inc to Energy Consortia - Sect. B	18	12	N
0200	Payments Paid or Incurred - Sect. B	19	12	N
0210	Organization Base Period Amt. - Sect. B	20	12	N
0220	Subtract Line 20 from Line 19	21	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0224	Add Lines 18 and 21	22	12	N
0230	Multiply Line 22 by 20%	23	12	N
0240	Wages for Qualified Services - Sect. B	24	12	N
0250	Cost of Supplies - Sect. B	25	12	N
0260	Costs of Computers - Sect. B	26	12	N
0270	Percentage of Contract Research Expenses - Sect. B	27	12	N
0280	Total Qualified Research Expenses - Sect. B	28	12	N
0290	Avg. Annual Gross Receipts - Sect. B	29	12	N
0300	Multiply Line 29 by 1%	30	12	N
0310	Subtract Line 30 from Line 28	31	12	N
0320	Multiply Line 29 by 1.5%	32	12	N
0330	Subtract Line 32 from Line 28	33	12	N
0340	Subtract Line 33 from Line 31	34	12	N
0350	Multiply Line 29 by 2%	35	12	N
0360	Subtract Line 35 from Line 28	36	12	N
0370	Subtract Line 36 from Line 33	37	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0395" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0443	Record ID		6	"FRMbbb"
0444	Form Number		6	"6765bb"
0445	Page Number		5	"PG02b"
0446	Taxpayer Identification Number		9	N (Primary SSN)
0447	Filler		1	Blank
0448	Form Occurrence Number		7	N 0000001
0465	Multiply Line 34 by 3%	38	12	N
0470	Multiply Line 37 by 4%	39	12	N
0475	Multiply Line 36 by 5%	40	12	N
0480	Add Lines 23, 38, 39, and 40	41	12	N
0485	Section 280C Election "Yes" Box - B	42	1	"X" or blank
0490	Section 280C Election "No" Box - B	42	1	"X" or blank
0495	Alternative Incremental Credit	42	12	N
@0500	Attach Schedule	42	6	"STMbnn" or blank
0520	Paid or Incurred to Energy Consortia	43	12	NO ENTRY
0530	Research Payments to Qualified Orgs	44	12	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
0540	Qualified Org Base Period Amount	45	12	NO ENTRY
0550	Subtract Line 45 from Line 44	46	12	NO ENTRY
0560	Add Lines 43 and 46	47	12	NO ENTRY
0570	Multiply Line 47 by 20%	48	12	NO ENTRY
0580	Wages for Qualified Services	49	12	NO ENTRY
0590	Cost of Supplies	50	12	NO ENTRY
0600	Computer Rental or Lease Costs	51	12	NO ENTRY
0610	Contract Research Exp Applicable Percentage	52	12	NO ENTRY
0620	Total Qualified Research Expenses	53	12	NO ENTRY
0630	Prior 3 Years Total Qualified Research Expenses	54	12	NO ENTRY
0640	Divide Line 54 by 6.0	55	12	NO ENTRY
0650	Subtract Line 55 from Line 53	56	12	NO ENTRY
0660	Multiply Line	57	12	NO ENTRY ||
0670	Add Lines 48 and 57	58	12	NO ENTRY
0700	Section 280C Election "Yes" Box - C	59	1	NO ENTRY
0710	Section 280C Election "No" Box - C	59	1	NO ENTRY
0720	Credit Amount	59	12	NO ENTRY
0725	Reserved	59	6	NO ENTRY

Field No.	Identification	Form Ref.	Length	Field Description
0727	Enter the Amount from Form 3800	60	12	N ||
0729	Subtract Line 60 from Line 17	61	12	N ||
0730	Research Credit from Pass Through Entities	62	12	N ||
0740	Add Lines 61 & 62	63	12	N ||
0750	Allocated to Beneficiaries	64	12	NO ENTRY ||
0760	Estate and Trust Current Year Credit	65	12	NO ENTRY ||
	Record Terminus Character		1	Value "#"

FORM 6781 Gains and Losses from Section 1256, Contracts ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1418" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"6781bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0009	Identifying Number		9	NO ENTRY
@0010	Attached List of Foreign Currency Contracts		6	"STMbnn" or blank
0020	Mixed Straddle Election Box	A	1	"X" or blank
0030	Straddle by Straddle Identification Election Box	B	1	"X" or blank
0040	Mixed Straddle Account Election Box	C	1	"X" or blank
@0050	Statement Required by Regulations	C	6	"STMbnn" or blank
0060	Net Section 1256 Contracts Loss Election Box	D	1	"X" or blank
*0070	Identification of Account - 1	1(a)	46	AN, "STMbnn" or blank
+0080	Loss - 1	1(b)	12	N
+0090	Gain - 1	1(c)	12	N

FORM 6781 Gains and Losses from Section 1256, Contracts ...

Field No.	Identification	Form Ref.	Length	Field Description
0100	Identification of Account - 2	1(a)	46	AN or blank
0110	Loss - 2	1(b)	12	'See 1st Occ.'
0120	Gain - 2	1(c)	12	'See 1st Occ.'
0130	Identification of Account - 3	1(a)	46	'See 2nd Occ.'
0140	Loss - 3	1(b)	12	'See 1st Occ.'
0150	Gain - 3	1(c)	12	'See 1st Occ.'
@0155	List of Transactions	Part I	6	"STMbnn" or blank
0160	Total Loss	2(b)	12	N
0170	Total Gain	2(c)	12	N
0180	Net Gain or Loss	3	12	N
@0190	Form 1099-B Adjustment Schedule	4	6	"STMbnn" or blank
0200	Form 1099-B Adjustments	4(c)	12	N
0210	Net Gain/Loss & Form 1099-B Adjustments	5(c)	12	N
0220	Net Section 1256 Contracts Loss	6(c)	12	N
0235	Combine Lines 5 and 6	7(c)	12	N
0240	Short-Term Capital Gain or Loss	8(c)	12	N
0250	Long-Term Capital Gain or Loss	9(c)	12	N
@0260	Attached Schedule of Straddles and Components	Part II	6	"STMbnn" or blank
*0270	Description of Property (Losses) - 1	10(a)	80	AN, "STMbnn" or blank |

FORM 6781 Gains and Losses from Section 1256, Contracts ...

Field No.	Identification	Form Ref.	Length	Field Description
*+0280	Delivery Date (Losses) - 1	10(b)	8	YYYYMMDD, "STMbnn" or blank
+0290	Date Close Out or Sold (Losses) - 1	10(c)	8	YYYYMMDD or blank
+0300	Gross Sales Price (Losses) - 1	10(d)	12	N
+0310	Cost or Other Basis (Losses) - 1	10(e)	12	N
+0320	Losses from Straddles - 1	10(f)	12	N
+0330	Unrecognized Gain On Offsetting Positions - 1	10(g)	12	N
+0340	Recognized Losses - 1	10(h)	12	N
0360	Description of Property (Losses) - 2	10(a)	80	AN or blank
0370	Delivery Date (Losses) - 2	10(b)	8	'See 1st Occ.'
0380	Date Close Out or Sold (Losses) - 2	10(c)	8	'See 1st Occ.'
0390	Gross Sales Price (Losses) - 2	10(d)	12	'See 1st Occ.'
0400	Cost or Other Basis (Losses) - 2	10(e)	12	'See 1st Occ.'
0410	Losses from Straddles - 2	10(f)	12	'See 1st Occ.'
0420	Unrecognized Gain On Offsetting Positions - 2	10(g)	12	'See 1st Occ.'
0430	Recognized Losses - 2	10(h)	12	'See 1st Occ.'
@0450	Separate Schedule of Short-Term Losses	11	6	"STMbnn" or blank

FORM 6781 Gains and Losses from Section 1256, Contracts ...

Field No.	Identification	Form Ref.	Length	Field Description
0460	Short-Term Portion of Recognized Loss	11a(h)	12	N
0470	Long-Term Portion of Recognized Loss	11b(h)	12	N
*0490	Description of Property (Gains) - 1	12(a)	80	AN, "STMbnn" or blank |
*+0500	Entered into Date (Gains) - 1	12(b)	8	YYYYMMDD, "STMbnn", | or blank
+0510	Date Close Out or Sold (Gains) - 1	12(c)	8	YYYYMMDD or blank
+0520	Gross Sales Price (Gains) - 1	12(d)	12	N
+0530	Cost or Other Basis (Gains) - 1	12(e)	12	N
+0540	Gains - 1	12(f)	12	N |
0560	Description of Property (Gains) - 2	12(a)	80	AN or blank |
0570	Enter into Date (Gains) - 2	12(b)	8	'See 1st Occ.'
0580	Date Close Out or Sold (Gains) - 2	12(c)	8	'See 1st Occ.'
0590	Gross Sales Price (Gains) - 2	12(d)	12	'See 1st Occ.'
0600	Cost or Other Basis (Gains) - 2	12(e)	12	'See 1st Occ.'
0610	Gains for Entire Year - 2	12(f)	12	'See 1st Occ.'
@0630	Separate Schedule of Short-Term Gains	13	6	"STMbnn" or blank
0640	Short-Term Portion of Gains - 1	13a(f)	12	N
0650	Long-Term Portion of Gains - 2	13b(f)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
*0670	Description of Property (Unrecognized Gains) - 1	14(a)	80	AN, "STMbnn" or blank |
*+0680	Date Acquired (Unrecognized Gains) - 1	14(b)	8	YYYYMMDD, "STMbnn" | or blank
+0690	Fair Market Value on Last Business Day of TY - 1	14(c)	12	N
+0700	Cost or Other Basis As Adjusted - 1	14(d)	12	N
+0710	Unrecognized Gain - 1	14(e)	12	N
0720	Description of Property (Unrecognized Gains) - 2	14(a)	80	AN or blank |
0730	Date Acquired (Unrecognized Gains) - 2	14(b)	8	'See 1st Occ.'
0740	Fair Market Value on Last Business Day of TY - 2	14(c)	12	'See 1st Occ.'
0750	Cost or Other Basis As Adjusted - 2	14(d)	12	'See 1st Occ.'
0760	Unrecognized Gain - 2	14(e)	12	'See 1st Occ.'
0770	Description of Property (Unrecognized Gains) - 3	14(a)	80	'See 2nd Occ.' |
0780	Date Acquired (Unrecognized Gains) - 3	14(b)	8	'See 1st Occ.'
0790	Fair Market Value on Last Business Day of TY - 3	14(c)	12	'See 1st Occ.'

FORM 6781 Gains and Losses from Section 1256, Contracts ...

Field No.	Identification	Form Ref.	Length	Field Description
0800	Cost or Other Basis As Adjusted - 3	14(d)	12	'See 1st Occ.'
0810	Unrecognized Gain - 3	14(e)	12	'See 1st Occ.'
@0815	Attach Statement for Additional Information	Part III	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

FORM 8082 PAGE 1 Notice of Inconsistent Treatment or (AAR)

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1178" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8082bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Indentification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0010	Identifying Number		9	N
0020	Notice of Inconsistent Treatment	1a	1	"X" or blank
0030	Administrative Adjustment Request (AAR)	1b	1	NO ENTRY
0035	Substituted Return Treatment Yes Box	2	1	"X" or blank
0040	Substituted Return Treatment No Box	2	1	"X" or blank
0050	Pass-Through Entity (Partnership)	3a	1	"X" or blank
0055	Pass-Through Entity (Electing Large Partnership)	3b	1	"X" or blank
0060	Pass-Through Entity (S Corporation)	3c	1	"X" or blank
0065	Pass-Through Entity (Estate)	3d	1	"X" or blank

FORM 8082 PAGE 1 Notice of Inconsistent Treatment or (AAR)

Field No.	Identification	Form Ref.	Length	Field Description
0070	Pass-Through Entity (Trust)	3e	1	"X" or blank
0075	Pass-Through Entity (REMIC)	3f	1	"X" or blank
0080	Identifying Number of Pass-Through Entity	4	9	N
0090	Name of Pass-Through Entity	5	35	AN Allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&)
0100	Address of Pass-Through Entity	5	35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE"
0110	City of Pass-Through Entity	5	22	A, Allowable special character is space
0120	State of Pass-Through Entity	5	2	A (Standard Postal State Abbreviations)
0130	Zip Code of Pass-Through Entity	5	12	N (left-justified)
0140	Tax Shelter Registration Number	6	12	AN or blank
0150	IRS Center Where Return is Filed	7	5	"MSPC "
0160	Tax Year of Pass-Through Entity (from)	8	8	DT
0165	Tax Year of Pass-Through Entity (to)	8	8	DT
0170	Your Tax Year (from)	8	8	DT
0175	Your Tax Year (to)	8	8	DT
0180	Description of Inconsistent or AAR Items-1	10a	60	AN

FORM 8082 PAGE 1 Notice of Inconsistent Treatment or (AAR)

Field No.	Identification	Form Ref.	Length	Field Description
0190	Amount of Item Box-1	10b	1	"X" or blank
0200	Treatment of Item Box-1	10b	1	"X" or blank
0210	Amount on Sch K-1, Sch Q, Stmt or Return-1	10c	12	N
0220	Amount you are Reporting-1	10d	12	N
0230	Difference between C & D-1	10e	12	N
0240	Description of Inconsistent or AAR Items-2	11a	60	AN or blank
0250	Amount of Item Box-2	11b	1	"X" or blank
0260	Treatment of Item Box-2	11b	1	"X" or blank
0270	Amount on Sch K-1, Sch Q, Stmt or Return-2	11c	12	N or blank
0280	Amount you are Reporting-2	11d	12	N or blank
0290	Difference between C & D-2	11e	12	N or blank
0300	Description of Inconsistent or AAR Items-3	12a	60	AN or blank
0310	Amount of Item Box-3	12b	1	"X" or blank
0320	Treatment of Item Box-3	12b	1	"X" or blank
0330	Amount on Sch K-1, Sch Q, Stmt or Return-3	12c	12	N or blank
0340	Amount you are Reporting-3	12d	12	N or blank

FORM 8082 PAGE 1 Notice of Inconsistent Treatment or (AAR)

Field No.	Identification	Form Ref.	Length	Field Description
0350	Difference between C & D-3	12e	12	N or blank
0360	Description of Inconsistent or AAR Items-4	13a	60	AN or blank
0370	Amount of Item Box-4	13b	1	"X" or blank
0380	Treatment of Item Box-4	13b	1	"X" or blank
0390	Amount on Sch K-1, Sch Q, Stmt, or Return-4	13c	12	N or blank
0400	Amount you are Reporting-4	13d	12	N or blank
0410	Difference between C & D-4	13e	12	N or blank
0420	Explanations-1	Part III	70	AN
0430	Explanations-2	Part III	70	AN
0440	Explanations-3	Part III	70	AN
0450	Explanations-4	Part III	70	AN
0460	Explanations-5	Part III	70	AN
0470	Explanations-6	Part III	70	AN
0480	Explanations-7	Part III	70	AN
0490	Explanations-8	Part III	70	AN
	Record Terminus Character		1	Value "#"

FORM 8082 PAGE 2 Notice of Inconsistent Treatment or (AAR)

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2073" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0520	Record ID		6	Value "FRMbbb"
0521	Form Number		6	"8082bb"
0522	Page Number		5	"PG02b"
0523	Taxpayer Indentification Number		9	N (Primary SSN)
0524	Filler		1	blank
0525	Form Occurrence Number		7	N 0000001 - 0000004
0530	Explanations-1	Part III	70	AN
0540	Explanations-2	Part III	70	AN
0550	Explanations-3	Part III	70	AN
0560	Explanations-4	Part III	70	AN
0570	Explanations-5	Part III	70	AN
0580	Explanations-6	Part III	70	AN
0590	Explanations-7	Part III	70	AN
0600	Explanations-8	Part III	70	AN
0610	Explanations-9	Part III	70	AN
0620	Explanations-10	Part III	70	AN
0630	Explanations-11	Part III	70	AN
0640	Explanations-12	Part III	70	AN
0650	Explanations-13	Part III	70	AN
0660	Explanations-14	Part III	70	AN

Field No.	Identification	Form Ref.	Length	Field Description
0670	Explanations-15	Part III	70	AN
0680	Explanations-16	Part III	70	AN
0690	Explanations-17	Part III	70	AN
0700	Explanations-18	Part III	70	AN
0710	Explanations-19	Part III	70	AN
0720	Explanations-20	Part III	70	AN
0730	Explanations-21	Part III	70	AN
0740	Explanations-22	Part III	70	AN
0750	Explanations-23	Part III	70	AN
0760	Explanations-24	Part III	70	AN
0770	Explanations-25	Part III	70	AN
0780	Explanations-26	Part III	70	AN
0790	Explanations-27	Part III	70	AN
0800	Explanations-28	Part III	70	AN
0810	Explanations-29	Part III	70	AN

Record Terminus Character 1 Value "#"

FORM 8275 PAGE 1 Disclosure Statement

Field No.	Identification	Form Ref.		Length	Field Description
	Byte Count			4	"2786" for Fixed; "nnnn" for variable format
	Start of Record Sentinel			4	Value "****"
0000	Record ID			6	"FRMbbb"
0001	Form Number			6	"8275bb"
0002	Page Number			5	"PG01b"
0003	Taxpayer Indentification Number			9	N (Primary SSN)
0004	Filler			1	blank
0005	Form Occurrence Number			7	N 0000001 - 0000002
0010	Identifying Number			9	NO ENTRY
0020	Rev Rul, Rev Proc, etc-1	I	1(a)	35	AN
0030	Item or Group of Items-1	I	1(b)	50	AN
0040	Detailed Description of Items 1-1	I	1(c)	50	AN
0050	Detailed Description of Items 1-2	I	1(c)	50	AN
0060	Form or Schedule-1	I	1(d)	21	AN
0070	Line Number-1	I	1(e)	5	AN
0080	Amount-1	I	1(f)	12	N
0090	Rev Rul, Rev Proc, etc-2	I	2(a)	35	AN or blank
0100	Item or Group of Items-2	I	2(b)	50	AN or blank

FORM 8275 PAGE 1 Disclosure Statement

Field No.	Identification	Form Ref.		Length	Field Description
0110	Detailed Description of Items 2-1	I	2(c)	50	AN or blank
0120	Detailed Description of Items 2-2	I	2(c)	50	AN or blank
0130	Form or Schedule-2	I	2(d)	21	AN or blank
0140	Line Number-2	I	2(e)	5	AN or blank
0150	Amount-2	I	2(f)	12	N or blank
0160	Rev Rul, Rev Proc, etc-3	I	3(a)	35	AN or blank
0170	Item or Group of Items-3	I	3(b)	50	AN or blank
0180	Detailed Description of Items 3-1	I	3(c)	50	AN or blank
0190	Detailed Description of Items 3-2	I	3(c)	50	AN or blank
0200	Form or Schedule-3	I	3(d)	21	AN or blank
0210	Line Number-3	I	3(e)	5	AN or blank
0220	Amount-3	I	3(f)	12	N or blank
0230	Rev Rul, Rev Proc, etc-4	I	4(a)	35	AN or blank |
0240	Item or Group of Items-4	I	4(b)	50	AN or blank |
0250	Detailed Description of Items 4-1	I	4(c)	50	AN or blank |
0260	Detailed Description of Items 4-2	I	4(c)	50	AN or blank |
0270	Form or Schedule-4	I	4(d)	21	AN or blank |

Field No.	Identification	Form Ref.		Length	Field Description
0280	Line Number-4	I	4(e)	5	AN or blank
0290	Amount-4	I	4(f)	12	N or blank
0300	Rev Rul, Rev Proc, etc-5	I	5(a)	35	AN or blank
0310	Item or Group of Items-5	I	5(b)	50	AN or blank
0320	Detailed Description of Items 5-1	I	5(c)	50	AN or blank
0330	Detailed Description of Items 5-2	I	5(c)	50	AN or blank
0340	Form or Schedule-5	I	5(d)	21	AN or blank
0350	Line Number-5	I	5(e)	5	AN or blank
0360	Amount-5	I	5(f)	12	N or blank
0370	Rev Rul, Rev Proc, etc-6	I	6(a)	35	AN or blank
0380	Item or Group of Items-6	I	6(b)	50	AN or blank
0390	Detailed Description of Items 6-1	I	6(c)	50	AN or blank
0400	Detailed Description of Items 6-2	I	6(c)	50	AN or blank
0410	Form or Schedule-6	I	6(d)	21	AN or blank
0420	Line Number-6	I	6(e)	5	AN or blank
0430	Amount-6	I	6(f)	12	N or blank
0440	Detailed Explanation 1-1	II	1	70	AN or blank
0450	Detailed Explanation 1-2	II	1	70	AN or blank

Field No.	Identification	Form Ref.		Length	Field Description
0460	Detailed Explanation 1-3	II	1	70	AN or blank
0470	Detailed Explanation 2-1	II	2	70	AN or blank
0480	Detailed Explanation 2-2	II	2	70	AN or blank
0490	Detailed Explanation 2-3	II	2	70	AN or blank
0500	Detailed Explanation 3-1	II	3	70	AN or blank
0510	Detailed Explanation 3-2	II	3	70	AN or blank
0520	Detailed Explanation 3-3	II	3	70	AN or blank
0530	Detailed Explanation 4-1	II	4	70	AN or blank
0540	Detailed Explanation 4-2	II	4	70	AN or blank
0550	Detailed Explanation 4-3	II	4	70	AN or blank
0560	Detailed Explanation 5-1	II	5	70	"X" or blank
0570	Detailed Explanation 5-2	II	5	70	AN or blank
0580	Detailed Explanation 5-3	II	5	70	AN or blank
0590	Detailed Explanation 6-1	II	6	70	AN or blank
0600	Detailed Explanation 6-2	II	6	70	AN or blank
0610	Detailed Explanation 6-3	II	6	70	AN or blank

FORM 8275 PAGE 1 Disclosure Statement

Field No.	Identification	Form Ref.		Length	Field Description
0620	Name of Pass-Through Entity	III	1	35	AN Allowable special characters are: space, less-than (<), hyphen (-), and ampersand (&)
0630	Address of Pass-Through Entity	III	1	35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE"
0640	City of Pass-Through Entity	III	1	22	A, Allowable special character is space
0650	State of Pass-Through Entity	III	1	2	A (Standard Postal State Abbreviations)
0660	Zip Code of Pass-Through Entity	III	1	12	N (left-justified)
0670	Identifying Number of Pass-Through Entity	III	2	9	N
0680	Tax Year of Pass-Through Entity (from)	III	3	8	YYYYMMDD
0690	Tax Year of Pass-Through Entity (to)	III	3	8	YYYYMMDD
0700	IRS Center where Pass-through Entity Return Filed	III	4	5	AN
	Record Terminus Character			1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2003" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0720	Record ID		6	"FRMbbb"
0721	Form Number		6	"8275bb"
0722	Page Number		5	"PG02b"
0723	Taxpayer Identification Number		9	N (Primary SSN)
0724	Filler		1	blank
0725	Form Occurrence Number		7	N 0000001 - 0000002
*0730	Explanations-1	IV	70	AN or "STMbnn"
0740	Explanations-2	IV	70	AN
0750	Explanations-3	IV	70	AN
0760	Explanations-4	IV	70	AN
0770	Explanations-5	IV	70	AN
0780	Explanations-6	IV	70	AN
0790	Explanations-7	IV	70	AN
0800	Explanations-8	IV	70	AN
0810	Explanations-9	IV	70	AN
0820	Explanations-10	IV	70	AN
0830	Explanations-11	IV	70	AN
0840	Explanations-12	IV	70	AN
0850	Explanations-13	IV	70	AN

Field No.	Identification	Form Ref.	Length	Field Description
0860	Explanations-14	IV	70	AN
0870	Explanations-15	IV	70	AN
0880	Explanations-16	IV	70	AN
0890	Explanations-17	IV	70	AN
0900	Explanations-18	IV	70	AN
0910	Explanations-19	IV	70	AN
0920	Explanations-20	IV	70	AN
0930	Explanations-21	IV	70	AN
0940	Explanations-22	IV	70	AN
0950	Explanations-23	IV	70	AN
0960	Explanations-24	IV	70	AN
0970	Explanations-25	IV	70	AN
0980	Explanations-26	IV	70	AN
0990	Explanations-27	IV	70	AN
1000	Explanations-28	IV	70	AN
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.		Length	Field Description
	Byte Count			4	"2786" for Fixed; "nnnn" for variable format
	Start of Record Sentinel			4	Value "****"
0000	Record ID			6	"FRMbbb"
0001	Form Number			6	"8275Rb"
0002	Page Number			5	"PG01b"
0003	Taxpayer Identification Number			9	N (Primary SSN)
0004	Filler			1	blank
0005	Form Occurrence Number			7	N 0000001 - 0000002
0010	Identifying Number			9	NO ENTRY
0020	Regulation Section-1	I	1(a)	35	AN
0030	Item or Group of Items-1	I	1(b)	50	AN
0040	Detailed Description of Items 1-1	I	1(c)	50	AN
0050	Detailed Description of Items 1-2	I	1(c)	50	AN
0060	Form or Schedule-1	I	1(d)	21	AN
0070	Line Number-1	I	1(e)	5	AN
0080	Amount-1	I	1(f)	12	N
0090	Regulation Section-2	I	2(a)	35	AN or blank
0100	Item or Group of Items-2	I	2(b)	50	AN or blank
0110	Detailed Description of Items 2-1	I	2(c)	50	AN or blank

Field No.	Identification	Form Ref.		Length	Field Description
0120	Detailed Description of Items 2-2	I	2(c)	50	AN or blank
0130	Form or Schedule-2	I	2(d)	21	AN or blank
0140	Line Number-2	I	2(e)	5	AN or blank
0150	Amount-2	I	2(f)	12	N or blank
0160	Regulation Section-3	I	3(a)	35	AN or blank
0170	Item or Group of Items-3	I	3(b)	50	AN or blank
0180	Detailed Description of Items 3-1	I	3(c)	50	AN or blank
0190	Detailed Description of Items 3-2	I	3(c)	50	AN or blank
0200	Form or Schedule-3	I	3(d)	21	AN or blank
0210	Line Number-3	I	3(e)	5	AN or blank
0220	Amount-3	I	3(f)	12	N or blank
0230	Regulation Section-4	I	4(a)	35	AN or blank
0240	Item or Group of Items-4	I	4(b)	50	AN or blank
0250	Detailed Description of Items 4-1	I	4(c)	50	AN or blank
0260	Detailed Description of Items 4-2	I	4(c)	50	AN or blank
0270	Form or Schedule-4	I	4(d)	21	AN or blank
0280	Line Number-4	I	4(e)	5	AN or blank
0290	Amount-4	I	4(f)	12	N or blank
0300	Regulation Section-5	I	5(a)	35	AN or blank

Field No.	Identification	Form Ref.		Length	Field Description
0310	Item or Group of Items-5	I	5(b)	50	AN or blank
0320	Detailed Description of Items 5-1	I	5(c)	50	AN or blank
0330	Detailed Description of Items 5-2	I	5(c)	50	AN or blank
0340	Form or Schedule-5	I	5(d)	21	AN or blank
0350	Line Number-5	I	5(e)	5	AN or blank
0360	Amount-5	I	5(f)	12	N or blank
0370	Regulation Section-6	I	6(a)	35	AN or blank
0380	Item or Group of Items-6	I	6(b)	50	AN or blank
0390	Detailed Description of Items 6-1	I	6(c)	50	AN or blank
0400	Detailed Description of Items 6-2	I	6(c)	50	AN or blank
0410	Form or Schedule-6	I	6(d)	21	AN or blank
0420	Line Number-6	I	6(e)	5	AN or blank
0430	Amount-6	I	6(f)	12	N or blank
0440	Detailed Explanation 1-1	II	1	70	AN or blank
0450	Detailed Explanation 1-2	II	1	70	AN or blank
0460	Detailed Explanation 1-3	II	1	70	AN or blank
0470	Detailed Explanation 2-1	II	2	70	AN or blank
0480	Detailed Explanation 2-2	II	2	70	AN or blank

Field No.	Identification	Form Ref.	Length	Field Description
0490	Detailed Explanation 2-3	II 2	70	AN or blank
0500	Detailed Explanation 3-1	II 3	70	AN or blank
0510	Detailed Explanation 3-2	II 3	70	AN or blank
0520	Detailed Explanation 3-3	II 3	70	AN or blank
0530	Detailed Explanation 4-1	II 4	70	AN or blank
0540	Detailed Explanation 4-2	II 4	70	AN or blank
0550	Detailed Explanation 4-3	II 4	70	AN or blank
0560	Detailed Explanation 5-1	II 5	70	AN or blank
0570	Detailed Explanation 5-2	II 5	70	AN or blank
0580	Detailed Explanation 5-3	II 5	70	AN or blank
0590	Detailed Explanation 6-1	II 6	70	"X" or blank
0600	Detailed Explanation 6-2	II 6	70	AN or blank
0610	Detailed Explanation 6-3	II 6	70	AN or blank
0620	Name of Pass-Through Entity	III 1	35	AN Allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&)
0630	Address of Pass-Through Entity	III 1	35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE"

FORM 8275-R PAGE 1 Regulation Disclosure Statement

Field No.	Identification	Form Ref.	Length	Field Description
0640	City of Pass-Through Entity	III 1	22	A, Allowable special character is space
0650	State of Pass-Through Entity	III 1	2	A (Standard Postal State Abbreviations)
0660	Zip Code of Pass-Through Entity	III 1	12	N (left Justified)
0670	Identifying Number of Pass-Through Entity	III 2	9	N
0680	Tax Year of Pass-Through Entity (from)	III 3	8	YYYYMMDD
0690	Tax Year of Pass-Through Entity (to)	III 3	8	YYYYMMDD
0700	IRS Center where Pass-through Entity Return Filed	III 4	5	AN
	Record Terminus Character		1	Value "#"

FORM 8275-R PAGE 2 Disclosure Statement

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2003" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0720	Record ID		6	"FRMbbb"
0721	Form Number		6	"8275Rb"
0722	Page Number		5	"PG02b"
0723	Taxpayer Identification Number		9	N (Primary SSN)
0724	Filler		1	Blank
0725	Form Occurrence Number		7	N 0000001 - 0000002
*0730	Explanations-1	IV	70	AN or "STMbnn"
0740	Explanations-2	IV	70	AN
0750	Explanations-3	IV	70	AN
0760	Explanations-4	IV	70	AN
0770	Explanations-5	IV	70	AN
0780	Explanations-6	IV	70	AN
0790	Explanations-7	IV	70	AN
0800	Explanations-8	IV	70	AN
0810	Explanations-9	IV	70	AN
0820	Explanations-10	IV	70	AN
0830	Explanations-11	IV	70	AN
0840	Explanations-12	IV	70	AN
0850	Explanations-13	IV	70	AN

FORM 8275-R PAGE 2 Disclosure Statement

Field No.	Identification	Form Ref.	Length	Field Description
0860	Explanations-14	IV	70	AN
0870	Explanations-15	IV	70	AN
0880	Explanations-16	IV	70	AN
0890	Explanations-17	IV	70	AN
0900	Explanations-18	IV	70	AN
0910	Explanations-19	IV	70	AN
0920	Explanations-20	IV	70	AN
0930	Explanations-21	IV	70	AN
0940	Explanations-22	IV	70	AN
0950	Explanations-23	IV	70	AN
0960	Explanations-24	IV	70	AN
0970	Explanations-25	IV	70	AN
0980	Explanations-26	IV	70	AN
0990	Explanations-27	IV	70	AN
1000	Explanations-28	IV	70	AN
	Record Terminus Character		1	Value "#"

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1555" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8283bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0007	Reserved BMF Use		9	NO ENTRY
*0010	Donee Organization A	1A(a)	35	AN or "STMbnn"
+0015	Street Address A	1A(a)	35	AN
*+0019	City A	1A(a)	22	AN or "STMbnn"
+0023	State A	1A(a)	2	A
+0027	Zip Code A	1A(a)	12	N (left-justified)
*+0030	Descrip of Prop A	1A(b)	80	AN or "STMbnn"
*+0035	Contribution Date A	1A(c)	8	DT or "STMbnn"
+0040	Date Acquired A	1A(d)	6	DT or VAROUS
+0045	How Acquired A	1A(e)	9	AN
+0050	Cost or Basis A	1A(f)	12	N
+0055	Fair Market Value A	1A(g)	12	N
+0060	Qualified Conservation or Reduced FMV Contribution	1A(g)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
+0065	Method Used A	1A(h)	20	AN
0075	Donee Organization B	1B(a)	35	AN
0077	Street Address B	1B(a)	35	AN
0079	City B	1B(a)	22	AN
0081	State B	1B(a)	2	A
0083	Zip Code B	1B(a)	12	N (left-justified)
0085	Descrip of Prop B	1B(b)	80	AN
0090	Contribution Date B	1B(c)	8	DT
0095	Date Acquired B	1B(d)	6	DT (YYYYMM) or VAROUS
0100	How Acquired B	1B(e)	9	AN
0105	Cost or Basis B	1B(f)	12	N
0110	Fair Market Value B	1B(g)	12	N
0115	Qualified Conservation or Reduced FMV Contribution	1B(g)	1	"X" or blank
0120	Method used B	1B(h)	20	AN
0130	Donee Organization C	1C(a)	35	AN
0132	Street Address C	1C(a)	35	AN
0134	City C	1C(a)	22	AN
0136	State C	1C(a)	2	A
0138	Zip Code C	1C(a)	12	N (left-justified)
0140	Descrip of Prop C	1C(b)	80	AN
0145	Contribution Date C	1C(c)	8	DT
0150	Date Acquired C	1C(d)	6	DT (YYYYMM) or VAROUS
0155	How Acquired C	1C(e)	9	AN

Field No.	Identification	Form Ref.	Length	Field Description
0160	Cost or Basis C	1C(f)	12	N
0165	Fair Market Value C	1C(g)	12	N
0170	Qualified Conservation or Reduced FMV Contribution	1C(g)	1	"X" or blank
0180	Method Used C	1C(h)	20	AN
0200	Donee Organization D	1D(a)	35	AN
0205	Street Address D	1D(a)	35	AN
0209	City D	1D(a)	22	AN
0213	State D	1D(a)	2	A
0217	Zip Code D	1D(a)	12	N (left-justified)
0220	Descrip of Prop D	1D(b)	80	AN
0230	Contribution Date D	1D(c)	8	DT
0240	Date Acquired D	1D(d)	6	DT (YYYYMM) or VAROUS
0250	How Acquired D	1D(e)	9	AN
0260	Cost or Basis D	1D(f)	12	N
0270	Fair Market Value D	1D(g)	12	N
0280	Qualified Conservation or Reduced FMV Contribution	1D(g)	1	"X" or blank
0290	Method Used D	1D(h)	20	AN
0310	Donee Organization E	1E(a)	35	AN
0315	Street Address E	1E(a)	35	AN
0319	City E	1E(a)	22	AN
0323	State E	1E(a)	2	A
0327	Zip Code E	1E(a)	12	N (left-justified)

Field No.	Identification	Form Ref.	Length	Field Description
0330	Descrip of Prop E	1E(b)	80	AN
0340	Contribution Date E	1E(c)	8	DT
0350	Date Acquired E	1E(d)	6	DT (YYYYMM) or VAROUS
0360	How Acquired E	1E(e)	9	AN
0370	Cost or Basis E	1E(f)	12	N
0380	Fair Market Value E	1E(g)	12	N
0390	Qualified Conservation or Reduced FMV Contribution	1E(g)	1	"X" or blank
0400	Method Used E	1E(h)	20	AN
@0410	Qualified Conservation or FMV Statement		6	"STMbnn" or blank
0415	Reserved BMF Use	1	6	NO ENTRY
0418	Reserved BMF Use	2a	1	NO ENTRY
*0420	Property ID Letter	2a	6	AN (Values "A, B, C, D, E" or "STMbnn")
+0430	Amount This Year	2b(1)	12	N
+0440	Amount Prior Year	2b(2)	12	N
+0450	Name Donee	2c	35	AN
*+0460	Number & Street	2c	35	AN or "STMbnn"
+0470	City	2c	22	AN
+0473	State	2c	2	A
+0476	Zip Code	2c	12	N
*+0480	Place Kept	2d	25	AN or "STMbnn"
+0490	Name of Person	2e	35	AN
0500	Restriction Yes	3a	1	"X" or blank

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
@0510	Restriction Statement	3a	6	"STMbnn" or blank
0520	Restriction No	3a	1	"X" or blank
0530	Give Rights Yes	3b	1	"X" or blank
@0540	Give Rights Yes Statement	3b	6	"STMbnn" or blank
0550	Give Rights No	3b	1	"X" or blank
0560	Restriction on Use Yes	3c	1	"X" or blank
@0570	Restriction on Use Statement	3c	6	"STMbnn" or blank
0580	Restriction on Use No	3c	1	"X" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1018" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0590	Record ID		6	"FRMbbb"
0591	Form Number		6	"8283bb"
0592	Page Number		5	"PG02b"
0593	Taxpayer Identification Number		9	N (Primary SSN)
0594	Filler		1	blank
0595	Form Occurrence Number		7	N 0000001 - 0000004
0610	BMF Use Only		9	NO ENTRY
0641	Property Type-Art $20,000 or More	4	1	"X" or blank
0642	Other Real Estate	4	1	"X" or blank
0643	Securities	4	1	"X" or blank
0644	Equipment	4	1	"X" or blank
0645	Property Type-Art Less Than $20,000	4	1	"X" or blank
0646	Collectibles	4	1	"X" or blank
0647	Qualified Conservation Contribution	4	1	"X" or blank
0648	Property Type-Other	4	1	"X" or blank
0649	Intellectual Property	4	1	"X" or blank
*0650	Descrip of Prop (A)	5A(a)	80	AN or "STMbnn" |
*+0652	Summary Condition (A)	5A(b)	30	AN or "STMbnn" ‖
+0654	Fair Market value (A)	5A(c)	12	N ‖

Field No.	Identification	Form Ref.	Length	Field Description	
+0660	Date Acquired (A)	5A(d)	6	DT (YYYYMM)	||
+0675	How Acquired (A)	5A(e)	11	AN	||
+0680	Cost or Basis (A)	5A(f)	12	N	||
*+0690	Bargain Sale (A)	5A(g)	12	N or "STMbnn"	||
+0700	Amt of Deductions (A)	5A(h)	12	N	||
+0710	Ave. Trdg. Price(A)	5A(i)	12	N	||
0720	Descrip of Prop (B)	5B(a)	80	AN	|
0722	Summary Condition (B)	5B(b)	30	AN	||
0724	Fair Market value(B)	5B(c)	12	N	||
0730	Date Acquired (B)	5B(d)	6	DT (YYYYMM)	||
0740	How Acquired (B)	5B(e)	11	AN	||
0750	Cost or Basis (B)	5B(f)	12	N	||
0760	Bargain Sale (B)	5B(g)	12	N	||
0770	Amt of Deductions (B)	5B(h)	12	N	||
0780	Ave. Trdg. Price(B)	5B(i)	12	N	||
0790	Descrip of Prop (C)	5C(a)	80	AN	|
0792	Summary Condition (C)	5C(b)	30	AN	||
0794	Fair Market value(C)	5C(c)	12	N	||
0800	Date Acquired (C)	5C(d)	6	DT (YYYYMM)	||
0810	How Acquired (C)	5C(e)	11	AN	||
0820	Cost or Basis (C)	5C(f)	12	N	||
0830	Bargain Sale (C)	5C(g)	12	N	||
0840	Amt of Deductions (C)	5C(h)	12	N	||
0850	Ave. Trdg. Price (C)	5C(i)	12	N	||

Field No.	Identification	Form Ref.	Length	Field Description
0860	Descrip of Prop (D)	5D(a)	80	AN
0870	Summary Condition (D)	5D(b)	30	AN
0880	Fair Market value (D)	5D(c)	12	N
0890	Date Acquired (D)	5D(d)	6	DT (YYYYMM)
0900	How Acquired (D)	5D(e)	11	AN
0910	Cost or Basis (D)	5D(f)	12	N
0920	Bargain Sale (D)	5D(g)	12	N
0930	Amt of Deductions (D)	5D(h)	12	N
0940	Ave. Trdg. Price(D)	5D(i)	12	N
0950	Identifying Letters of Items $500 or Less	II	4	A - Value: A, B, C and/or D
0960	Description of Items	II	80	AN
0970	Date Received	IV	8	DT
0973	Use of The Property for An Unrelated Use Box - Yes	IV	1	"X" or blank
0976	Use of The Property for An Unrelated Use Box - No	IV	1	"X" or blank
0980	Donee Name	IV	35	AN
0990	Employer ID	IV	9	N
1000	Number & Street	IV	35	AN
1010	City	IV	22	AN
1020	State	IV	2	A
1030	Zip Code	IV	12	N
	Record Terminus Character		1	Value "#"

FORM 8379 PAGE 1 Injured Spouse Allocation

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0245" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8379bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0015	Tax Year for Claim	1	4	NO ENTRY
0025	Joint Return Filed Yes Box	2	1	"X" or blank
0035	Joint Return Filed No Box	2	1	"X" or blank
0045	Joint Overpayment to Pay Past Due Debts Yes Box	3	1	"X" or blank
0055	Joint Overpayment to Pay Past Due Debts No Box	3	1	"X" or blank
0065	Legally Obligated to Pay Past Due Amount Yes Box	4	1	"X" or blank

FORM 8379 PAGE 1 Injured Spouse Allocation

Field No.	Identification	Form Ref.	Length	Field Description
0075	Legally Obligated to Pay Past Due Amount No Box	4	1	"X" or blank
0085	Community Property State - Yes Box	5	1	"X" or blank
0095	Community Property State - No Box	5	1	"X" or blank
0096	Community Property State Abbreviation for Arizona	5	2	"AZ" or blank (More than one state may apply on Line 5)
0097	Community Prop. State Abbreviation for California	5	2	"CA" or blank (More than one state may apply on Line 5)
0098	Community Property State Abbreviation for Idaho	5	2	"ID" or blank (More than one state may apply on Line 5)
0099	Community Prop. State Abbreviation for Louisiana	5	2	"LA" or blank (More than one state may apply on Line 5)
0101	Community Property State Abbreviation for Nevada	5	2	"NV" or blank (More than one state may apply on Line 5)
0102	Community Prop. State Abbreviation for New Mexico	5	2	"NM" or blank (More than one state may apply on Line 5)
0103	Community Property State Abbreviation for Texas	5	2	"TX" or blank (More than one state may apply on Line 5)
0104	Community Prop. State Abbreviation for Washington	5	2	"WA" or blank (More than one state may apply on Line 5)
0105	Community Prop. State Abbreviation for Wisconsin	5	2	"WI"or blank (More than one state may apply on Line 5)

FORM 8379 PAGE 1 Injured Spouse Allocation

Field No.	Identification	Form Ref.	Length	Field Description
0106	Payments Made and Reported Yes Box	6	1	"X" or blank
0115	Payments Made and Reported No Box	6	1	"X" or blank
0125	Earned Income Yes Box	7	1	"X" or blank
0135	Earned Income No Box	7	1	"X" or blank
0145	Claim EIC or Additional Child Tax Credit Yes Box	8	1	"X" or blank
0152	Claim EIC or Additional Child Tax Credit No Box	8	1	"X" or blank
0153	Claim Refundable Tax Credit Yes Box	9	1	"X" or blank
0154	Claim Refundable Tax Credit No Box	9	1	"X" or blank
0155	Name Shown First on Return	10	35	AN, Allowable special characters are: space, and hyphen (-)
0157	First Social Security Number	10	9	N
0159	First Injured Spouse Box	10	1	"X" or blank

FORM 8379 PAGE 1 Injured Spouse Allocation

Field No.	Identification	Form Ref.	Length	Field Description
0170	Name Shown Second on Return	10	35	AN, Allowable special characters are: space, and hyphen (-)
0171	Second Social Security Number	10	9	N
0172	Second Injured Spouse Box	10	1	"X" or blank
0173	Divorced/Separated Box	11	1	"X" or blank
0174	Address - Yes Box	12	1	NO ENTRY
0175	Address - No Box	12	1	NO ENTRY
0176	Street Address	12	35	NO ENTRY
0177	City	12	22	NO ENTRY
0178	State Abbreviation	12	2	NO ENTRY
0179	Zip Code	12	12	NO ENTRY

Field Identification No.		Form Ref.	Length	Field Description

Record Terminus Character 1 Value "#"

FORM 8379 PAGE 2 Injured Spouse Allocation

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0733" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0181	Record ID		6	"FRMbbb"
0182	Form Number		6	"8379bb"
0183	Page Number		5	"PG02b"
0184	Taxpayer Identification Number		9	N (Primary SSN)
0185	Filler		1	blank
0186	Form Occurrence Number		7	N 0000001
0188	Wages - Joint Return	13aa	12	N
0190	Wages - Injured Spouse	13ab	12	N
0200	Wages - Other Spouse	13ac	12	N
0210	Total Other Income - Joint Return	13ba	12	N
0220	Total Other Income - Injured Spouse	13bb	12	N
0230	Total Other Income - Other Spouse	13bc	12	N
*0240	Other Income Type 1	13b	30	AN, "STMbnn" or blank
+0250	Other Income Type 1 Amount - Joint Return	13ba	12	N
+0260	Other Income Type 1 Amount - Injured Spouse	13bb	12	N
+0270	Other Income Type 1 Amount - Other Spouse	13bc	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0280	Other Income Type 2	13b	30	AN or blank
0290	Other Income Type 2 Amount - Joint Return	13ba	12	N
0300	Other Income Type 2 Amount - Injured Spouse	13bb	12	N
0310	Other Income Type 2 Amount - Other Spouse	13bc	12	N
0320	Other Income Type 3	13b	30	AN or blank
0330	Other Income Type 3 Amount - Joint Return	13ba	12	N
0340	Other Income Type 3 Amount - Injured Spouse	13bb	12	N
0350	Other Income Type 3 Amount - Other Spouse	13bc	12	N
0360	Other Income Type 4	13b	30	AN or blank
0370	Other Income Type 4 Amount - Joint Return	13ba	12	N
0380	Other Income Type 4 Amount - Injured Spouse	13bb	12	N
0390	Other Income Type 4 Amount - Other Spouse	13bc	12	N
0400	Other Income Type 5	13b	30	AN or blank
0410	Other Income Type 5 Amount - Joint Return	13ba	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0420	Other Income Type 5 Amount - Injured Spouse	13bb	12	N
0430	Other Income Type 5 Amount - Other Spouse	13bc	12	N
0440	Other Income Type 6	13b	30	AN or blank
0450	Other Income Type 6 Amount - Joint Return	13ba	12	N
0460	Other Income Type 6 Amount - Injured Spouse	13bb	12	N
0470	Other Income Type 6 Amount - Other Spouse	13bc	12	N
0480	Adjustments to Income - Joint Return	14a	12	N
0490	Adjustments to Income - Injured Spouse	14b	12	N
0500	Adjustments to Income - Other Spouse	14c	12	N
0540	Standard or Itemized Deduction - Joint Return	15a	12	N
0550	Standard or Itemized Deduction - Injured Spouse	15b	12	N
0560	Standard or Itemized Deduction - Other Spouse	15c	12	N
0570	Exemptions - Joint Return	16a	2	N

FORM 8379 PAGE 2 Injured Spouse Allocation

Field No.	Identification	Form Ref.	Length	Field Description
0580	Exemptions - Injured Spouse	16b	2	N
0590	Exemptions - Other Spouse	16c	2	N
0600	Credits - Joint Return	17a	12	N
0610	Credits - Injured Spouse	17b	12	N
0620	Credits - Other Spouse	17c	12	N
0630	Other Taxes - Joint Return	18a	12	N
0640	Other Taxes - Injured Spouse	18b	12	N
0650	Other Taxes - Other Spouse	18c	12	N
0660	Federal Income Tax Withheld - Joint Return	19a	12	N
0670	Federal Income Tax Withheld - Injured Spouse	19b	12	N
0680	Federal Income Tax Withheld - Other Spouse	19c	12	N
0690	Estimated Tax Payments - Joint Return	20a	12	N
0700	Estimated Tax Payments - Injured Spouse	20b	12	N
0710	Estimated Tax Payments - Other Spouse	20c	12	N

Record Terminus Character 1 Value "#"

FORM 8396 Mortgage Interest Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0445" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8396bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Name Line		35	AN Taxpayer's name allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&).
0020	SSN		9	N
0030	Street Address		35	AN Allowable special characters are space, slash, hyphen and Literal "NONE"
0040	City		22	A Allowable special character is space.
0050	State Abbreviation		2	A (Standard Postal State Abbreviations)
0060	Zip Code		12	N (Left-justified)
0062	Name of Issuer of Mortgage Credit Certificate		35	AN
0064	Mortgage Credit Certificate Number		22	AN
0066	Issue Date		8	DT

FORM 8396 Mortgage Interest Credit

Field No.	Identification	Form Ref.	Length	Field Description
0070	Certified Mortgage Interest Paid	1	12	N
0080	Certificate Credit Rate	2	6	R
0090	Mortgage Interest Offset	3	12	N
0100	Three-Year Previous Carryforward Credit	4	12	N
0110	Two-Year Previous Carryforward Credit	5	12	N
0120	Prior Year Carryforward Credit	6	12	N
0130	Total Previous Carryforward Credit I	7	12	N
0140	Total Taxes Before Credit	8	12	N
0151	Total Credits from F1040/F1040NR	9	12	N
0160	Tax Less Credits	10	12	N
0170	Current Year Mortgage Interest Credit	11	12	N
0180	Interest Offset/ Oldest Carryforward Credit Combine	12	12	N
0190	Total Previous Carryforward Credit II	13	12	N
0200	Previous Carryforward Credit Offset	14	12	N
0210	Tentative Two-Year Carryforward Credit	15	12	N

FORM 8396 Mortgage Interest Credit

Field No.	Identification	Form Ref.	Length	Field Description	
0220	Next Year's Two-Year Carryforward Credit	16	12	N	||
0230	Tentative Three-Year Carryforward Credit	17	12	N	||
0240	Next Year's Three-Year Carryforward Credit	18	12	N	||
0250	Next Year's Prior Year Carryforward Credit	19	12	N	||

Record Terminus Character 1 Value "#"

FORM 8582 PAGE 1 Passive Activity Loss Limitations

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0331" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8582bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Rental Real Estate Net Income	1a	12	N
0020	Rental Real Estate Net Loss	1b	12	N
0030	Unallowed Prior Year Rental Losses	1c	12	N
0035	Net Rental Activity Loss	1d	12	N
0040	Commercial Revitalization Deductions	2a	12	N
0045	Unallowed Prior Year Revitilization Deductions	2b	12	N
0050	Net Revitilization Deductions	2c	12	N
0055	Other Net Income	3a	12	N
0060	Other Net Loss	3b	12	N
0065	Unallowed Prior Year Other Losses	3c	12	N

FORM 8582 PAGE 1 Passive Activity Loss Limitations

Field No.	Identification	Form Ref.	Length	Field Description
0070	Net Other Activity Loss	3d	12	N
0080	Passive Activity Income/Loss	4	12	N
0090	Loss Limit	5	12	N
0095	Special Allowance Exclusion	6	12	N
0105	Modified Adjusted Gross Income	7	12	N
0115	Special Allowance Base	8	12	N
0125	Special Allowance Limit	9	12	N
0135	Special Allowance for Rental Activity	10	12	N
0140	Standard Allowance	11	12	N
0150	Amount of Rental Activity Allowance	12	12	N
0160	Net Allowance	13	12	N
0170	Final Commercial Revitilization Deduction	14	12	N
0230	Total Net Income	15	12	N
0235	Total Losses Allowed	16	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1994" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0240	Record ID		6	"FRMbbb"
0241	Form Number		6	"8582bb"
0242	Page Number		5	"PG02b"
0243	Taxpayer Identification Number		9	N (Primary SSN)
0244	Filler		1	blank
0245	Form Occurrence Number		7	N 0000001
0247	Reserved for Form 1041 Use	W1	6	Blank
*0250	Name of Activity 1	W1	20	AN or "STMbnn"
+0260	Net Income 1	W1-(a)	12	N
+0270	Net Loss 1	W1-(b)	12	N
+0280	Unallowed Loss 1	W1-(c)	12	N
+0290	Overall Gain 1	W1-(d)	12	N
+0300	Overall Loss 1	W1-(e)	12	N
0310	Name of Activity 2	W1	20	AN
0320	Net Income 2	W1-(a)	12	N
0330	Net Loss 2	W1-(b)	12	N
0340	Unallowed Loss 2	W1-(c)	12	N
0350	Overall Gain 2	W1-(d)	12	N
0360	Overall Loss 2	W1-(e)	12	N
0370	Name of Activity 3	W1	20	AN
0380	Net Income 3	W1-(a)	12	N
0390	Net Loss 3	W1-(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0400	Unallowed Loss 3	W1-(c)	12	N
0410	Overall Gain 3	W1-(d)	12	N
0420	Overall Loss 3	W1-(e)	12	N
0430	Name of Activity 4	W1	20	AN
0440	Net Income 4	W1-(a)	12	N
0450	Net Loss 4	W1-(b)	12	N
0460	Unallowed Loss 4	W1-(c)	12	N
0470	Overall Gain 4	W1-(d)	12	N
0480	Overall Loss 4	W1-(e)	12	N
0490	Name of Activity 5	W1	20	AN
0500	Net Income 5	W1-(a)	12	N
0510	Net Loss 5	W1-(b)	12	N
0520	Unallowed Loss 5	W1-(c)	12	N
0530	Overall Gain 5	W1-(d)	12	N
0540	Overall Loss 5	W1-(e)	12	N
0550	Total Net Income	W1-(a)	12	N
0560	Total Net Loss	W1-(b)	12	N
0570	Total Unallowed	W1-(c)	12	N
0590	Reserved for Form 1041 Use	W2	6	Blank
*0600	Name of Activity 1	W2	20	AN or"STMbnn"
+0610	Current Year Deductions 1	W2-(a)	12	N
+0620	Prior Year Unallowed Deductions 1	W2-(b)	12	N
+0630	Overall Loss 1	W2-(c)	12	N
0640	Name of Activity 2	W2	20	AN

Field No.	Identification	Form Ref.	Length	Field Description
0650	Current Year Deductions 2	W2-(a)	12	N
0660	Prior Year Unallowed Deductions 2	W2-(b)	12	N
0670	Overall Loss 2	W2-(c)	12	N
0680	Name of Activity 3	W2	20	AN
0690	Current Year Deductions 3	W2-(a)	12	N
0700	Prior Year Unallowed Deductions 3	W2-(b)	12	N
0710	Overall Loss 3	W2-(c)	12	N
0720	Name of Activity 4	W2	20	AN
0730	Current Year Deductions 4	W2-(a)	12	N
0740	Prior Year Unallowed Deductions 4	W2-(b)	12	N
0750	Overall Loss 4	W2-(c)	12	N
0760	Total Current Year Deductions	W2-(a)	12	N
0770	Total Prior Year Unallowed Deductions	W2-(b)	12	N
0890	Reserved for Form 1041 Use	W3	6	Blank
*0900	Name of Activity 1	W3	20	AN or "STMbnn"
+0910	Net Income 1	W3-(a)	12	N
+0920	Net Loss 1	W3-(b)	12	N
+0930	Unallowed Loss 1	W3-(c)	12	N
+0940	Overall Gain 1	W3-(d)	12	N
+0950	Overall Loss 1	W3-(e)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0960	Name of Activity 2	W3	20	AN
0970	Net Income 2	W3-(a)	12	N
0980	Net Loss 2	W3-(b)	12	N
1000	Unallowed Loss 2	W3-(c)	12	N
1010	Overall Gain 2	W3-(d)	12	N
1020	Overall Loss 2	W3-(e)	12	N
1030	Name of Activity 3	W3	20	AN
1040	Net Income 3	W3-(a)	12	N
1050	Net Loss 3	W3-(b)	12	N
1060	Unallowed Loss 3	W3-(c)	12	N
1070	Overall Gain 3	W3-(d)	12	N
1080	Overall Loss 3	W3-(e)	12	N
1090	Name of Activity 4	W3	20	AN
1100	Net Income 4	W3-(a)	12	N
1110	Net Loss 4	W3-(b)	12	N
1120	Unallowed Loss 4	W3-(c)	12	N
1130	Overall Gain 4	W3-(d)	12	N
1140	Overall Loss 4	W3-(e)	12	N
1150	Name of Activity 5	W3	20	AN
1160	Net Income 5	W3-(a)	12	N
1170	Net Loss 5	W3-(b)	12	N
1180	Unallowed Loss 5	W3-(c)	12	N
1190	Overall Gain 5	W3-(d)	12	N
1200	Overall Loss 5	W3-(e)	12	N
1210	Total Net Income	W3-(a)	12	N
1220	Total Net Loss	W3-(b)	12	N

FORM 8582 PAGE 2 Passive Activity Loss Limitations

Field No.	Identification	Form Ref.	Length	Field Description
1550	Total Unallowed Loss	W3-(c)	12	N
1555	Reserved for Form 1041 Use	W4	6	Blank
*1560	Name of Activity 1	W4	25	AN or "STMbnn"
+1570	Form or Schedule Reported on 1	W4	20	AN
+1580	Loss 1	W4(a)	12	N
+1590	Ratio 1	W4(b)	6	R
+1600	Income and Special Allowance 1	W4(c)	12	N
*+1610	Loss Minus Income 1	W4(d)	12	N or "STMbnn" or blank
1620	Name of Activity 2	W4	25	AN
1630	Form or Schedule Reported on 2	W4	20	AN
1640	Loss 2	W4(a)	12	N
1650	Ratio 2	W4(b)	6	R
1660	Income and Special Allowance 2	W4(c)	12	N
1670	Loss Minus Income 2	W4(d)	12	N
1680	Name of Activity 3	W4	25	AN
1690	Form or Schedule Reported on 3	W4	20	AN
1700	Loss 3	W4(a)	12	N
1710	Ratio 3	W4(b)	6	R
1720	Income and Special Allowance 3	W4(c)	12	N
1730	Loss Minus Income 3	W4(d)	12	N
1740	Name of Activity 4	W4	25	AN
1750	Form or Schedule Reported on 4	W4	20	AN
1760	Loss 4	W4(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1770	Ratio 4	W4(b)	6	R
1780	Income and Special Allowance 4	W4(c)	12	N
1790	Loss Minus Income 4	W4(d)	12	N
1800	Name of Activity 5	W4	25	AN
1810	Form or Schedule Reported on 5	W4	20	AN
1820	Loss 5	W4(a)	12	N
1830	Ratio 5	W4(b)	6	R
1840	Income and Special Allowance 5	W4(c)	12	N
1850	Loss Minus Income 5	W4(d)	12	N
1860	Total Loss	W4(a)	12	N
1870	Total Income and Special Allowance	W4(c)	12	N
1880	Total Loss Minus Income	W4(d)	12	N
1890	Reserved for Form 1041 use	W4	6	Blank
1895	Reserved for Form 1041 Use	W5	6	Blank
*1900	Name of Activity 1	W5	20	AN or "STMbnn"
+1910	Form or Schedule Reported on 1	W5	10	AN
+1920	Loss 1	W5(a)	12	N
+1930	Ratio 1	W5(b)	6	R
+1940	Unallowed Loss 1	W5(c)	12	N
1950	Name of Activity 2	W5	20	AN
1960	Form or Schedule Reported on 2	W5	10	AN

Field No.	Identification	Form Ref.	Length	Field Description
1970	Loss 2	W5(a)	12	N
1980	Ratio 2	W5(b)	6	R
1990	Unallowed Loss 2	W5(c)	12	N
2000	Name of Activity 3	W5	20	AN
2010	Form or Schedule Reported on 3	W5	10	AN
2020	Loss 3	W5(a)	12	N
2030	Ratio 3	W5(b)	6	R
2040	Unallowed Loss 3	W5(c)	12	N
2050	Name of Activity 4	W5	20	AN
2060	Form or Schedule Reported on 4	W5	10	AN
2070	Loss 4	W5(a)	12	N
2080	Ratio 4	W5(b)	6	R
2090	Unallowed Loss 4	W5(c)	12	N
2100	Name of Activity 5	W5	20	AN
2110	Form or Schedule Reported on 5	W5	10	AN
2120	Loss 5	W5(a)	12	N
2130	Ratio 5	W5(b)	6	R
2140	Unallowed Loss 5	W5(c)	12	N
2150	Total Loss	W5(a)	12	N
2155	Total Unallowed Loss	W5(c)	12	N
	Record Terminus Character		1	Value "#"

FORM 8582 PAGE 3 Passive Activity Loss Limitations

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0746" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
2160	Record ID		6	"FRMbbb"
2161	Form Number		6	"8582bb"
2162	Page Number		5	"PG03b"
2163	Taxpayer Identification Number		9	N (Primary SSN)
2164	Filler		1	blank
2165	Form Occurrence Number		7	N 0000001
2167	Reserved for Form 1041 Use	W6	6	Blank
*2170	Name of Activity 1	W6	20	AN or "STMbnn"
+2180	Form or Schedule Reported on 1	W6	10	AN
+2190	Loss 1	W6(a)	12	N
+2200	Unallowed Loss 1	W6(b)	12	N
+2210	Allowed Loss 1	W6(c)	12	N
2220	Name of Activity 2	W6	20	AN
2230	Form or Schedule Reported on 2	W6	10	AN
2240	Loss 2	W6(a)	12	N
2250	Unallowed Loss 2	W6(b)	12	N
2260	Allowed Loss 2	W6(c)	12	N
2270	Name of Activity 3	W6	20	AN
2280	Form or Schedule Reported on 3	W6	10	AN
2290	Loss 3	W6(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2300	Unallowed Loss 3	W6(b)	12	N
2310	Allowed Loss 3	W6(c)	12	N
2320	Name of Activity 4	W6	20	AN
2330	Form or Schedule Reported on 4	W6	10	AN
2340	Loss 4	W6(a)	12	N
2350	Unallowed Loss 4	W6(b)	12	N
2360	Allowed Loss 4	W6(c)	12	N
2370	Name of Activity 5	W6	20	AN
2380	Form or Schedule Reported on 5	W6	10	AN
2390	Loss 5	W6(a)	12	N
2400	Unallowed Loss 5	W6(b)	12	N
2410	Allowed Loss 5	W6(c)	12	N
2420	Total Loss	W6(a)	12	N
2430	Total Unallowed Loss	W6(b)	12	N
2440	Total Allowed Loss	W6(c)	12	N
2445	Reserved for Form 1041 Use	W7	6	Blank
*2458	Name of Activity	W7	25	AN or "STMbnn"
*2461	Form or Schedule Name 1	W7-1	20	AN or "STMbnn"
+2470	Net Loss from Form or Schedule 1	W7-1a(a)	12	N
+2490	Net Income from Form or Schedule 1	W7-1b(a)	12	N
+2500	Net Loss minus Net Income 1	W7-1c(b)	12	N
+2510	Ratio 1	W7-1c(c)	6	R
+2520	Unallowed Loss 1	W7-1c(d)	12	N

FORM 8582 PAGE 3 Passive Activity Loss Limitations

Field No.	Identification	Form Ref.	Length	Field Description
*+2530	Allowed Loss Net Loss/Allowed Loss 1	W7-1c(e)	12	N or "STMbnn"
2541	Form or Schedule Name 2	W7-2	20	AN
2550	Net Loss from Form or Schedule 2	W7-1a(a)	12	N
2570	Net Income from Form or Schedule 2	W7-1b(a)	12	N
2580	Net Loss minus Net Income 2	W7-1c(b)	12	N
2590	Ratio 2	W7-1c(c)	6	R
2600	Unallowed Loss 2	W7-1c(d)	12	N
2610	Allowed Loss Net Loss/Allowed Loss 2	W7-1c(e)	12	N
2620	Form or Schedule Name 3	W7-3	20	AN
2630	Net Loss from Form or Schedule 3	W7-1a(a)	12	N
2650	Net Income from Form or Schedule 3	W7-1b(a)	12	N
2660	Net Loss minus Net Income 3	W7-1c(b)	12	N
2670	Ratio 3	W7-1c(c)	6	R
2680	Unallowed Loss 3	W7-1c(d)	12	N
2690	Allowed Loss 3	W7-1c(e)	12	N
2700	Total Net Loss Minus Net Income	W7(b)	12	N
2710	Total Unallowed Loss	W7(d)	12	N
2720	Total Allowed Loss	W7(e)	12	N
2730	Reserved for Form 1041 use	W7	6	Blank
	Record Terminus Character		1	Value "#"

FORM 8582-CR PAGE 1 Passive Activity Credit Limitations

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0355" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8582CR"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Rental Real Estate Credits from Worksheet 1, Col a	1a	12	N
0020	PY Unallowed Credits from Worksheet 1, Col b	1b	12	N
0030	Total Rental Real Estate Credits	1c	12	N
0040	Rehabilitation Credits from Worksheet 2, Col a	2a	12	N
0050	Rehabilitation PY Credits from Worksheet 2, Col b	2b	12	N
0060	Total Rehabilitation Credits	2c	12	N
0070	Low-Income Housing Credits from Worksheet 3, Col a	3a	12	N

FORM 8582-CR PAGE 1 Passive Activity Credit Limitations

Field No.	Identification	Form Ref.	Length	Field Description
0080	Low-Income Housing PY Credits, Worksheet 3, Col b	3b	12	N
0090	Total Low-Income Housing Credits	3c	12	N
0100	All Passive Activity Credits, Worksheet 4, Col a	4a	12	N
0110	Passive Activity PY Credits, Worksheet 4, Col b	4b	12	N
0120	Total All Passive Activity Credits	4c	12	N
0130	Total Credits	5	12	N
0140	Tax Attributable to Net Passive Income	6	12	N
0150	Total Net Credits	7	12	N
0160	Smaller of Real Estate or Total Net Credits	8	12	N
0170	Enter $150,000	9	12	N
0180	Modified Adjusted Gross Income	10	12	N
0190	Subtract Line 10 from Line 9	11	12	N
0200	Multiply Line 11 by 50%	12	12	N
0203	Amount from Line 10 of Form 8582	13a	12	N
0206	Amount from Line 14 of Form 8582	13b	12	N
0210	Special Allowance for Rental Activity	13c	12	N

FORM 8582-CR PAGE 1 Passive Activity Credit Limitations

Field No.	Identification	Form Ref.	Length	Field Description
0220	Subtract Line 13c from Line 12	14	12	N
0230	Tax Attributable to the Amount on Line 14	15	12	N
0240	Smaller of Line 8 or Line 15	16	12	N
	Record Terminus Character		1	Value "#"

FORM 8582-CR PAGE 2 Passive Activity Credit Limitations

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0447" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0250	Record ID		6	"FRMbbb"
0251	Form Number		6	"8582CR"
0252	Page Number		5	"PG02b"
0253	Taxpayer Identification Number		9	N (Primary SSN)
0254	Filler		1	blank
0255	Form Occurrence Number		7	N 0000001
0260	Total Net Credits	17	12	N
0270	Smaller of Line 8 or Line 15	18	12	N
0280	Subtract Line 18 from Line 17	19	12	N
0290	Smaller of Line 2c or Line 19	20	12	N
0300	Enter $250,000	21	12	N
0310	Modified Adjusted Gross Income	22	12	N
0320	Subtract Line 22 from Line 21	23	12	N
0330	Multiply Line 23 by 50%	24	12	N
0333	Amount from Line 10 of Form 8582	25a	12	N
0336	Amount from Line 14 of Form 8582	25b	12	N
0340	Special Allowance for Rental Activity	25c	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0350	Subtract Line 25c from Line 24	26	12	N
0360	Tax Attributable to the Amount on Line 26	27	12	N
0370	Amount, if any, from Line 18	28	12	N
0380	Subtract Line 28 from Line 27	29	12	N
0390	Smaller of Line 20 or Line 29	30	12	N
0400	Amt on Line 19 or Subtract Line 16 from Line 7	31	12	N
0410	Amount from Line 30	32	12	N
0420	Subtract Line 32 from Line 31	33	12	N
0430	Smaller of Line 3c or Line 33	34	12	N
0440	Tax Attributable to Remaining Special Allowance	35	12	N
0450	Smaller of Line 34 or Line 35	36	12	N
0460	Passive Activity Credit Allowed	37	12	N
0470	Election to Increase Basis of Credit Property Box	38	1	"X" or blank
0480	Name of Passive Activity Disposed of	39	35	AN or blank
0490	Description of the Credit Property	40	80	AN or blank
0500	Amount of Unallowed Credit	41	12	N
	Record Terminus Character		1	Value "#"

FORM 8586 Low-Income Housing Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0350" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8586bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Number of Forms 8609-A Attached before 1/1/2008	1	3	N ‖
@0025	Multiple BLDG Project Schedule before 1/1/2008	1	6	"STMbnn" or blank ‖
0050	Decrease in the QLFY Basis Box-Yes before 1/1/2008	2	1	"X" or blank ‖
0060	Decrease in the QLFY Basis Box-No before 1/1/2008	2	1	"X" or blank ‖
*0070	BLDG ID Number - BIN1 before 1/1/2008	2(i)	9	AN or "STMbnn" ‖
+0080	BLDG ID Number - BIN2 before 1/1/2008	2(ii)	9	AN ‖
+0090	BLDG ID Number - BIN3 before 1/1/2008	2(iii)	9	AN ‖
+0100	BLDG ID Number - BIN4 before 1/1/2008	2(iv)	9	AN ‖

Field No.	Identification	Form Ref.	Length	Field Description
@0105	CR ATTR to more than one BLDG Sch before 1/1/2008	3	6	"STMbnn" or blank ||
0110	Current Year Credit before 1/1/2008	3	12	N ||
0120	Low-Income Housing CR before 1/1/2008	4	12	N ||
0130	TOT CURR YR & Low-INCM Housing CR before 1/1/2008	5	12	N ||
0140	Allocated to Beneficiaries before 1/1/2008	6	12	NO ENTRY ||
0150	Estate and Trust CURR YR Credit before 1/1/2008	7	12	NO ENTRY ||
0160	Number of Forms 8609-A Attached after 12/31/2007	8	3	N ||
@0165	Multiple BLDG Project Schedule after 12/31/2007	8	6	"STMbnn" or blank ||
0190	DECR in the QLFY Basis Box-Yes after 12/31/2007	9	1	"X" or blank ||
0200	DECR in the QLFY Basis Box-No after 12/31/2007	9	1	"X" or blank ||
*0210	BLDG ID Number - BIN1 after 12/31/2007	9(i)	9	AN or "STMbnn" ||
+0220	BLDG ID Number - BIN2 after 12/31/2007	9(ii)	9	AN ||
+0230	BLDG ID Number - BIN3 after 12/31/2007	9(iii)	9	AN ||

Field No.	Identification	Form Ref.	Length	Field Description
+0240	BLDG ID Number - BIN4 after 12/31/2007	9(iv)	9	AN ||
@0250	CR ATTR to more than one BLDG Sch after 12/31/2007	10	6	"STMbnn" or blank ||
0260	Current Year Credit after 12/31/2007	10	12	N ||
0270	Low-Income Housing CR after 12/31/2007	11	12	N ||
0280	TOT CURR YR & Low-INCM Housing CR after 12/31/2007	12	12	N ||
0290	Low-INCM Housing CR fr Pass. ACTY after 12/31/2007	13	12	N ||
0300	Subtract Line 13 from Line 12 after 12/31/2007	14	12	N ||
0310	Low-INCM Housing CR fr Pass. ACTY after 12/31/2007	15	12	N ||
0320	Carryforward Low-INCM Housing CR after 12/31/2007	16	12	N ||
0340	Carryback Low-INCM Housing CR after 12/31/2007	17	12	N ||
0350	TOT CURR YR & Low-INCM Housing CR after 12/31/2007	18	12	N ||
0360	Allocated to Beneficiaries after 12/31/2007	19	12	NO ENTRY ||
0370	Estate and Trust CURR YR Credit after 12/31/2007	20	12	NO ENTRY ||
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0369" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8594bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	N
0020	Buyer		1	"X" or blank
0030	Seller		1	"X" or blank
0040	Name of Other Party to Transaction	I 1	35	AN
0050	Other Party's Identification Number	I 1	9	N
0060	Address	I 1	35	AN
0070	City	I 1	22	AN
0080	State	I 1	2	AN
0090	Zip Code	I 1	12	N
0100	Sale Date	I 2	8	YYYYMMDD
0110	Total Sales Price	I 3	12	N
0120	Assets Transferred Market Value Class I	II 4	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0130	Assets Transferred Sales Price Class I	II 4	12	N
0140	Assets Transferred Market Value Class II	II 4	12	N
0150	Assets Transferred Sales Price Class II	II 4	12	N
0160	Assets Transferred Market Value Class III	II 4	12	N
0170	Assets Transferred Sales Price Class III	II 4	12	N
0180	Assets Transferred Market Value Class IV	II 4	12	N
0190	Assets Transferred Sales Price Class IV	II 4	12	N
0200	Assets Transferred Market Value Class V	II 4	12	N
0210	Assets Transferred Sales Price Class V	II 4	12	N
0220	Assets Transferred Market Value Class VI & VII	II 4	12	N
0230	Assets Transferred Sales Price Class VI & VII	II 4	12	N
0240	Total Assets Transferred Market Value	II 4	12	N
0250	Total Assets Transferred Sales Price	II 4	12	N
0260	Purchaser/Seller Provide for an Allocation - Yes	II 5	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0270	Purchaser/Seller Provide for an Allocation - No	II 5	1	"X" or blank
0280	Are Aggregate Fair Market Values Listed - Yes	II 5	1	"X" or blank
0290	Are Aggregate Fair Market Values Listed - No	II 5	1	"X" or blank
0300	In Connection with a Purchase - Yes	II 6	1	"X" or blank
0310	In Connection with a Purchase - No	II 6	1	"X" or blank
@0315	Attach a Schedule of Agreement	II 6	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0365" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0320	Record ID		6	"FRMbbb"
0321	Form Number		6	"8594bb"
0322	Page Number		5	"PG02b"
0323	Taxpayer Identification Number		9	N (Primary SSN)
0324	Filler		1	blank
0325	Form Occurrence Number		7	N 0000001
*0330	Supplemental Stmt Tax Year and Return Form Number	III 7	12	AN, "STMbnn" or blank
0340	Supplemental Stmt Allocation Sales Price Class I	III 8	12	N
0350	Supplemental Stmt Increase/Decrease Class I	III 8	12	N
0360	Supplemental Stmt Redetermined Allocation Class I	III 8	12	N
0370	Supplemental Stmt Allocation Sales Price Class II	III 8	12	N
0380	Supplemental Stmt Increase/Decrease Class II	III 8	12	N
0390	Supplemental Stmt Redetermined Allocation Class II	III 8	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0400	Supplemental Stmt Allocation Sales Price Class III	III 8	12	N
0410	Supplemental Stmt Increase/Decrease Class III	III 8	12	N
0420	Supplemental Stmt Redetermined Class III	III 8	12	N
0430	Supplemental Stmt Allocation Sales Price Class IV	III 8	12	N
0440	Supplemental Stmt Increase/Decrease Class IV	III 8	12	N
0450	Supplemental Stmt Redetermined Allocation Class IV	III 8	12	N
0460	Supplemental Stmt Allocation Sales Price Class V	III 8	12	N
0470	Supplemental Stmt Increase/Decrease Class V	III 8	12	N
0480	Supplemental Stmt Redetermined Allocation Class V	III 8	12	N
0490	Supplemental Stmt Sales Price Class VI & VII	III 8	12	N
0500	Supplemental Stmt Incr/Decrease Class VI & VII	III 8	12	N
0510	Supplemental Stmt Redetermined Class VI & VII	III 8	12	N

FORM 8594 PAGE 2 Asset Acquisition Statement

Field No.	Identification	Form Ref.	Length	Field Description
0520	Total Assets Allocation of Sales Price	III 8	12	N
0530	Total Assets Redetermined Allocation	III 8	12	N
*0540	Reason(s) for Increase	III 9	70	AN, "STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0285" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8606bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0009	Nondeductible IRA Name		35	AN, Taxpayer's name allowable special characters are: space, less-than (<) and hyphen (-)
0010	SSN of Taxpayer with IRAs		9	N
0100	Current Tax Year Nondeductible Contrib.	1	12	N
0105	IRA Basis for Prior Years	2	12	N
0162	Total IRA Value	3	12	N
0164	Post Tax Year Contributions	4	12	N
0166	Tax Year Net Basis	5	12	N
0170	Current Tax Year IRAs plus Rollovers	6	12	N
0180	Current TY IRA Withdrawals Less Pre-Jan Rollover	7	12	N

FORM 8606 PAGE 1 Nondeductible IRAs

Field No.	Identification	Form Ref.	Length	Field Description
0185	Tax Year Combined IRA Value	8	12	N
0190	Tot IRAs, Rollovers, Withdrawals And IRA Value	9	12	N
0225	Tax Year Basis Ratio	10	6	R
0235	Nontaxable Portion of Amt Converted to Roth IRA	11	12	N
0245	Non Taxable Portion of Withdrawals Not Converted	12	12	N
0250	Total Non Taxable Portion of Withdrawals	13	12	N
0260	Total IRA Basis	14	12	N
0265	Subtract Line 12 from Line 7	15a	12	N ||
0270	Qualified Disaster Recovery Assistance Distr.	15b	12	N ||
0275	Taxable Amount	15c	12	N ||
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0187" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0330	Record ID		6	"FRMbbb"
0331	Form Number		6	"8606bb"
0332	Page Number		5	"PG02b"
0333	Taxpayer Identification Number		9	N (Primary SSN)
0334	Filler		1	blank
0335	Form Occurrence Number		7	N 0000001 - 0000002
0338	Total IRA Conversion Amount	16	12	N
0342	IRA Basis	17	12	N
0344	Taxable IRA Conversion Amount	18	12	N
0351	TY Roth IRA Withdrawals Not including Rollovers	19	12	N
0353	Qualified First-Time Homebuyer Distr	20	12	N
0358	Subtract Line 20 from Line 19	21	12	N
0361	Roth IRA Contribution Basis	22	12	N
0363	Subtract Line 22 from Line 21	23	12	N
0368	Basis in Roth IRA Conversions	24	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0370	Subtract Line 24 from Line 23	25a	12	N ||
0372	Qualified Disaster Recovery Assistance Distr.	25b	12	N ||
0376	Taxable Amount	25c	12	N
	Record Terminus Character		1	Value "#"

FORM 8609-A Annual Statement for Low-Income Housing Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0267" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8609Ab"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0010	Identifying Number		9	NO ENTRY
0020	Building Identification Number (BIN)	A	9	AN
0030	New or Existing Building Box	B	1	"X" or blank
0040	Rehabilitation Expenditures Box	B	1	"X" or blank
0050	Have Form 8609 - Yes	C	1	"X" or blank
0060	Have Form 8609 - No	C	1	"X" or blank
0070	Building Qualified Low-Income - Yes	D	1	"X" or blank
0080	Building Qualified Low-Income - No	D	1	"X" or blank
0090	Decrease in Qualified Basis - Yes	E	1	"X" or blank
0100	Decrease in Qualified Basis - No	E	1	"X" or blank

FORM 8609-A Annual Statement for Low-Income Housing Credit

Field No.	Identification	Form Ref.	Length	Field Description
0200	Eligible Basis of Building	1	12	N
0210	Low-Income Portion	2	6	R
0220	Qualified Basis of Low-Income Building	3	12	N
0230	Part-Year Adjustment	4	12	N
0240	Credit Percentage	5	6	R
0250	Qualified Basis or Adjustment x Percent	6	12	N
0260	Additions to Qualified Basis	7	12	N
0270	Part-Year Adjustment	8	12	N
0280	Credit Percentage 2	9	6	R
0290	Additions or Part-Year Adjust x Percent 2	10	12	N
0300	Section 42(f)(3)(B) Modification	11	12	N
0310	Sum of Previous Two Lines	12	12	N
0320	Credit before Reduction	13	12	N
0330	Disallowed Credit	14	12	N
0340	Credit for Building for Tax Year	15	12	N
0350	Taxpayer's Share of Credit	16	12	N
0360	Adjustments	17	12	N
0370	Taxpayer's Credit	18	12	N
	Record Terminus Character		1	Value "#"

FORM 8611 RECAPTURE OF LOW-INCOME HOUSING CREDIT

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0435" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8611bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
0010	Identifying Number		9	NO ENTRY
0020	Address of Building	C	35	AN
0030	City of Building	C	22	AN
0040	State of Building	C	2	AN
0050	Zip Code of Building	C	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb
0060	Building Identification Number	D	9	AN
0070	Date Placed in Service	E	8	YYYYMMDD
0080	Issuer's Name	F(1)	35	AN
0090	Date of Issue	F(2)	8	YYYYMMDD or blank
0100	Name of Issue	F(3)	35	AN
0110	CUSIP Number	F(4)	9	Values: A-Z and/or 0-9 or all blank cannot be all zeros
0120	Total Credits Reported on Form 8586 in Prior Yrs	1	12	N

FORM 8611 RECAPTURE OF LOW-INCOME HOUSING CREDIT

Field No.	Identification	Form Ref.	Length	Field Description
0130	Credits included on Line 1	2	12	N
0140	Credits Subject to Recapture	3	12	N
0150	Credit Recapture Percentage	4	6	R
0160	Accelerated Portion of Credit	5	12	N
0170	Percentage Decreased in Qualified Basis	6	6	R
0180	Amount of Accelerated Portion Recaptured	7	12	N
0190	Recapture Amount from Flow Through Entity	8	12	N
0200	Accelerated Portion of the Unused Credit	9	12	N
0210	Net Recapture	10	12	N
0215	Line 11 Literal	11	16	"SECTIONb42(J)(5)"
0220	Interest on Line 10 Recapture Amount	11	12	N
0230	Total Amount Subject to Recapture	12	12	N
0240	Unused Credits	13	12	N
0250	Recapture Tax	14	12	N
0260	Carryforward of Low-Income Housing Credit	15	12	N
0270	Interest on Accelerated Portion Recapture Amt	16	12	NO ENTRY
0280	Total Recapture	17	12	NO ENTRY
	Record Terminus Character		1	Value "#"

FORM 8615 Tax for Certain Children Who Have Investment...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0389" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8615bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Child Name		35	AN Child's name allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&)
0020	Child SSN		9	N
0040	Parent Name	A	35	A
0045	Parent Name Control	A	4	First 4 significant characters of parent's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0050	Parent SSN	B	9	N
0055	FSC Estimated Literal	C	9	"ESTIMATED" or blank
0060	Parent Filing Status	C	1	Values 1 to 5
0070	Gross Unearned Income	1	12	N

FORM 8615 Tax for Certain Children Who Have Investment...

Field No.	Identification	Form Ref.	Length	Field Description
0080	Deductions	2	12	N
0090	Child Unearned Income Adjusted	3	12	N
0100	Child Taxable Income	4	12	N
0110	Child Net Investment Income	5	12	N
0115	Parent Taxable Income Estimated Literal	6	9	"ESTIMATED" or blank
0120	Parent Taxable Income	6	12	N
0128	Other Unearned Income Estimated Literal	7	9	"ESTIMATED" or blank
0130	Other Children Unearned Income	7	12	N
0140	Combined Income	8	12	N
0143	Parent Schedule D Ind.	9	1	"X" or blank
0160	Tax at Parent Tax Rate	9	12	N
0163	Parent Schedule D Ind.	10	1	"X" or blank
0180	Parent Tax	10	12	N
0190	Adjusted Tax	11	12	N
0200	Combined Children Investment Income	12a	12	N
0210	Child Tentative Tax Pct.	12b	6	R
0220	Child Tentative Tax	13	12	N
0230	Child Taxable Unearned Income	14	12	N

FORM 8615 Tax for Certain Children Who Have Investment...

Field No.	Identification	Form Ref.	Length	Field Description
0233	Child Schedule D Ind.	15	1	"X" or blank
0250	Unearned Income Tax at Child Rate	15	12	N
0260	Child Tentative Investment Tax	16	12	N
0270	Child Schedule D Ind.	17	1	"X" or blank
0280	Child Income Tax	17	12	N
0290	Form 8615 Tax	18	12	N
	Record Terminus Character		1	Value "#"

FORM 8621 PAGE 1 Return by a Shareholder of a Passive Investment...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0567" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8621bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
0010	Name of Shareholder		35	AN
0020	Identifying Number		9	N
0030	Address		35	AN
0040	City		22	AN
0050	State		2	AN
0060	Zip Code		12	N (Left-Justified)
0065	Country		35	AN
0070	Shareholder's Tax Year Beginning		8	N (YYYYMMDD)
0080	Shareholder's Tax Year Ending		8	N (YYYYMMDD)
0090	Type Of Shareholder (Individual)		1	"X" or blank
0100	Type Of Shareholder (Corporation)		1	"X" or blank
0110	Type Of Shareholder (Partnership)		1	"X" or blank

FORM 8621 PAGE 1 Return by a Shareholder of a Passive Investment...

Field No.	Identification	Form Ref.	Length	Field Description
0120	Type Of Shareholder (S Corporation)		1	"X" or blank
0130	Type Of Shareholder (Nongrantor Trust)		1	"X" or blank
0140	Type Of Shareholder (Estate)		1	"X" or blank
0150	Name Of PFIC Or QEF		35	AN
0160	Address		35	AN
0170	City		22	AN
0180	State		2	AN
0190	Zip Code		12	N (Left-Justified)
0195	Country		35	AN
0200	Employer Identification Number, If Any		9	N or blank
0210	Tax Year Of Company Or Fund: Tax Year Beginning		8	YYYYMMDD
0220	Tax Year Of Company Or Fund: Tax Year Ending		8	YYYYMMDD
0230	Election To Treat PFIC As QEF	I A	1	"X" or blank
0240	Elect to Recognize Gain on Sale Interest in PFIC	I B	1	"X" or blank
0250	Elect to Treat Post 1986 Earnings & Profits	I C	1	"X" or blank
@0255	Attach Statement For Post 1986 Earnings & Profits	I	6	"STMbnn" or blank
0260	Election To Extend Time For Payment Of Tax	I D	1	"X" or blank

FORM 8621 PAGE 1 Return by a Shareholder of a Passive Investment...

Field No.	Identification	Form Ref.	Length	Field Description
0270	Election To Recognize Gain On Sale Of Pfic	I E	1	"X" or blank
0280	Election To Mark-to-market PFIC Stock	I F	1	"X" or blank
0290	Pro Rata Share Of The Ordinary Earnings Of The QEF	II1a	12	N
0300	Portion Of Line 1a	II1b	12	N
0310	Subtract Line 1b From Line 1a	II 1c	12	N
0320	Pro Rata Share Of Total Net Capital Gain Of QEF	II2a	12	N
0330	Portion Of Line 2a	II 2b	12	N
0340	Subtract Line 2b From Line 2a	II2c	12	N
0350	Add Lines 1c And 2c	II3a	12	N
0360	Tot Amt Of Cash & FMV Of Other Property Distrib.	II3b	12	N
@0365	Attach Attachment	II	6	"STMbnn" or blank
0370	Enter Portion Of Line 3a	II3c	12	N
0380	Add Lines 3b And 3c	II3d	12	N
0390	Subtract Line 3d From Line 3a	II3e	12	N
0400	Total Taxable Income For The Tax Year	II4a	12	N
0410	Tot Tax Without Regard To Amount On Line 3e	II4b	12	N
0420	Subtract Line 4b From Line 4a	II4c	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1081" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0440	Record ID		6	"FRMbbb"
0441	Form Number		6	"8621bb"
0442	Page Number		5	"PG02b"
0443	Taxpayer Identification Number		9	N (Primary SSN)
0444	Filler		1	Blank
0445	Form Occurrence Number		7	N 0000001 - 0000005
0450	Fair Market Value Of PFIC Stock At End Of Tax Year	III5	12	N
0460	Adjusted Basis In Stock At End Of Tax Year	III6	12	N
0470	Excess - Subtract Line 6 From Line 5	III7	12	N or blank
0480	Any Unreversed Inclusions	III8	12	N or blank
0490	Smaller Of Line 7 Or Line 8	III9	12	N or blank
0500	Tot Distributions From PFIC During Current TY	IV10a	12	N
0510	Total Distributions, Reduced	IV10b	12	N
0520	Divide Line 10b By 3	IV10c	12	N
0530	Multiply Line 10c By 125%	IV10d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0540	Subtract Line 10d From Line 10a	IV10e	12	N
0550	Enter Gain (Loss) Of Stock Of A Sec. 1291 Fund	IV10f	12	N
@0555	Attach Statement For Each Distribution/ Disposition	IV11a	6	"STMbnn" or blank
0560	Amounts In Line 12a Allocable To The Current TY	IV11b	12	N
0570	Aggregate Increases In Tax	IV11c	12	N
0580	Foreign Tax Credit	IV11d	12	N
0590	Subtract Line 11d From Line 11c	IV11e	12	N
0600	Interest On Each Net Increase	IV11f	12	N
0610	Tax Year Of Outstanding Election	V1(i)	8	YYYYMMDD
0620	Undistributed Earnings	V2(I)	12	N
0630	Deferred Tax	V3(i)	12	N
0640	Interest Accrued On Deferred Tax	V4(i)	12	N
0650	Event Terminating Election	V5(i)	35	AN
0660	Earnings Distributed	V6(i)	12	N
0670	Deferred Tax Due	V7(i)	12	N
0680	Accrued Interest Due	V8(i)	12	N

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Field No.	Identification	Form Ref.	Length	Field Description
0690	Portion Of Deferred Tax Outstanding	V9(i)	12	N or blank
0700	Interest Accrued After Partial Termination	V10(i)	12	N or blank
0710	Tax Year Of Outstanding Election	V1(ii)	8	YYYYMMDD or blank
0720	Undistributed Earnings	V2(ii)	12	N or blank
0730	Deferred Tax	V3(ii)	12	N or blank
0740	Interest Accrued On Deferred Tax	V4(ii)	12	N or blank
0750	Event Terminating Election	V5(ii)	35	AN or blank
0760	Earnings Distributed	V6(ii)	12	N or blank
0770	Deferred Tax Due	V7(ii)	12	N or blank
0780	Accrued Interest Due	V8(ii)	12	N or blank
0790	Portion Of Deferred Tax Outstanding	V9(ii)	12	N or blank
0800	Interest Accrued After Partial Termination	V10(ii)	12	N or blank
0810	Tax Year Of Outstanding Election	V1(iii)	8	YYYYMMDD or blank
0820	Undistributed Earnings	V2(iii)	12	N or blank
0830	Deferred Tax	V3(iii)	12	N or blank
0840	Interest Accrued On Deferred Tax	V4(iii)	12	N or blank
0850	Event Terminating Election	V5(iii)	35	AN or blank
0860	Earnings Distributed	V6(iii)	12	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
0870	Deferred Tax Due	V7(iii)	12	N or blank
0880	Accrued Interest Due	V8(iii)	12	N or blank
0890	Portion Of Deferred Tax Outstanding	V9(iii)	12	N or blank
0900	Interest Accrued After Partial Termination	V10(iii)	12	N or blank
0910	Tax Year Of Outstanding Election	V1(iv)	8	YYYYMMDD or blank
0920	Undistributed Earnings	V2(iv)	12	N or blank
0930	Deferred Tax	V3(iv)	12	N or blank
0940	Interest Accrued On Deferred Tax	V4(iv)	12	N or blank
0950	Event Terminating Election	V5(iv)	35	AN or blank
0960	Earnings Distributed	V6(iv)	12	N or blank
0970	Deferred Tax Due	V7(iv)	12	N or blank
0980	Accrued Interest Due	V8(iv)	12	N or blank
0990	Portion Of Deferred Tax Outstanding	V9(iv)	12	N or blank
1000	Interest Accrued After Partial Termination	V10(iv)	12	N or blank
1010	Tax Year Of Outstanding Election	V1(v)	8	YYYYMMDD or blank
1020	Undistributed Earnings	V2(v)	12	N or blank
1030	Deferred Tax	V3(v)	12	N or blank
1040	Interest Accrued On Deferred Tax	V4(v)	12	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
1050	Event Terminating Election	V5(v)	35	AN or blank
1060	Earnings Distributed	V6(v)	12	N or blank
1070	Deferred Tax Due	V7(v)	12	N or blank
1080	Accrued Interest Due	V8(v)	12	N or blank
1090	Portion Of Deferred Tax Outstanding	V9(v)	12	N or blank
1100	Interest Accrued After Partial Termination	V10(v)	12	N or blank
1110	Tax Year Of Outstanding Election	V1(vi)	8	YYYYMMDD or blank
1120	Undistributed Earnings	V2(vi)	12	N or blank
1130	Deferred Tax	V3(vi)	12	N or blank
1140	Interest Accrued On Deferred Tax	V4(vi)	12	N or blank
1150	Event Terminating Election	V5(vi)	35	AN or blank
1160	Earnings Distributed	V6(vi)	12	N or blank
1170	Deferred Tax Due	V7(vi)	12	N or blank
1180	Accrued Interest Due	V8(vi)	12	N or blank
1190	Portion Of Deferred Tax Outstanding	V9(vi)	12	N or blank
1200	Interest Accrued After Partial Termination	V10(vi)	12	N or blank
@1210	Attach Statement	V	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

FORM 8689 Allocation of Individual Income Tax to the VI

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0617" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8689bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0120	Wages, Salaries, Tips	1	12	N
0130	Taxable Interest	2	12	N
0140	Ordinary Dividends	3	12	N
0150	Taxable Refunds, Credits, or Offsets of Local Tx	4	12	N
0160	Alimony Received	5	12	N
0170	Business Income or Loss	6	12	N
0180	Capital Gain or Loss	7	12	N
0190	Other Gains or Losses	8	12	N
0200	IRA Distributions (Taxable Amount)	9	12	N
0210	Pensions And Annuities (Taxable Amount)	10	12	N
0220	Rental Real Estate, Royalties , Partnerships, etc.	11	12	N

FORM 8689 Allocation of Individual Income Tax to the VI

Field No.	Identification	Form Ref.	Length	Field Description
0230	Farm Income or Loss	12	12	N
0240	Unemployment Compensation	13	12	N
0250	Social Security Benefits (Taxable Amount)	14	12	N
*0260	Other Income List Statement	15	20	AN, "STMbnn" or blank
+0270	Other Income Total Amount	15	12	N
0280	Total Income	16	12	N
0290	Educator Expenses	17	12	N ||
0300	Business Expenses Reservists and Others	18	12	N
0310	Health Savings Account Deduction	19	12	N
0320	Moving Expenses	20	12	N
0330	One-Half of Self-Employment Tax	21	12	N
0340	Self-Employed SEP/ SIMPLE & Qualified Plans	22	12	N
0350	Self-Employed Health Insurance Deduction	23	12	N
0360	Penalty on Early Withdrawal of Savings	24	12	N
0370	IRA Deduction	25	12	N
0380	Student Loan Interest Deduction	26	12	N
0390	Tuition and Fees Deduction	27	12	N ||

FORM 8689 Allocation of Individual Income Tax to the VI

Field No.	Identification	Form Ref.	Length	Field Description
*0400	Other Adjustments List Statement		20	AN, "STMbnn" or blank, Allowable special characters are hyphen, parentheses
+0410	Other Adjustments Total Amount		12	N
0420	Total Adjustments	28	12	N
0430	Adjusted Gross Income	29	12	N
0440	Total Tax from Form 1040	30	12	N
0450	Adjustment to Total Tax Amount	31	12	N
0460	Adjusted Total Tax Amount	32	12	N
0470	Adjusted Gross Income from Form 1040	33	12	N
0480	Divide Line 29 by Line 33	34	6	R
0490	Tax Allocated to The Virgin Islands	35	12	N
0500	VI Tax Withheld	36	12	N
0510	ES Payments	37	12	N
0520	Form 4868 Amount	38	12	N
0530	Total Payments	39	12	N
0540	Smaller of Allocated Tax or Total Payments	40	12	N
0550	Overpaid to Virgin Islands	41	12	N
0560	Refund	42	12	N

FORM 8689 Allocation of Individual Income Tax to the VI

Field No.	Identification	Form Ref.	Length	Field Description
0570	Applied to ES Tax	43	12	N
0580	Amount Owed to Virgin Islands	44	12	N
	Record Terminus Character		1	Value "#"

FORM 8697 PAGE 1 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0553" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8697bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0010	Filing Year Beginning		8	DT or blank
0020	Filing Year Ending		8	DT or blank
0080	Identifying Number	A	9	N
0090	Type of Taxpayer: Corporation	B	1	"X" or blank
0100	Type of Taxpayer: Individual	B	1	"X" or blank
0110	Type of Taxpayer: Estate or Trust	B	1	"X" or blank
0120	Type of Taxpayer:S Corporation	B	1	"X" OR BLANK
0130	Type of Taxpayer: Partnership	B	1	"X" or blank
0140	Name of Entity	C	35	AN
@0145	Schedule of Additional Entity(s)	C	6	"STMbnn" or blank
0150	Employer Identification Number of Entity	C	9	N

FORM 8697 PAGE 1 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.		Length	Field Description
0155	Employer Name Control	C		4	First 4 significant characters of employer's name, no leading or embedded spaces, allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0160	REG-Year Ended-1	Part I	a	6	DT
0170	Taxable Income/Loss for Prior Year(s)-1	Part I	1a	12	N
0180	Adjustment to Income-1	Part I	2a	12	N
@0185	REG-Schedule of Separate Contracts-1	Part I	2a	6	"STMbnn" or blank
0187	Statement Reference - BMF Use Only	Part I	2a	6	Blank
0190	Adjusted Taxable Income for Look-Back Purposes-1	Part I	3a	12	N
0200	Income Tax Liability on Line 3a Amount-1	Part I	4a	12	N
0210	Income Tax Liability on Prior Year(s) Return-1	Part I	5a	12	N
0220	REG-Increase/ Decrease in Prior Year(s) Tax-1	Part I	6a	12	N
0230	REG-Interest Due on Increase-1	Part I	7a	12	N or blank
@0235	Explain Interest Comp Line 7	Part I	7a	6	"STMbnn" or blank
0240	REG-Interest to be Refunded on Decrease-1	Part I	8a	12	N or blank
@0245	Explain Interest Comp Line 8	Part I	8a	6	"STMbnn" or blank

FORM 8697 PAGE 1 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.		Length	Field Description
0250	REG-Year Ended-2	Part I	b	6	DT or blank
0260	Taxable Income/Loss for Prior Year(s)-2	Part I	1b	12	N or blank
0270	Adjustment to Income-2	Part I	2b	12	N or blank
@0275	REG-Schedule of Separate Contracts-2	Part I	2b	6	"STMbnn" or blank
0277	Statement Reference - BMF Use Only	Part I	2b	6	Blank
0280	Adjusted Taxable Income for Look-Back Purposes-2	Part I	3b	12	N or blank
0290	Income Tax Liability on Line 3b Amount-2	Part I	4b	12	N or blank
0300	Income Tax Liability on Prior Year(s) Return-2	Part I	5b	12	N or blank
0310	REG-Increase/ Decrease in Prior Year(s) Tax-2	Part I	6b	12	N or blank
0320	REG-Interest Due on Increase-2	Part I	7b	12	N or blank
@0325	Explain Interest Comp Line 7-2	Part I	7b	6	"STMbnn" or blank
0330	REG-Interest to be Refunded on Decrease-2	Part I	8b	12	N or blank
@0335	Explain Interest Comp Line 8-2	Part I	8b	6	"STMbnn" or blank
0340	REG-Year Ended-3	Part I	c	6	DT or blank
0350	Taxable Income/Loss for Prior Year(s)-3	Part I	1c	12	N or blank
0360	Adjustment to Income-3	Part I	2c	12	N or blank

FORM 8697 PAGE 1 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
@0365	REG-Schedule of Separate Contracts-3	Part I 2c	6	"STMbnn" or blank
0367	Statement Reference - BMF Use Only	Part I 2c	6	Blank
0370	Adjusted Taxable Income for Look-Back Purposes-3	Part I 3c	12	N or blank
0380	Income Tax Liability on Line 3c Amount-3	Part I 4c	12	N or blank
0390	Income Tax Liability on Prior Year(s) Return-3	Part I 5c	12	N or blank
0400	REG-Increase/ Decrease in Prior Year(s) Tax-3	Part I 6c	12	N or blank
0410	REG-Interest Due on Increase-3	Part I 7c	12	N or blank
@0415	Explain Interest Comp Line 7-3	Part I 7c	6	"STMbnn" or blank
0420	REG-Interest to be Refunded on Decrease-3	Part I 8c	12	N or blank
@0425	Explain Interest Comp Line 8-3	Part I 8c	6	"STMbnn" or blank
0430	REG-Interest Due on Increase-Totals	Part I 7d	12	N or blank
0440	REG-Interest to be Refunded on Decrease-Totals	Part I 8d	12	N or blank
0450	REG-Net Amount of Interest to be Refunded	Part I 9d	12	NO ENTRY
0460	REG-Net Amount of Interest You Owe	Part I 10d	12	N
	Record Terminus Character		1	Value "#"

FORM 8697 PAGE 2 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0487" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0480	Record ID		6	"FRMbbb"
0481	Form Number		6	"8697bb"
0482	Page Number		5	"PG02b"
0483	Taxpayer Identification Number		9	N (Primary SSN)
0484	Filler		1	blank
0485	Form Occurrence Number		7	N 0000001 - 0000004
0500	SMI-Year Ended-1	Part II a	6	DT
0510	Adjustment to Regular Taxable Income-1	Part II 1a	12	N
@0515	SMI-Schedule of Separate Contracts - 1	Part II 1a	6	"STMbnn" or blank
0517	Statement Reference - BMF Use Only	Part II 1a	6	Blank
0520	Increase/Decrease in Prior Year(s) Regular Tax-1	Part II 2a	12	N
0530	Adjustment to Alternative Minimum Taxable Income-1	Part II 3a	12	N
@0535	SMI-Schedule of Separate Contracts (AMT)-1	Part II 3a	6	"STMbnn" or blank
0540	Increase/Decrease in AMT for Prior Year(s)-1	Part II 4a	12	N

FORM 8697 PAGE 2 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
0550	Greater of Line 2a or Line 4a-1	Part II 5a	12	N
0560	Overpayment Ceiling-1	Part II 6a	12	N
0570	SMI-Increase/ Decrease in Prior Year(s) Tax-1	Part II 7a	12	N
0580	SMI-Interest Due on Increase-1	Part II 8a	12	N
0590	SMI-Interest to be Refunded on Decrease-1	Part II 9a	12	N
0600	SMI-Year Ended-2	Part II b	6	DT or blank
0610	Adjustment to Regular Taxable Income-2	Part II 1b	12	N or blank
@0615	SMI-Schedule of Separate Contracts-2	Part II 1b	6	"STMbnn" or blank
0617	Statement Reference - BMF Use Only	Part II 1b	6	Blank
0620	Increase/Decrease in Prior Year(s) Regular Tax-2	Part II 2b	12	N or blank
0630	Adjustment to Alternative Minimum Taxable Income-2	Part II 3b	12	N or blank
@0635	SMI-Schedule of Separate Contracts (AMT)-2	Part II 3b	6	"STMbnn" or blank
0640	Increase/Decrease in AMT for Prior Year(s)-2	Part II 4b	12	N or blank
0650	Greater of Line 2b or Line 4b-2	Part II 5b	12	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
0660	Overpayment Ceiling-2	Part II 6b	12	N or blank
0670	SMI-Increase/ Decrease in Prior Year(s) Tax-2	Part II 7b	12	N or blank
0680	SMI-Interest Due on Increase-2	Part II 8b	12	N or blank
0690	SMI-Interest to be Refunded on Decrease-2	Part II 9b	12	N or blank
0700	SMI-Year Ended-3	Part II c	6	DT or blank
0710	Adjustment to Regular Taxable Income-3	Part II 1c	12	N or blank
@0715	SMI-Schedule of Separate Contracts-3	Part II 1c	6	"STMbnn" or blank
0717	Statement Reference - BMF Use Only	Part II 1c	6	Blank
0720	Increase/Decrease in Prior Year(s) Regular Tax-3	Part II 2c	12	N or blank
0730	Adjustment to Alternative Minimum Taxable Income-3	Part II 3c	12	N or blank
@0735	SMI-Schedule of Separate Contracts (AMT)-3	Part II 3c	6	"STMbnn" or blank
0740	Increase/Decrease in AMT for Prior Year(s)-3	Part II 4c	12	N or blank
0750	Greater of Line 2c or Line 4c-3	Part II 5c	12	N or blank
0760	Overpayment Ceiling-3	Part II 6c	12	N or blank

FORM 8697 PAGE 2 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
0770	SMI-Increase/ Decrease in Prior Year(s) Tax-3	Part II 7c	12	N or blank
0780	SMI-Interest Due on Increase-3	Part II 8c	12	N or blank
0790	SMI-Interest to be Refunded on Decrease-3	Part II 9c	12	N or blank
0800	SMI-Interest Due On Increase-Totals	Part II 8d	12	N or blank
0810	SMI-Interest to be Refunded on Decrease-Totals	Part II 9d	12	N or blank
0820	SMI-Net Amount of Interest to be Refunded	Part II 10	12	NO ENTRY
0830	SMI-Net Amount of Interest You Owe	Part II 11	12	N or blank
	Record Terminus Character		1	Value "#"

FORM 8801 PAGE 1 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0232" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8801bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Reserved		9	Blank
0020	Net Minimum Tax Taxable Income (Loss)	1	12	N
0030	Net Minimum Tax Adjustments	2	12	N
0040	Minimum Tax Credit Net Operating Loss Deduction	3	12	N
0050	Combine Lines 1, 2, and 3	4	12	N
0060	Net Minimum Tax Exemption Amount	5	12	N
0070	Net Minimum Tax Phase-Out	6	12	N
0080	Line 4 Minus Line 6	7	12	N
0090	Multiply Line 7 by 25% (.25)	8	12	N
0100	Line 5 Minus Line 8	9	12	N
0110	Line 4 Minus Line 9	10	12	N

FORM 8801 PAGE 1 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description
0120	Multiply Line 10 by 26% or by 28%	11	12	N
0130	Minimum Tax Foreign Tax Credit on Exclusion Items	12	12	N
0140	Tentative Minimum Tax on Exclusion Items	13	12	N
0150	Applicable Return Tax	14	12	N
0160	Net Minimum Tax on Exclusion Items	15	12	N

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Record Terminus Character 1 Value "#"

FORM 8801 PAGE 2 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0239" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0162	Record ID		6	"FRMbbb"
0163	Form Number		6	"8801bb"
0164	Page Number		5	"PG02b"
0165	Taxpayer Identification Number		9	N (Primary SSN)
0166	Filler		1	blank
0167	Form Occurrence Number		7	N 0000001
0170	Alternative Minimum Tax	16	12	N
0180	Net Minimum Tax on Exclusion Items	17	12	N
0190	Net Alternative Minimum Tax	18	12	N
0200	Previous Year Credit Carryforward	19	12	N
0210	Total of PY Unallowed Vehicle Credits	20	12	N
0215	Unpaid Incentive Stock Option	21	12	N
0220	Total Tax Credits	22	12	N
0225	Multiply 50% of Incentive Stock Opt Int & Pen Amt	23	12	N
0228	Add Lines 22 and 23	24	12	N
0230	CY Regular Tax Liability Minus Allowable Credit	25	12	N

FORM 8801 PAGE 2 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description
0240	Tentative Minimum Tax	26	12	N
0250	Net Regular Income Tax Liability	27	12	N
0260	Current Year Nonrefundable Credit	28	12	N
0265	Min Tax Cr CF No Box	29	1	"X" or blank
0268	Min Tax Cr CF Yes Box	29	1	"X" or blank
0271	Amount of C/F	29	12	N
0275	Current Yr Refundable Cr No Box	30	1	"X" or blank
0278	Current Yr Refundable Cr Yes Box	30	1	"X" or blank
0279	Current Year Refundable Credit	30	12	N
0280	Credit C/F Amount	31	12	N

Record Terminus Character 1 Value "#"

FORM 8801 PAGE 3 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description	
	Byte Count		4	"0283" for Fixed; "nnnn" for variable format	||
	Start of Record Sentinel		4	Value "****"	
0290	Record ID		6	"FRMbbb"	||
0291	Form Number		6	"8801bb"	||
0292	Page Number		5	"PG03b"	||
0293	Taxpayer Identification Number		9	N (Primary SSN)	||
0294	Filler		1	blank	||
0295	Form Occurrence Number		7	N 0000001	||
0300	Amount from Line 10	32	12	N	||
0310	AMT from P/Y Applicable W/S or Sch D See Form Inst	33	12	N	||
0320	Amount from Prior Year Sch D, Line 19	34	12	N	||
0330	Smaller of Lines 33 & 34 Total/Line 10 of Sch D WS	35	12	N	||
0350	Smaller of Line 32 or Line 35	36	12	N	||
0360	Line 32 Minus Line 36	37	12	N	||
0370	Multiply Line 37 by 26% (.26) or by 28% (.28)	38	12	N	||
0375	Enter Qualified Amount	39	12	N	||
0385	Amount from Line 7 of WS or Line 23 of Sch D	40	12	N	||
0387	Subtract Line 40 from Line 39	41	12	N	||

FORM 8801 PAGE 3 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description
0390	Smaller of Line 32 or Line 33	42	12	N
0400	Smaller of Line 41 or Line 42	43	12	N
0430	Multiply Line 43 by 5% (.05)	44	12	N
0440	Subtract Line 43 from Line 42	45	12	N
0524	Multiply Line 45 by 15% (.15)	46	12	N
0527	Subtract Line 42 from Line 36	47	12	N
0545	Multiply Line 47 by 25% (.25)	48	12	N
0550	Add Lines 38, 44, 46, and 48	49	12	N
0600	Multiply Line 32 by 26% (.26) or 28% (.28)	50	12	N
0610	Smaller of Line 49 or Line 50	51	12	N
	Record Terminus Character		1	Value "#"

FORM 8801 PAGE 4 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description	
	Byte Count		4	"0187" for Fixed; "nnnn" for variable format	
	Start of Record Sentinel		4	Value "****"	
0700	Record ID		6	"FRMbbb"	
0701	Form Number		6	"8801bb"	
0702	Page Number		5	"PG04b"	
0703	Taxpayer Identification Number		9	N (Primary SSN)	
0704	Filler		1	blank	
0705	Form Occurrence Number		7	N 0000001	
0710	Amount from Line 22	52	12	N	||
0720	Amount from 2006 Form 8801, Lines 18 and 20	53	12	N	||
0730	Amount from 2007 Form 8801, Lines 18 and 20	54	12	N	||
0740	Amount from 2008 Form 8801, Lines 18 and 20	55	12	N	||
0750	Add Lines 53 through 55	56	12	N	||
0760	Subtract Line 56 from Line 52	57	12	N	||
0770	Multiply Line 57 by 50% (.50)	58	12	N	||

FORM 8801 PAGE 4 Credit for Prior Year Minimum Tax

Field No.	Identification	Form Ref.	Length	Field Description	
0773	Amount from Prior Year Form 8801, Line 55	59	12	N	||
0774	Larger of Line 58 or Line 59	60	12	N	||
0775	Smaller of Line 57 or Line 60	61	12	N	||
0778	Amount from Line 23	62	12	N	||
0783	Add Lines 61 and 62	63	12	N	||
	Record Terminus Character		1	Value "#"	

FORM 8812 Additional Child Tax Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0216" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8812bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0008	Amount from Line 1 of Child Tax Credit Worksheet	1	12	N
0012	Child Tax Credit	2	12	N
0016	Net Amount From Line 1 of Worksheet	3	12	N
0021	Earned Income	4a	12	N
0022	2007 Earned Income Indicator	4a	1	"X" or blank ‖
0023	Nontaxable Combat Pay	4b	12	N
0025	Total Taxable Earned Income > $8,500 - No Box	5	1	"X" or blank ‖
0035	Total Taxable Earned Income > $8,500 - Yes Box	5	1	"X" or blank ‖

FORM 8812 Additional Child Tax Credit

Field No.	Identification	Form Ref.	Length	Field Description
0038	Net Total Earned Income	5	12	N
0045	15% of Net Total Earned Income	6	12	N
0054	Three or More Qualifying Children - No Box	6	1	"X" or blank
0058	Three or More Qualifying Children - Yes Box	6	1	"X" or blank
0075	Total SS & Medicare Taxes Withheld	7	12	N
0085	Total Other Taxes and Deductions	8	12	N
0095	Add Lines 7 and 8	9	12	N
0105	Total EIC & Excess SS & Tier 1 RRTA Tax Withheld	10	12	N
0110	Subtract Line 10 from Line 9	11	12	N
0115	Larger of Line 6 or Line 11	12	12	N
0140	Additional Child Tax Credit: Lines 3 or 12	13	12	N or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0357" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8814bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0010	Child Name	A	25	AN (first name, space middle initial, less-than (<), last name)
0015	Child Name Control	A	4	First 4 significant characters of Child's Last Name (see 1040 seq# 050, Primary Name Control)
0020	Child SSN	B	9	N
0030	Multiple F8814 Indicator	C	1	"X" or blank
*0040	Tax Exempt Literal	1a	19	"TAX-EXEMPTbINTEREST", "STMbnn" or blank
+0050	Tax Exempt Amount	1a	12	N
*0060	Nominee Dist. Literal 1	1a	6	"ND", "STMbnn" or blank
+0070	Nominee Dist. Amount 1	1a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
*0080	Non-Taxable Literal	1a	16	"ACCRUEDbINTEREST", "ABPbADJUSTMENT", "OIDbADJUSTMENT", "STMbnn" or blank
+0090	Non-Taxable Amount	1a	12	N
0100	Child Taxable Interest Income	1a	12	N
0110	Child Tax-Exempt Interest Income	1b	12	N
0120	Nominee Dist. Literal 2	2a	2	"ND" or blank
0130	Nominee Dist. Amount 2	2a	12	N
0135	Child Ordinary Dividends	2a	12	N
0138	Qualified Dividends Amt	2b	12	N
0141	Nominee Dist. Literal 3	3	2	"ND" or blank
0146	Nominee Dist. Amount 3	3	12	N
0151	Child Capital Gain Distributions	3	12	N
0170	Child Taxable Unearned Income	4	12	N
0200	Subtract Line 5 from Line 4	6	12	N
0215	Divide Line 2b by Line 4	7	6	R
0225	Divide Line 3 by Line 4	8	6	R
0235	Multiply Line 6 by Line 7	9	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0245	Multiply Line 6 by Line 8	10	12	N
0255	Add Lines 9 and 10	11	12	N
0265	Form 1040 Other Income	12	12	N
0275	Tax Amount Basis	14	12	N
0280	Amount on Line 14 Less Than $900 - No Box	15	1	"X" or blank |
0285	Amount on Line 14 Less Than $900 - Yes Box	15	1	"X" or blank |
0295	Form 8814 Tax	15	12	N
	Record Terminus Character		1	Value "#"

FORM 8815 Exclusion of Interest From Series EE U.S....

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0547" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8815bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
*0010	Eligible Enrollee Name 1	1(a)1	25	AN (first name, space, middle initial, less than (<), last name) or "STMbnn"
+0020	Eligible Institution Name 1	1(b)1	30	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+) blank and literal "EDbIRA" or "QSTP"
*+0030	Eligible Institution Address 1	1(b)1	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE" or "STMbnn".
+0040	Eligible Institution City/ State/Zip code 1	1(b)1	30	AN, Allowable special characters are: hyphen (-), comma (,) and blank
0050	Eligible Enrollee Name 2	1(a)2	25	AN (first name, space, middle initial, less than (<), last name)

FORM 8815 Exclusion of Interest From Series EE U.S....

Field No.	Identification	Form Ref.	Length	Field Description
0060	Eligible Institution Name 2	1(b)2	30	'See 1st Occ.'
0070	Eligible Institution Address 2	1(b)2	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE"
0080	Eligible Institution City/ State/Zip code 2	1(b)2	30	'See 1st Occ.'
0090	Eligible Enrollee Name 3	1(a)3	25	AN (first name, space, middle initial, less than (<), last name)
0100	Eligible Institution Name 3	1(b)3	30	'See 1st Occ.'
0110	Eligible Institution Address 3	1(b)3	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE"
0120	Eligible Institution City/ State/Zip code 3	1(b)3	30	'See 1st Occ.'
0170	Education Expenses	2	12	N
0180	Nontaxable Benefits	3	12	N
0190	Taxable Expenses	4	12	N
0200	Total Bonds Proceeds	5	12	N
0210	Interest	6	12	N
0220	Taxable Expenses/ Bonds Proceeds Rati	7	6	R
0230	Tentative Bond Interest	8	12	N
0240	Modified AGI	9	12	N

FORM 8815 Exclusion of Interest From Series EE U.S....

Field No.	Identification	Form Ref.	Length	Field Description
0250	Allowable Write-In Amount	10	12	N, 67,100 or 100,650 |
0260	Excess AGI	11	12	N
0270	Excess AGI Ratio	12	6	R
0280	Excludable Bond Interest Offset	13	12	N
0290	Excludable Savings Bond Interest	14	12	N
	Record Terminus Character		1	Value "#"

FORM 8820 Orphan Drug Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0160" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8820bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified Clinical Testing Expenses Paid	1	12	N
0030	Current Year Credit	2a	12	N ‖
0032	Employer Differential Wage Credit from Form 3800	2b	12	N ‖
0034	Subtract Line 2b from Line 2a	2c	12	N ‖
0040	Orphan Drug Credits Fr Ptrs, S Corp, Est, or Trust	3	12	N
0045	1041 Portion Amount	4	12	NO ENTRY
0050	Add Lines 2 and 3	4	12	N
0060	Allocated to Beneficiaries of Estate or Trust	5	12	NO ENTRY
0070	Estates & Trusts - Subtract Line 5 from Line 4	6	12	NO ENTRY
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0401" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8824bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
0010	Identifying Number		9	NO ENTRY
*0020	Description of Like-Kind Property Given	1	80	AN, "STMbnn" or blank
0025	Reserved for BMF Use Only	1	6	Blank
*0030	Description of Like-Kind Property Received	2	80	AN, "STMbnn" or blank
0035	Reserved for BMF Use Only	2	6	Blank
0040	Date Like-Kind Property Given Up	3	8	YYYYMMDD or blank
0050	Date Property Actually Transferred	4	8	YYYYMMDD or blank
0060	Date Like-Kind Property Was Identified	5	8	YYYYMMDD or blank
0070	Date Property Actually Received	6	8	YYYYMMDD or blank
0080	Was The Exchange with a Related Party - Yes	7	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0100	Was The Exchange with a Related Party - No	7	1	"X" or blank
0110	Name of Related Party	8	35	AN
0115	Relationship	8	15	AN
0120	Related ID	8	9	N or "APPLD FOR"
0130	Street Address	8	35	AN
0140	City	8	22	AN
0150	State Code	8	2	AN
0160	Zip Code	8	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb
0180	During This Year, Did Related Party Sell - Yes	9	1	"X" or blank
0185	During This Year, Did Related Party Sell - No	9	1	"X" or blank
0190	During This Year, Did You Sell or Dispose of - Yes	10	1	"X" or blank
0195	During This Year, Did You Sell or Dispose of - No	10	1	"X" or blank
0200	Disposition after Death of Either Related Parties	11a	1	"X" or blank
0210	Disposition Was an Involuntary Conversion	11b	1	"X" or blank
0215	You Can Establish to Satisfaction of the IRS	11c	1	"X" or blank
@0217	Explanation	11c	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0516" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0222	Record ID		6	"FRMbbb"
0223	Form Number		6	"8824bb"
0224	Page Number		5	"PG02b"
0226	Taxpayer Identification Number		9	N (Primary SSN)
0227	Filler		1	blank
0228	Form Occurrence Number		7	N 0000001 - 0000005
0230	Fair Market Value (FMV)	12	12	N
0240	Adjusted Basis	13	12	N
0250	Gain or (Loss) (Line 12 minus Line 13)	14	12	N
0260	Cash, FMV & Net Liabilities of Other Party	15	12	N
0270	FMV of Like-Kind Property Received	16	12	N
0280	Amount Realized (Add Lines 15 And 16)	17	12	N
0290	Adjusted Basis Of Like-Kind Property	18	12	N
0300	Realized Gain Or Loss (Line 17 Minus Line 18)	19	12	N
@0305	Attach Statement	19	6	"STMbnn" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0310	Smaller Of Lines 15 Or 19	20	12	N
0320	Ordinary Income Under Recapture Rules	21	12	N
0330	Line 20 Minus Line 21	22	12	N
0340	Recognized Gain (Add Lines 21 And 22)	23	12	N
@0345	Attach Statement	23	6	"STMbnn" or blank
0350	Deferred Gain Or (Loss) (Line 19 Minus Line 23)	24	12	N
0360	Basis of Like-Kind Property Received	25	12	N
0380	Certificate of Divesture Number	26	5	N
*0390	Description of Divested Property	27	80	AN, "STMbnn" or blank |
0395	Reserved	27	6	NO ENTRY
*0400	Description of Replacement Property	28	80	AN, "STMbnn" or blank |
0405	Reserved	28	6	NO ENTRY
0410	Date Divested Property Was Sold	29	8	DT
0420	Sales Price of Divested Property	30	12	N
0430	Basis of Divested Property	31	12	N
0440	Realized Gain (Line 30 minus Line 31)	32	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0450	Cost of Replacement Property Within 60 Days	33	12	N
0460	Recognized Gain	34	12	N
0470	Ordinary Income Under Recapture Rules	35	12	N
0480	Line 34 minus Line 35	36	12	N
0490	Deferred Gain (Line 32 minus Line 34)	37	12	N
0500	Basis of Replacement Property	38	12	N
	Record Terminus Character		1	Value "#"

FORM 8826 Disabled Access Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0130" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8826bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Total Eligible Access Expenditures	1	12	N
@0025	Controlled Group Schedule Attached	1	6	"STMbnn" or blank
0030	Subtract Line 2 from Line 1	3	12	N
0040	Smaller Amount of Line 3 or Line 4	5	12	N
0050	Multiply Line 5 by 50%	6	12	N
0060	Disabled Access Credits Fr Partnerships & S Corps	7	12	N
0070	Add Lines 6 & 7 (Do not enter more than 5000)	8	12	N
	Record Terminus Character		1	Value "#"

FORM 8828 Recapture of Federal Mortgage Subsidy

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0443" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8828bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Property Address	1	35	AN. Allowable special characters are: ampersand (&), hyphen(-), slash(/), comma(,), percent(%) and literal "NONE"
0020	Property City/State/ Zip Code	1	30	AN. Allowable special characters are: hyphen (-) and comma(,) or blank
0030	Mortgage Tax-Exempt Bond Indicator	2a	1	"X" or blank
0040	Mortgage Credit Certificate Indicator	2b	1	"X" or blank
0050	Certificate Issuer State	3	2	AN
0060	Certificate Issuer Subdivision	3	20	AN
0070	Certificate Issuer Agency	3	20	AN
0080	Original Lending Institution Name	4	30	AN
0090	Original Lending Institution Address	4	65	AN

FORM 8828 Recapture of Federal Mortgage Subsidy

Field No.	Identification	Form Ref.	Length	Field Description
0100	Original Loan Closing Date	5	8	DT
0110	Sale or Disposition of Interest Date	6	8	DT
0120	Closing/Sale Elapsed Yrs	7	2	N
0130	Closing/Sale Elapsed Mos	7	2	N
0135	Original Loan Payment Date	8	8	DT
0140	Sale Price	9	12	N
0150	Expenses of Sale	10	12	N
0160	Amount Realized	11	12	N
0170	Adjusted Basis	12	12	N
0180	Gain or Loss	13	12	N
0190	Gain or Loss Adjusted	14	12	N
0200	Modified AGI	15	12	N
0210	Adjusted Qualifying Income	16	12	N
0220	Income Basis	17	12	N
0230	Income Percentage	18	6	R
0240	Federally Subsidized Amt	19	12	N
0250	Holding Period Percentage	20	6	R
0260	Federally Subsidized Amount Adjusted	21	12	N
0270	Recapture Amount	22	12	N
0280	Recapture Tax Due	23	12	N
	Record Terminus Character		1	Value "#"

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0701" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8829bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000032
0010	Name of Proprietor		35	A
0020	SSN of Proprietor		9	N
0030	Business Use Square Feet	1	6	N
0040	Total Home Square Feet	2	6	N
0050	Business Square Feet Percent	3	6	R
0060	Business Use Hours	4	4	N
0065	Total Hours Available	5	4	N
0070	Business Hours Percent	6	6	R
0080	Business Percentage	7	6	R
@0085	Attach Computation	7	6	"STMbnn" or blank
0090	Tentative Profit/ Loss Schedule C	8	12	N
0100	Casualty Loss Direct	9a	12	N

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
0110	Casualty Loss Indirect	9b	12	N
0120	Deductible Mortgage Interest Direct	10a	12	N
0130	Deductible Mortgage Interest Indirect	10b	12	N
0140	Real Estate Taxes Direct	11a	12	N
0150	Real Estate Taxes Indirect	11b	12	N
0160	Direct Deducted Subtotal	12a	12	N
0170	Indirect Deducted Subtotal	12b	12	N
0180	Allowable Indirect Deducted Expenses	13b	12	N
0190	Deductible Net	14	12	N
0200	Reduced Profit/Loss	15	12	N
0210	Non-Deductible Mortgage Interest Direct	16a	12	N
0220	Non-Deductible Mortgage Interest Indirect	16b	12	N
0230	Insurance Direct	17a	12	N
0240	Insurance Indirect	17b	12	N
0245	Rent	18a	12	N
0247	Rent	18b	12	N
0250	Repairs/Maint. Direct	19a	12	N
0260	Repairs/Maint. Indirect	19b	12	N

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
0270	Utilities Direct	20a	12	N
0280	Utilities Indirect	20b	12	N
0290	Other Expenses Direct	21a	12	N
0300	Other Expenses Indirect	21b	12	N
0310	Direct Non-Deducted Subtotal	22a	12	N
0320	Indirect Non-Deducted Subtotal	22b	12	N
0330	Allowable Indirect Non-Deducted Expenses	23	12	N
0340	Operating Expenses Carryover	24	12	N
0350	Non-Deductible Net	25	12	N
0360	Allowable Operating Expenses	26	12	N
0370	Casualty Loss and Depreciation Limit	27	12	N
0380	Non-Deductible Casualty Loss	28	12	N
0390	Home Depreciation Part III	29	12	N
0400	Excess Casualty Losses & Deprec. Carryover	30	12	N
0410	Casualty Losses and Depreciation Net	31	12	N
0420	Allowable Casualty Losses and Depreciation	32	12	N
0430	Total Allowable Expenses	33	12	N

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
0440	Form 4684 Casualty Losses	34	12	N
0450	Schedule C Allowable Expenses	35	12	N
0460	Home Adjusted Basis or Fair Market	36	12	N
@0465	Attach Schedule	36	6	"STMbnn" or blank
0470	Land Value	37	12	N
0480	Building Value	38	12	N
0490	Building Value-Business	39	12	N
0500	Home Depreciation Percent	40	6	R (Please see Part I, Sect 5.01.2.b)
0510	Allowable Home Depreciation	41	12	N
@0515	Attach Schedule	41	6	"STMbnn" or blank
0520	Unallowed Operating Expenses	42	12	N
0530	Unallowed Excess Casualty Losses and Depreciation	43	12	N
	Record Terminus Character		1	Value "#"

FORM 8833 Treaty-Based Return Position Disclosure Under...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2712" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8833bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (SSN or ITIN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0010	SSN or ITIN		9	N, (Social Security Number or Individual Taxpayer Identification Number)
0020	Residence Name Line 2		35	AN, ("in care of" addressee, or address continuation) Allowable special characters are: space, ampersand, slash, hyphen, and percent
0030	Residence Street Address		35	AN, Allowable special characters are: space, ampersand, slash, comma, and hyphen
0040	Residence City		22	AN, Allowable special characters are: space, slash, and hyphen
0050	Residence State Abbreviation		2	A (Standard Postal State Abbreviations)
0060	Residence Zip Code		12	N (left-justified)
0070	Residence Foreign State or Province		35	A, Allowable special character is space

FORM 8833 Treaty-Based Return Position Disclosure Under...

Field No.	Identification	Form Ref.	Length	Field Description
0080	Residence Foreign Postal Code		20	AN, Allowable special character is space
0090	Residence Foreign Country		35	A, Allowable special character is space
0100	U.S. Name Line 2		35	AN, ("in care of" addressee, or address continuation) Allowable special characters are: space, ampersand, slash, hyphen, and percent
0110	U.S. Street Address		35	AN, Allowable special characters are: space, slash, hyphen, and ampersand
0120	U.S. City		22	A, Allowable special character is space
0130	U.S. State Abbreviation		2	A (Standard Postal State Abbreviations)
0140	U.S. Zip Code		12	N (left-justified)
0150	Section 6114 Treaty-Based Return Position Box		1	"X" or blank
0160	Reg 301.7701(b)-7 Treaty-Based Rtn Pos Box		1	"X" or blank
0170	U.S. Citizen/ Resident or U.S. Incorporated Box		1	"X" or blank
0180	Treaty Country Name	1a	35	AN, Allowable special character is space
0190	Treaty Article(s)	1b	70	AN, Allowable special characters are: space, comma, period, hyphen, and parentheses

FORM 8833 Treaty-Based Return Position Disclosure Under...

Field No.	Identification	Form Ref.	Length	Field Description
*0200	Internal Revenue Code Prov Overruled/ Modified	2	70	AN, or "STMbnn" Allowable special characters are: space, comma, period, hyphen, and parentheses
0210	Payer Name	3	35	AN, Allowable special characters are: ampersand, plus, hyphen, slash, comma, and space
0220	Payer TIN	3	9	N
0230	Payer Name Line 2	3	35	AN, ("in care of" addressee, or address continuation) Allowable special characters are: space, ampersand, slash, hyphen, and percent
0240	Payer U.S. Street Address	3	35	AN, allowable special characters are: ampersand, hyphen, slash, and comma
0250	Payer U.S. City	3	22	AN, Allowable special character is space
0260	Payer U.S. State	3	2	A (Standard Postal State Abbreviations)
0270	Payer U.S. Zip Code	3	12	N (left-justified)
*0280	Treaty Prov of Limitation on Benefits Article	4	70	AN, or "STMbnn" Allowable special characters are: space, comma, period, hyphen, and parentheses
0290	Explanation - 1	5	70	AN
0300	Explanation - 2	5	70	AN
0310	Explanation - 3	5	70	AN
0320	Explanation - 4	5	70	AN
0330	Explanation - 5	5	70	AN

Field No.	Identification	Form Ref.	Length	Field Description
0340	Explanation - 6	5	70	AN
0350	Explanation - 7	5	70	AN
0360	Explanation - 8	5	70	AN
0370	Explanation - 9	5	70	AN
0380	Explanation - 10	5	70	AN
0390	Explanation - 11	5	70	AN
0400	Explanation - 12	5	70	AN
0410	Explanation - 13	5	70	AN
0420	Explanation - 14	5	70	AN
0430	Explanation - 15	5	70	AN
0440	Explanation - 16	5	70	AN
0450	Explanation - 17	5	70	AN
0460	Explanation - 18	5	70	AN
0470	Explanation - 19	5	70	AN
0480	Explanation - 20	5	70	AN
0490	Explanation - 21	5	70	AN
0500	Explanation - 22	5	70	AN
0510	Explanation - 23	5	70	AN
0520	Explanation - 24	5	70	AN
0530	Explanation - 25	5	70	AN
0540	Explanation - 26	5	70	AN
0550	Explanation - 27	5	70	AN
0560	Explanation - 28	5	70	AN
	Record Terminus Character		1	Value "#"

FORM 8834 Qualified Electric Vehicle Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0172" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8834bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0220	Passive Activity Credits Allowed	1	12	N
0240	Regular Tax before Credits	2	12	N
0265	Credits from Form 1040	3a	12	N
0275	Foreign Tax Credit	3b	12	N
0350	America Samoa Economic Credit (Form 5735)	3c	12	N
0355	Total Credits	3d	12	N
0360	Net Regular Tax	4	12	N

FORM 8834 Qualified Electric Vehicle Credit

Field No.	Identification	Form Ref.	Length	Field Description
0370	Tentative Minimum Tax	5	12	N
0380	Excess of Net Tax over Tentative Minimum Tax	6	12	N
0390	Qualified Electric Vehicle Credit	7	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description	
	Byte Count		4	"0564" for Fixed; "nnnn" for variable format	||
	Start of Record Sentinel		4	Value "****"	
0000	Record ID		6	"FRMbbb"	
0001	Form Number		6	"8835bb"	
0002	Page Number		5	"PG01b"	
0003	Taxpayer Identification Number		9	N (Primary SSN)	
0004	Filler		1	blank	
0005	Form Occurrence Number		7	N 0000001	
0010	Identifying Number		9	NO ENTRY	
0015	Fiscal Year Filer Literal	1	2	NO ENTRY	||
0020	Kilowatt Hours Produced and Sold	1	12	N	||
0030	Total Kilowatt Hours Produced and Sold	1	12	N	||
0035	Attach Fiscal Year Computation	1	6	NO ENTRY	||
0040	Phaseout Adjustment	2	12	N	||
0045	Phaseout Adjustment Rate	2	6	R	||
0050	Total Phaseout Adjustment	2	12	N	||
0055	Attach Fiscal Year Computation	2	6	NO ENTRY	||
0130	Credit before Reduction	3	12	N	||
0140	Total of Government Grants	4	12	N	||

Field No.	Identification	Form Ref.	Length	Field Description
0150	Total of Additions to the Capital Account	5	12	N
0160	Rate (Grants divided by Additions)	6	6	R
0170	Reduction Amount (Credit times Rate)	7	12	N
0180	Credit after Reduction (Credit minus Reduction)	8	12	N
0185	Renewable Cr from Part., Corps, Estates, Trusts	9	12	N
0205	Add Lines 8 and 9	10	12	N
0210	Allocated to Beneficiaries or Patrons	11	12	NO ENTRY
0220	Estate, Trust, Coop Current Year Credit	12	12	NO ENTRY
0520	Kilowatt Hours Produced and Sold	13	12	N
0530	Total Kilowatt Hours Produced and Sold	13	12	N
0560	Kilowatt Hours Produced and Sold	14	12	N
0570	Total Kilowatt Hours Produced and Sold	14	12	N
0580	Total of Previous Two Lines	15	12	N
0590	Phaseout Adjustment	16	12	N
0600	Phaseout Adjustment Rate	16	6	R

Field No.	Identification	Form Ref.	Length	Field Description	
0610	Total Phaseout Adjustment	16	12	N	||
0620	Total Kilowatt Hours minus Phaseout Adjustments	17	12	N	||
0900	Tons Produced and Sold	18	12	N	||
0910	Total Tons Produced and Sold	18	12	N	||
0920	Coal Phaseout Adjustment	19	12	N	||
0930	Coal Phaseout Adjustment Rate	19	6	R	||
0940	Total Coal Phaseout Adjustment	19	12	N	||
0950	Total Tons minus Total Phaseout Adjustment	20	12	N	||
0951	Steel Industry Fuel Produced Barrels	21	12	N	||
0953	Total Steel Industry Fuel Produced Barrels Sold	21	12	N	||
0954	Indian Coal Tons Produced and Sold	22	12	N	||
0957	Total Indian Coal Tons Produced and Sold	22	12	N	||
0960	Credit before Reduction	23	12	N	||
1000	Total of Government Grants	24	12	N	||
1010	Total of Additions	25	12	N	||

Field No.	Identification	Form Ref.	Length	Field Description
1020	Rate (Grants divided by Additions)	26	6	R
1030	CR before Reduction times Lesser of 1/2 or Rate	27	12	N
1040	Credit before Reduction minus Previous Line	28	12	N
1050	Credits from Pass-Through Entities	29	12	N
1070	Total of Lines 28 and 29	30	12	N
1100	Amount of Previous Line from Passive Activities	31	12	N
1110	Subtract Line 31 from Line 30	32	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0115" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1181	Record ID		6	"FRMbbb"
1182	Form Number		6	"8835bb"
1183	Page Number		5	"PG02b"
1184	Taxpayer Identification Number		9	N (Primary SSN)
1185	Filler		1	blank
1186	Form Occurrence Number		7	N 0000001
1240	Passive Activity Credit Allowed	33	12	N
1245	Carryforward of Credit	34	12	N
1250	Carryback	35	12	NO ENTRY
1260	Current Year Credit	36	12	N
1270	Allocated to Beneficiaries or Patrons	37	12	NO ENTRY
1280	Estate, Trust, Coop Current Year Credit	38	12	NO ENTRY

Field Identification No.		Form Ref.	Length	Field Description
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Record Terminus Character			1	Value "#"

FORM 8839 PAGE 1 Qualified Adoption Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0397" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8839bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000003
0010	Eligible Child First Name - 1	1a	10	AN (first name)
0020	Eligible Child Last Name - 1	1a	15	AN (last name)
0030	Eligible Child Name Control - 1		4	First 4 significant characters of child's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0040	Year of Birth - 1	1b	4	DT
0049	Disabled Over 18 Box - 1	1c	1	"X" or blank
0060	Special Needs Box - 1	1d	1	"X" or blank
0070	Foreign Child Box - 1	1e	1	"X" or blank
0080	Identifying Number Child - 1	1f	9	N

FORM 8839 PAGE 1 Qualified Adoption Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0090	Eligible Child First Name - 2	1a	10	AN (first name) or blank
0100	Eligible Child Last Name - 2	1a	15	AN (last name) or blank
0110	Eligible Child Name Control - 2		4	First 4 significant characters of child's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0120	Year of Birth - 2	1b	4	DT or blank
0129	Disabled Over 18 Box - 2	1c	1	'See 1st Occ.'
0140	Special Needs Box - 2	1d	1	'See 1st Occ.'
0150	Foreign Child Box - 2	1e	1	'See 1st Occ.'
0160	Identifying Number Child - 2	1f	9	N or blank
0170	Allowed Tax Credit Child - 1	2	12	N | ($11,650 Maximum Credit)
0171	Previous Year Form 8839 No Box - 1	3	1	"X" or blank
0173	Previous Year Form 8839 Yes Box - 1	3	1	"X" or blank
0174	Previous Year Form 8839 - 1	3	12	N
0177	Subtract Line 3 From Line 2 - 1	4	12	N
0180	Total Qualified Adoption Expenses Child - 1	5	12	N

FORM 8839 PAGE 1 Qualified Adoption Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0190	Smaller of All. Credit or Qual. Expenses Child - 1	6	12	N
0200	Allowed Tax Credit Child - 2	2	12	N ($11,650 Maximum Credit)
0201	Previous Year Form 8839 No Box - 2	3	1	"X" or blank
0203	Previous Year Form 8839 Yes Box - 2	3	1	"X" or blank
0204	Previous Year Form 8839 - 2	3	12	N
0207	Subtract Line 3 From Line 2 - 2	4	12	N
0210	Total Qualified Adoption Expenses Child - 2	5	12	N
0220	Smaller of All. Credit or Qual. Expenses Child - 2	6	12	N
0230	Total of Amounts on Line 6	7	12	N
0240	Modified AGI	8	12	N
0250	Modified AGI minus $174,730	9	12	N or blank
0255	More Than $174,730 No Box	9	1	"X" or blank
0257	More Than $174,730 Yes Box	9	1	"X" or blank
0260	Line 9 divided by 40,000	10	6	R
0270	Multiply Line 7 By Line 10	11	12	N
0280	Subtract Line 11 From Line 7	12	12	N

FORM 8839 PAGE 1 Qualified Adoption Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0284	Carryforward of Adoption Credit to Current Year	13	12	N
0289	Add Lines 12 and 13	14	12	N
0291	Total Tax Before Credits & Other Taxes	15	12	N
0293	Total of Specified Credits	16	12	N
0295	Subtract Line 16 From Line 15	17	12	N
0297	Adoption Credit	18	12	N
	Record Terminus Character		1	Value "#"

FORM 8839 PAGE 2 Qualified Adoption Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0293" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0300	Record ID		6	"FRMbbb"
0301	Form Number		6	"8839bb"
0302	Page Number		5	"PG02b"
0303	Taxpayer Identification Number		9	N (Primary SSN)
0304	Filler		1	blank
0305	Form Occurrence Number		7	N 0000001 - 0000003
0310	Allowed Tax Credit Child - 1	19	12	N | ($11,650 Maximum Credit)
0311	Prev Yr Employer-Provided Benefits No Box - 1	20	1	"X" or blank
0313	Prev Yr Employer-Provided Benefits Yes Box - 1	20	1	"X" or blank
0314	Prev Yr Employer-Provided Adoption Benefits - 1	20	12	N
0317	Subtract Line 20 From Line 19 - 1	21	12	N
0320	Employer Provided Adoption Benefits Child - 1	22	12	N
0323	PYAB Literal from Exclusion Worksheet - 1	22	4	"PYAB" or blank
0326	PYAB Amount from Exclusion Worksheet - 1	22	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0330	Allowed Tax Credit Child - 2	19	12	N ($11,650 Maximum Credit)
0331	Prev Yr Employer-Provided Benefits No Box - 2	20	1	"X" or blank
0333	Prev Yr Employer-Provided Benefits Yes Box - 2	20	1	"X" or blank
0334	Prev Yr Employer-Provided Adoption Benefits - 2	20	12	N
0337	Subtract Line 20 From Line 19 - 2	21	12	N
0340	Employer Provided Adoption Benefits Child - 2	22	12	N
0343	PYAB Literal from Exclusion Worksheet - 2	22	4	"PYAB" or blank
0346	PYAB Amount from Exclusion Worksheet - 2	22	12	N
0350	Total of Employer Provided Adoption Benefits	23	12	N
0360	Smaller of All. Tax Credit or Adoption Benefits 1	24	12	N
0370	Smaller of All. Tax Credit or Adoption Benefits 2	24	12	N
0380	Tot. of Smaller of All. Tax Credit or Adop. Ben.	25	12	N
0390	Modified AGI	26	12	N
0393	Modified AGI > $174,730 No Box	27	1	"X" or blank

FORM 8839 PAGE 2 Qualified Adoption Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0395	Modified AGI > $174,730 Yes Box	27	1	"X" or blank
0400	Modified AGI minus $174,730	27	12	N or blank
0410	Line 27 Divided by 40,000	28	6	R
0420	Multiply Line 25 By Line 28	29	12	N
0440	Excluded Benefits	30	12	N
0442	Is Line 30 more than Line 23 "No" Box	31	1	"X" or blank
0445	Is line 30 more than Line 23 "Yes" Box	31	1	"X" or blank
0450	Taxable Benefits	31	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0244" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8844bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0015	Qualified Empowerment Zone Wages	1a	12	N
0020	Total Qualified Empowerment Zone Wages	1a	12	N
0025	Qualified Renewal Community Wages	1b	12	N
0027	Total Qualified Renewal Community Wages	1b	12	N
0030	Add Lines 1a and 1b	2	12	N
0040	Credit from Partnerships, Estates, etc.	3	12	N
0050	Add Lines 2 and 3	4	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0060	Credit from Passive Activities	5	12	N
0070	Subtract Line 5 from Line 4	6	12	N
0080	Passive Activity Credit Allowed	7	12	N
0090	Carryforward of Credit	8	12	N
0100	Carryback of Credit	9	12	NO ENTRY
0110	1041 Portion Amount	10	12	NO ENTRY
0120	Add Lines 6 through 9	10	12	N
0124	Amount Allocated Patrons and Beneficiaries	11	12	NO ENTRY
0128	Subtract Line 11 from Line 10	12	12	NO ENTRY
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	Record Terminus Character		1	Value "#"

FORM 8845 INDIAN EMPLOYMENT CREDIT

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0148" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8845bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Total of Qualified Wages	1	12	N
0030	Calendar Year 1993 Qualified Wages	2	12	N
0040	Incremental Increase (Subtract Line 2 from Line 1)	3	12	N
0050	Multiply Line 3 by 20%	4	12	N
0060	Indian Employment Credits from Flow-Through	5	12	N
0070	Current Year Credit	6	12	N
0080	Allocated to Beneficiaries or Patrons	7	12	NO ENTRY
0090	Estate, Trust, Coop Current Year Credit	8	12	NO ENTRY
	Record Terminus Character		1	Value "#"

FORM 8846 CREDIT FOR EMPLOYER SS AND MEDICARE TAXES

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0203" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8846bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Tips Received by Employees for Services	1	12	N
0030	Tips Not Subject to the Credit Provisions	2	12	N
0040	Creditable Tips (Subtract Line 2 from Line 1)	3	12	N
0050	Tipped Employee(s) Wages Exceeded Maximum Amt	4	1	"X" or blank
0060	Multiply Line 3 by 7.65%	4	12	N
@0065	Computation Showing Amount of Tips	4	6	"STMbnn" or blank
0070	Credit from Partnerships, Estates, etc.	5	12	N
0080	Add Lines 4 and 5	6	12	N

FORM 8846 CREDIT FOR EMPLOYER SS AND MEDICARE TAXES

Field No.	Identification	Form Ref.	Length	Field Description
0090	Credit on Line 6 from Passive Activities	7	12	N
0100	Subtract Line 7 from Line 6	8	12	N
0110	Credit Allowed from Passive Activities	9	12	N
0115	Carryforward Credit	10	12	N
0120	Carryback Credit	11	12	N
0130	Add Lines 8 through 11	12	12	N
	Record Terminus Character		1	Value "#"

FORM 8847 CREDIT FOR CONTRIBUTIONS TO SELECTED COMMUNITY

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0100" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8847bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Total Qualified CDC Contributions	1	12	N
0030	Multiply Line 1 by 5%(.05)	2	12	N
0040	CDC Credits from Partnerships and S Corporations	3	12	N
0050	Add Lines 2 and 3	4	12	N
	Record Terminus Character		1	Value "#"

FORM 8853 PAGE 1 Archer MSAs and Long-Term Care Insurance Contracts

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0253" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8853bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0009	MSA Acct Holder SSN		9	N
0015	Death of MSA Acct Holder		1	"X" or blank
@0017	Section A, B, or C "Statement" Calcs		6	"STMbnn" or blank
0019	Primary Archer Contribution for Current TY - Yes	1a	1	"X" or blank
0020	Primary Archer Contribution for Current TY - No	1a	1	"X" or blank
0030	Primary Uninsured Acct Holder - Yes	1b	1	"X" or blank
0040	Primary Uninsured Acct Holder - No	1b	1	"X" or blank
0050	Primary Self HDHP Coverage Box	1c	1	"X" or blank
0060	Primary Family HDHP Coverage Box	1c	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0070	Spouse Archer Contribution for Current TY - Yes	2a	1	"X" or blank
0080	Spouse Archer Contribution for Current TY - No	2a	1	"X" or blank
0090	Spouse Uninsured Acct Holder - Yes	2b	1	"X" or blank
0100	Spouse Uninsured Acct Holder - No	2b	1	"X" or blank
0110	Spouse Self HDHP Coverage Box	2c	1	"X" or blank
0120	Spouse Family HDHP Coverage Box	2c	1	"X" or blank
0160	Total Employer Contributions for Current Tax Year	3	12	N
0170	TaxPayer MSA Contributions for Current Tax Year	4	12	N
0180	Limitation Amount	5	12	N
0190	Compensation Amount	6	12	N
0200	Archer MSA Deduction	7	12	N
0210	Total MSA Distributions Received	8a	12	N
0220	Distributions Rolled Over & Excess Contributions	8b	12	N
0230	Net MSA Distributions	8c	12	N
0240	Total Unreimbursed Qualified Medical Expenses	9	12	N

FORM 8853 PAGE 1 Archer MSAs and Long-Term Care Insurance Contracts

Field No.	Identification	Form Ref.	Length	Field Description
0250	Taxable Archer MSA Distributions	10	12	N
0260	Exceptions to 15% Tax Box	11a	1	"X" or blank
0270	Additional 15% Tax	11b	12	N
0272	Total Medicare Advantage MSA Distr Received	12	12	N
0274	Total Medicare Advantage Unreimbursed Med Expenses	13	12	N
0276	Taxable Medicare Advantage MSA Distributions	14	12	N
0278	Exceptions to 50% Tax Box	15a	1	"X" or blank
0279	Additional 50% Tax	15b	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0260" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0280	Record ID		6	"FRMbbb"
0281	Form Number		6	"8853bb"
0282	Page Number		5	"PG02b"
0283	Taxpayer Identification Number		9	N (Primary SSN)
0284	Filler		1	blank
0285	Form Occurrence Number		7	N 0000001
0288	Policyholder Name		35	AN, Allowable Special Characters are space, less-than (<), hyphen (-) and ampersand (&)
0289	Policyholder SSN		9	N
0290	More Than One Section C Box	Section C	1	No Entry
0295	Insured Name Control		4	First 4 significant characters of the insured last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0300	Name of Insured	16a	35	AN, Allowable Special Characters are space, less-than (<), hyphen (-) and ampersand (&)
0310	Insured SSN	16b	9	N
0320	Payments or Death Benefits - Yes	17	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0330	Payments or Death Benefits - No	17	1	"X" or blank
0340	Insured Terminally Ill - Yes	18	1	"X" or blank
0350	Insured Terminally Ill - No	18	1	"X" or blank
0360	Gross LTC Payment Amounts	19	12	N
0370	Qualified LTC Insurance Contract Amount	20	12	N
0380	Accelerated Death Benefits Received	21	12	N
0390	Qual LTC Insur Contract & Acc Death Benefit Totals	22	12	N
0400	Multiply $270 By Number of Days of LTC Period	23	12	N
0410	Qualified LTC Service Incurred Costs	24	12	N
0420	Larger of Line 23 or Line 24	25	12	N
0430	Total Reimbursements Received	26	12	N
0440	Per Diem Limitation	27	12	N
0450	Taxable Payments	28	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description	
	Byte Count		4	"0277" for Fixed; "nnnn" for variable format	||
	Start of Record Sentinel		4	Value "****"	
0000	Record ID		6	"FRMbbb"	
0001	Form Number		6	"8859bb"	
0002	Page Number		5	"PG01b"	
0003	Taxpayer Identification Number		9	N (Primary SSN)	
0004	Filler		1	blank	
0005	Form Occurrence Number		7	N 0000001	
0010	SSN		9	N	
0020	Street Address of Home	A	35	AN	||
0030	City of Home	A	22	AN	||
0040	State of Home	A	2	AN	||
0050	Zip Code of Home	A	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb	||
0060	Lot Number	B	4	N	||
0070	Square Number	C	4	AN	||
0080	Settlement or Closing Date	D	8	YYYYMMDD	||
0090	Maximum Allowable Amount	1	12	N	||
0100	Modified Adjusted Gross Income	2	12	N	||
0130	Subtract Maximum from Amt on Line 2	3	12	N	||

FORM 8859 DC First-Time Homebuyer Credit

Field No.	Identification	Form Ref.	Length	Field Description
0140	Divide Line 3 by $20,000	4	6	R ‖
0150	Multiply Line 1 by Line 4	5	12	N ‖
0160	Tentative Credit	6	12	N ‖
0170	Prior Year Carryforward Credit	7	12	N ‖
0180	Tax from Form 1040	8	12	N ‖
0190	Additional Credit Amounts	9	12	N ‖
0200	Tax minus Credits	10	12	N ‖
				--‖
				--‖
0230	Credit Allowed for Current Year	11	12	N ‖
0240	Credit Carryforward to Next Year	12	12	N ‖
	Record Terminus Character		1	Value "#"

FORM 8861 Welfare-To-Work Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0184" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8861bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified First-Year Wages	1a	12	N
0030	Total Qualified First-Year Wages	1a	12	N
0040	Qualified Second-Year Wages	1b	12	N
0050	Total Qualified Second-Year Wages	1b	12	N
0060	Add Lines 1a and 1b	2	12	N
@0065	Group Credit Division Schedule	2	6	"STMbnn" or blank
@0067	Line 2 Difference Statement	2	6	"STMbnn" or blank
0070	Welfare-to-Work Credit (s) Flow-Through Entities	3	12	N
0075	Form 1041 Portion Amount	4	12	NO ENTRY

FORM 8861 Welfare-To-Work Credit

Field No.	Identification	Form Ref.	Length	Field Description
0080	Current Year Welfare-to-Work Credit	4	12	N
0090	Allocated to Beneficiaries or Patrons	5	12	NO ENTRY
0100	Estate, Trust, Coop Current Year Credit	6	12	NO ENTRY
	Record Terminus Character		1	Value "#"

FORM 8862 Information To Claim Earned Income Credit...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0719" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8862bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Year for Which You Are Filing This Form	1	4	Value "2008" |
0012	Income Reported Incorrectly - Yes	2	1	"X" or blank
0014	Income Reported Incorrectly - No	2	1	"X" or blank
0020	Qualifying Child of Another Person - Yes Box	3	1	"X" or blank
0030	Qualifying Child of Another Person - No Box	3	1	"X" or blank
0042	Number of Days You Lived in U.S.	4	3	N
0052	Number of Days Your Spouse Lived in U.S.	5	3	N
0062	Number of Days Child 1 Lived in U.S.	6a	3	N

Field No.	Identification	Form Ref.	Length	Field Description
0072	Number of Days Child 2 Lived in U.S.	6b	3	N
0082	Child 1 Month and Day of Birth	7a(1)	4	N (MMDD)
0084	Child 1 Month and Day of Death	7a(2)	4	N (MMDD)
0092	Child 2 Month and Day of Birth	7b(1)	4	N (MMDD)
0094	Child 2 Month and Day of Death	7b(2)	4	N (MMDD)
0133	Street Address During the Filing Tax Year - 1	8a Child 1	35	AN, Allowable special characters are space, slash, hyphen
0137	City, State and Zip Code - 1	8a Child 1	25	AN
0141	Street Address During the Filing Tax Year - 2	8a Child 1	35	AN, Allowable special characters are space, slash, hyphen
0144	City, State and Zip Code - 2	8a Child 1	25	AN
0145	Street Address During the Filing Tax Year - 3	8a Child 1	35	AN, Allowable special characters are space, slash, hyphen
0147	City, State and Zip Code - 3	8a Child 1	25	AN
0150	Address Same as Child 1	8b	1	"X" or blank
0246	Street Address During The Filing Tax Year - 1	8b Child 2	35	'See 1st Occ.'
0250	City, State and Zip Code - 1	8b Child 2	25	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0255	Street Address During the Filing Tax Year - 2	8b Child 2	35	'See 1st Occ.'
0260	City, State and Zip Code - 2	8b Child 2	25	'See 1st Occ.'
0265	Street Address During the Filing Tax Year - 3	8b Child 2	35	'See 1st Occ.'
0270	City, State and Zip Code - 3	8b Child 2	25	'See 1st Occ.'
0290	Other Person Lived w/Child - Yes	9	1	"X" or blank
0300	Other Person Lived w/Child - No	9	1	"X" or blank
0310	Other Person Name-1 Child 1	9a	35	AN, Allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&)
0320	Other Person Relationship-1 Child 1	9a	11	AN or blank
0330	Other Person Name-2 Child 1	9a	35	'See 1st Occ.'
0340	Other Person Relationship-2 Child 1	9a	11	'See 1st Occ.'
0350	Other Person Name-3 Child 1	9a	35	'See 1st Occ.'
0360	Other Person Relationship-3 Child 1	9a	11	'See 1st Occ.'
0370	Other Person Same as Child 1	9b	1	"X" or blank

FORM 8862 Information To Claim Earned Income Credit...

Field No.	Identification	Form Ref.	Length	Field Description
0380	Other Person Name-1 Child 2	9b	35	AN, Allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&)
0390	Other Person Relationship-1 Child 2	9b	11	AN or blank
0400	Other Person Name-2 Child 2	9b	35	'See 1st Occ.'
0410	Other Person Relationship-2 Child 2	9b	11	'See 1st Occ.'
0420	Other Person Name-3 Child 2	9b	35	'See 1st Occ.'
0430	Other Person Relationship-3 Child 2	9b	11	'See 1st Occ.'
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0673" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8863bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
*0010	Student's First Name - 1	1a	10	AN, "STMbnn" or blank
+0020	Student's Last Name - 1	1a	15	AN (last name) or blank
+0030	Student's Name Control - 1	1a	4	First 4 significant characters of student's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions) or blank
+0035	Student's SSN - 1	1b	9	N or blank
*+0040	Qualified Expenses Paid in Current Tax Year - 1	1c	12	N or "STMbnn"
+0050	Smaller of Exp Paid in Current TY or $1,200 - 1	1d	12	N
+0060	Add Columns c and d	1e	12	N
+0070	Enter 1/2 of the Amt in Column e - 1	1f	12	N
0080	Student's First Name - 2	1a	10	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0090	Student's Last Name - 2	1a	15	'See 1st Occ.'
0100	Student's Name Control - 2	1a	4	'See 1st Occ.'
0105	Student's SSN - 2	1b	9	'See 1st Occ.'
0110	Qualified Expenses Paid in Current Tax Year - 2	1c	12	N
0120	Smaller of Exp Paid in Current TY or $1,200 - 2	1d	12	N
0130	Add Columns c and d	1e	12	N
0140	Enter 1/2 of the Amt in Column e - 2	1f	12	N
0150	Student's First Name - 3	1a	10	'See 1st Occ.'
0160	Student's Last Name - 3	1a	15	'See 1st Occ.'
0170	Student's Name Control - 3	1a	4	'See 1st Occ.'
0175	Student's SSN - 3	1b	9	'See 1st Occ.'
0180	Qualified Expenses Paid in Current Tax Year – 3	1c	12	N
0190	Smaller of Exp Paid in Current TY or $1,200 - 3	1d	12	N
0200	Add Columns c and d	1e	12	N
0210	Enter 1/2 of the Amt in Column e - 3	1f	12	N
0240	Tentative Hope Credit	2	12	N
*0250	Student's First Name - 1	3a	10	AN, "STMbnn" or blank
+0260	Student's Last Name - 1	3a	15	AN (last name) or blank

Field No.	Identification	Form Ref.	Length	Field Description
+0270	Student's Name Control - 1	3a	4	First 4 significant characters of student's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions) or blank
+0275	Student's SSN - 1	3b	9	N or blank
+0280	Qualified Expenses - 1	3c	12	N
0290	Student's First Name - 2	3a	10	'See 1st Occ.'
0300	Student's Last Name - 2	3a	15	'See 1st Occ.'
0310	Student's Name Control - 2	3a	4	'See 1st Occ.'
0315	Student's SSN - 2	3b	9	'See 1st Occ.'
0320	Qualified Expenses - 2	3c	12	'See 1st Occ.'
0330	Student's First Name - 3	3a	10	'See 1st Occ.'
0340	Student's Last Name - 3	3a	15	'See 1st Occ.'
0350	Student's Name Control - 3	3a	4	'See 1st Occ.'
0355	Student's SSN - 3	3b	9	'See 1st Occ.'
0360	Qualified Expenses - 3	3c	12	'See 1st Occ.'
0450	Total Qualified Expenses	4	12	N
0460	Smaller of Line 4 or $10,000	5a	12	N ||
0462	Smaller of $10,000 or QLFY Expenses on Line 4	5b	12	N ||

Field No.	Identification	Form Ref.	Length	Field Description
0464	Subtract Line 5b from Line 5a	5c	12	N ‖
0466	Nultiply Line 5b by .40	6a	12	N ‖
0468	Multiply Line 5c by .20	6b	12	N ‖
0470	Tentative Lifetime Learning Credit	6c	12	N ‖
0480	Tentative Education Credits	7	12	N
0490	Enter $58,000 ($116,000 if Married Filing Jointly)	8	12	N |
0500	Modified AGI from 1040 or 1040A	9	12	N
0510	Subtract Line 9 from 8	10	12	N ‖
0515	Enter $10,000 ($20,000 if Married Filing Jointly)	11	12	N
0520	Divide Line 11 by $10,000 (by $20,000 if Married)	12	6	R
0529	Multiply Line 7 by Line 12	13	12	N
0540	Tax from 1040 or 1040A	14	12	N ‖
0550	Total 1040/1040A other credits	15	12	N
				--‖
				--‖
0560	Subtract Line 15 from Line 14	16	12	N ‖
0590	Education Credits	17	12	N ‖
	Record Terminus Character		1	Value "#"

FORM 8864 Biodiesel and Renewable Diesel Fuels Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0286" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8864bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
@0008	Statement in Lieu of Previously Filed Certificate		6	"STMbnn" or blank
0010	Identifying Number		9	NO ENTRY
0020	Biodiesel Gallons before 2009	1a	6	N ‖
0030	Biodiesel Amount before 2009	1c	12	N ‖
0033	Biodiesel Gallons after 2008	2a	6	N ‖
0036	Biodiesel Amount after 2008	2c	12	N ‖
0040	Agri-Biodiesel Gallons	3a	6	N ‖
0050	Agri-Biodiesel Amount	3c	12	N ‖
0052	Renewable Diesel Gallons	4a	6	N ‖
0054	Renewable Diesel Amount	4c	12	N ‖

Field No.	Identification	Form Ref.	Length	Field Description
0060	Biodiesel Mixture Gallons before 2009	5a	6	N
0070	Biodiesel Mixture Amount before 2009	5c	12	N
0073	Biodiesel Mixture Gallons after 2008	6a	6	N
0076	Biodiesel Mixture Amount after 2008	6c	12	N
0080	Agri-Biodiesel Mix Gallons	7a	6	N
0090	Agri-Biodiesel Mix Amount	7c	12	N
0092	Renewable Diesel Mix Gallons	8a	6	N
0094	Renewable Diesel Mix Amount	8c	12	N
0096	Qualified Agri-Biodiesel Production Gallons	9a	6	N
0098	Qualified Agri-Biodiesel Production Amount	9c	12	N
0100	Total of All Biodiesel Fuels Amount	10	12	N
0110	Pass-Through Credits	11	12	N
0120	Current Year Credit	12	12	N
@0125	Credit Division Schedule	12	6	"STMbnn" or blank
0200	Allocated to Beneficiaries or Patrons	13	12	NO ENTRY
0210	Estate, Trust, Coop Current Year Credit	14	12	NO ENTRY
	Record Terminus Character		1	Value "#"

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Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1655" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record Id		6	"FRMbbb"
0001	Form Number		6	"8865bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
0006	Tax Period		6	YYYYMM
@0007	Category/Filer Attachment		6	"STMbnn" or blank
0010	Partnership's Tax Year Beginning		8	YYYYMMDD
0020	Partnership's Tax Year Ending		8	YYYYMMDD
0080	Category 1 Filer	A	1	NO ENTRY
0090	Category 2 Filer	A	1	"X" or blank
0100	Category 3 Filer	A	1	"X" or blank
0110	Category 4 Filer	A	1	"X" or blank
0120	Filer's Tax Year Beginning	B	8	YYYYMMDD
0130	Filer's Tax Year Ending	B	8	YYYYMMDD
0140	Filer's Share Of Liabilities Nonrecourse	C	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0150	Qualified Nonrecourse Financing	C	12	N
0160	Other	C	12	N
0170	Parent Filer's Name	D	35	AN
0180	Parent Filer's Address	D	35	AN
0190	Parent Filer's City	D	22	AN
0200	Parent Filer's State	D	2	AN
0210	Parent Filer's Zip Code	D	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0220	Parent Filer's Ein	D	9	N
*0230	Name Other Partner	E(1)	35	AN or "STMbnn" or blank
+0240	Address Other Partner	E(2)	35	AN
*+0250	City Other Partner	E(2)	22	AN, "STMbnn" or blank
+0260	State Other Partner	E(2)	2	AN
+0270	Zip Code Other Partner	E(2)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
+0280	Identifying Number Other Partner	E(3)	9	N
+0290	First Category 1 Filer	E(4)	1	"X" or blank
+0300	First Category 2 Filer	E(4)	1	"X" or blank
+0310	Constructive Owner	E(4)	1	"X" or blank
0320	Name Other Partner - 2	E(1)	35	AN

Field No.	Identification	Form Ref.	Length	Field Description
0330	Address Other Partner - 2	E(2)	35	AN
0340	City Other Partner - 2	E(2)	22	AN
0350	State Other Partner - 2	E(2)	2	AN
0360	Zip Code Other Partner - 2	E(2)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0370	Indentifying Number Other Partner - 2	E(3)	9	N
0380	Second Category 1 Filer	E(4)	1	"X" or blank
0390	Second Category 2 Filer	E(4)	1	"X" or blank
0400	Constructive Owner - 2	E(4)	1	"X" or blank
0410	Name Other Partner - 3	E(1)	35	AN
0420	Address Other Partner - 3	E(2)	35	AN
0430	City Other Partner - 3	E(2)	22	AN
0440	State Other Partner - 3	E(2)	2	AN
0450	Zip Code Other Partner - 3	E(2)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0460	Identifying Number Other Partner - 3	E(3)	9	N
0470	Third Category 1 Filer	E(4)	1	"X" or blank
0480	Third Category 2 Filer	E(4)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0490	Constructive Owner - 3	E(4)	1	"X" or blank
0590	Name Line 1 Foreign Partnership	F(1)	35	AN
0600	Name Line 2 Foreign Partnership	F1	35	AN
0605	In Care of Name Line	F1	35	AN or blank
0610	Address Foreign Partnership	F1	35	AN
0615	Reserved	F1	35	NO ENTRY
0620	City Foreign Partnership	F1	22	AN
0625	Foreign City, State or Province	F1	35	AN
0630	State Foreign Partnership	F1	2	AN
0635	Country Foreign Partnership	F1	35	AN
0640	Zip Code Foreign Partnership	F1	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0650	EIN Foreign Partnership	F2	9	N or blank
0660	Country Under Whose Laws Organized	F3	35	AN
0670	Date Of Organization	F4	8	YYYYMMDD
0680	Principal Business Place	F5	35	AN
0690	Business Activity Code	F6	6	N or blank Valid Range:111100-813000
0700	Principal Business Activity	F7	35	AN

Field No.	Identification	Form Ref.	Length	Field Description
0710	Functional Currency Name	F8a	20	AN
0712	Exchange Rate	F8b	11	R (nnnnnnn.nnnn) (decimal is implied)
@0715	Attach Statement Identifying QBU	F8	6	"STMbnn" or blank
0720	Name Line 1 U.S. Agent	G1	35	AN
0730	Name Line 2 U.S. Agent	G1	35	AN
0740	Address U.S. Agent	G1	35	AN
0750	City U.S. Agent	G1	22	AN
0760	State U.S. Agent	G1	2	AN
0770	Zip Code U.S. Agent	G1	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0775	Identifying Number Of Agent	G1	9	N
0780	File Form 1042	G2	1	"X" or blank
0790	File Form 8804	G2	1	"X" or blank
0800	File Form 1065	G2	1	"X" or blank
0805	Reserved	G2	12	Blank
0810	Name Line 1 Foreign Partnership's Agent	G3	35	AN
0820	Name Line 2 Foreign Partnership's Agent	G3	35	AN
0830	Address Foreign Agent	G3	35	AN
0840	City Foreign Agent	G3	22	AN
0850	State Foreign Agent	G3	2	AN

Field No.	Identification	Form Ref.	Length	Field Description
0860	Zip Code Foreign Agent	G3	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0865	Country Foreign Agent	G3	35	AN or blank
0870	Name Line 1 Person With Books/Records	G4	35	AN
0880	Name Line 2 Person With Books/Records	G4	35	AN
0890	Address Person With Books	G4	35	AN
0900	City Person With Books	G4	22	AN
0910	State Person With Books	G4	2	AN
0920	Zip Code Person With Books	G4	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0925	Country Person With Books	G4	35	AN or blank
0930	Location Books	G4	35	AN
0940	Special Allocations Made (Yes Box)	G5	1	"X" or blank
0950	Special Allocations Made (No Box)	G5	1	"X" or blank
0960	Number Of Foreign Disregarded Entities	G6	12	N
@0965	Attach List of Entities	G6	6	"STMbnn" or BLANK
0970	How Is Partnership Classified	G7	25	AN
0980	Partnership Own Separate Units (Yes Box)	G8	1	"X" or blank

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Field No.	Identification	Form Ref.	Length	Field Description
0990	Partnership Own Separate Units (No Box)	G8	1	"X" or blank
@0995	Attach Schedule of Separate Units	G8	6	"STMbnn" OR BLANK
1000	Total Receipts & Assets Less Than Limit (Yes)	G9	1	"X" or blank
1010	Total Receipts & Assets Less Than Limit (No)	G9	1	"X" or blank
@1029	Form 8865 Page 1 Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2218" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1030	Record ID		6	"FRMbbb"
1031	Form Number		6	"8865bb"
1032	Page Number		5	"PG02b"
1033	Taxpayer Identification Number		9	N (Primary SSN)
1034	Filler		1	Blank
1035	Form Occurrence Number		7	N 0000001 - 0000005
1040	Owns Direct Interest	SCH A a	1	"X" or blank
1045	Owns Constructive Interest	SCH A b	1	"X" or blank
*1050	Name Constructive Ownership	SCH A	35	AN or "STMbnn" OR BLANK
+1060	Address Constructive Ownership	SCH A	35	AN
*+1070	City Constructive Ownership	SCH A	22	AN or "STMbnn"
+1080	State Constructive Ownership	SCH A	2	AN
+1090	Zip Code Constructive Ownership	SCH A	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
+1100	Identifying Number Constructive Ownership	SCH A	9	N
+1110	Foreign Person	SCH A	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
+1120	Direct Partner	SCH A	1	"X" or blank
1130	Name Constructive Ownership - 2	SCH A	35	AN
1140	Address Constructive Ownership - 2	SCH A	35	AN
1150	City Constructive Ownership - 2	SCH A	22	AN
1160	State Constructive Ownership - 2	SCH A	2	AN
1170	Zip Code Constructive Ownership - 2	SCH A	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1180	Identifying Number Constructive Ownership - 2	SCH A	9	N
1190	Foreign Person - 2	SCH A	1	"X" or blank
1200	Direct Partner - 2	SCH A	1	"X" or blank
1210	Name Constructive Ownership - 3	SCH A	35	AN
1220	Address Constructive Ownership - 3	SCH A	35	AN
1230	City Constructive Ownership - 3	SCH A	22	AN
1240	State Constructive Ownership - 3	SCH A	2	AN
1250	Zip Code Constructive Ownership - 3	SCH A	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1260	Identifying Number Constructive Ownership	SCH A	9	N
1270	Foreign Person - 3	SCH A	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
1280	Direct Partner - 3	SCH A	1	"X" or blank
1290	Name Constructive Ownership - 4	SCH A	35	AN
1300	Address Constructive Ownership - 4	SCH A	35	AN
1310	City Constructive Ownership - 4	SCH A	22	AN
1320	State Constructive Ownership - 4	SCH A	2	AN
1330	Zip Code Constructive Ownership - 4	SCH A	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1340	Identifying Number Constructive Ownership - 4	SCH A	9	N
1350	Foreign Person - 4	SCH A	1	"X" or blank
1360	Direct Partner - 4	SCH A	1	"X" or blank
1370	Name Constructive Ownership - 5	SCH A	35	AN
1380	Address Constructive Ownership - 5	SCH A	35	AN
1390	City Constructive Ownership - 5	SCH A	22	AN
1400	State Constructive Ownership - 5	SCH A	2	AN
1410	Zip Code Constructive Ownership - 5	SCH A	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1420	Identifying Number Constructive Ownership - 5	SCH A	9	N
1430	Foreign Person - 5	SCH A	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
1440	Direct Partner - 5	SCH A	1	"X" or blank
1445	Reserved		6	Blank
*1450	Name Of Partners	SCH A-1	35	AN, "STMbnn" or blank
+1460	Address of Partners	SCH A-1	35	AN
*+1470	City of Partners	SCH A-1	22	AN OR "STMbnn"
+1480	State of Partners	SCH A-1	2	AN
+1490	Zip Code of Partners	SCH A-1	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
+1500	Identifying Number of Partners	SCH A-1	9	N
+1510	Foreign Person Check	SCH A-1	1	"X" or blank
1520	Name Of Partners - 2	SCH A-1	35	AN
1530	Address of Partners - 2	SCH A-1	35	AN
1540	City of Partners - 2	SCH A-1	22	AN
1550	State of Partners - 2	SCH A-1	2	AN
1560	Zip Code of Partners - 2	SCH A-1	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1570	Identifying Number of Partners - 2	SCH A-1	9	N
1580	Foreign Person Check - 2	SCH A-1	1	"X" or blank
1590	Name Of Partners - 3	SCH A-1	35	AN
1600	Address of Partners - 3	SCH A-1	35	AN
1610	City of Partners - 3	SCH A-1	22	AN

Field No.	Identification	Form Ref.	Length	Field Description
1620	State of Partners - 3	SCH A-1	2	AN
1630	Zip Code of Partners - 3	SCH A-1	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1640	Identifying Number of Partners - 3	SCH A-1	9	N
1650	Foreign Person Check - 3	SCH A-1	1	"X" or blank
1660	Name Of Partners - 4	SCH A-1	35	AN
1670	Address of Partners - 4	SCH A-1	35	AN
1680	City of Patners - 4	SCH A-1	22	AN
1690	State of Partners - 4	SCH A-1	2	AN
1700	Zip Code of Partners - 4	SCH A-1	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1710	Identifying Number of Partners - 4	SCH A-1	9	N
1720	Foreign Person Check - 4	SCH A-1	1	"X" or blank
1730	Name Of Partners - 5	SCH A-1	35	AN
1740	Address of Partners - 5	SCH A-1	35	AN
1750	City of Partners - 5	SCH A-1	22	AN
1760	State of Partners - 5	SCH A-1	2	AN
1770	Zip Code of Partners - 5	SCH A-1	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
1780	Identifying Number of Partners - 5	SCH A-1	9	N

Field No.	Identification	Form Ref.	Length	Field Description
1790	Foreign Person Check - 5	SCH A-1	1	"X" or blank
1795	Reserved		6	Blank
1800	Other Foreign Person Direct Partner (Yes Box)	SCH A-1	1	"X" or blank
1810	Other Foreign Person Direct Partner (No Box)	SCH A-1	1	"X" or blank
*1820	Name Of Partnership	SCH A-2	35	AN or "STMbnn" OR BLANK
+1830	Address of Partnership	SCH A-2	35	AN
*+1840	City of Partnership	SCH A-2	22	AN or "STMbnn"
+1850	State of Partnership	SCH A-2	2	AN
+1860	Zip Code of Partnership	SCH A-2	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
+1870	EIN Of Partnership	SCH A-2	9	N
+1880	Ordinary Income Or Loss	SCH A-2	12	N
+1890	Foreign Partnership	SCH A-2	1	"X" or blank
1900	Name Of Partnership - 2	SCH A-2	35	AN
1910	Address of Partnership - 2	SCH A-2	35	AN
1920	City of Partnership - 2	SCH A-2	22	AN
1930	State of Partnership - 2	SCH A-2	2	AN
1940	Zip Code of Partnership - 2	SCH A-2	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank

Field No.	Identification	Form Ref.	Length	Field Description
1950	EIN of Partnership - 2	SCH A-2	9	N
1960	Ordinary Income Or Loss - 2	SCH A-2	12	N
1970	Foreign Partnership - 2	SCH A-2	1	"X" or blank
1980	Name Of Partnership - 3	SCH A-2	35	AN
1990	Address of Partnership - 3	SCH A-2	35	AN
2000	City of Partnership - 3	SCH A-2	22	AN
2010	State of Partnership - 3	SCH A-2	2	AN
2020	Zip Code of Partnership - 3	SCH A-2	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
2030	EIN of Partnership - 3	SCH A-2	9	N
2040	Ordinary Income Or Loss - 3	SCH A-2	12	N
2050	Foreign Partnership - 3	SCH A-2	1	"X" or blank
2060	Name Of Partnership - 4	SCH A-2	35	AN
2070	Address of Partnership - 4	SCH A-2	35	AN
2080	City of Partnership - 4	SCH A-2	22	AN
2090	State of Partnership - 4	SCH A-2	2	AN
2100	Zip Code of Partnership - 4	SCH A-2	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank

Field No.	Identification	Form Ref.	Length	Field Description
2110	EIN of Partnership - 4	SCH A-2	9	N
2120	Ordinary Income Or Loss - 4	SCH A-2	12	N
2130	Foreign Partnership - 4	SCH A-2	1	"X" or blank
2140	Name Of Partnership - 5	SCH A-2	35	AN
2150	Address of Partnership - 5	SCH A-2	35	AN
2160	City of Partnership - 5	SCH A-2	22	AN
2170	State of Partnership - 5	SCH A-2	2	AN
2180	Zip Code of Partnership - 5	SCH A-2	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
2190	EIN of Partnership - 5	SCH A-2	9	N
2200	Ordinary Income Or Loss - 5	SCH A-2	12	N
2210	Foreign Partnership - 5	SCH A-2	1	"X" or blank
2215	Reserved		6	Blank
2220	Gross Receipts Or Sales	SCH B 1a	12	N
@2225	Attach Schedule of Line 1a	SCH B 1a	6	"STMbnn" or blank
2230	Less Returns And Allowances	SCH B 1b	12	N
2240	Total	SCH B 1c	12	N
2250	Cost Of Goods Sold	SCH B 2	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2260	Gross Profit	SCH B 3	12	N
2270	Ordinary Income (loss)	SCH B 4	12	N
@2275	Ordinary Income (Loss) (Attach Schedule)	SCH B 4	6	"STMbnn" or blank
2280	Net Farm Profit (Loss)	SCH B 5	12	N
2290	Net Gain (loss)	SCH B 6	12	N
2300	Other Income (loss)	SCH B 7	12	N
@2305	Other Income (loss) (attach Schedule)	SCH B 7	6	"STMbnn" OR BLANK
2310	Total Income (loss)	SCH B 8	12	N
2320	Salaries & Wages	SCH B 9	12	N
2330	Guaranteed Payments To Partners	SCH B 10	12	N
2340	Repairs & Maintenance	SCH B 11	12	N
2350	Bad Debts	SCH B 12	12	N
2360	Rent	SCH B 13	12	N
2370	Taxes & Licenses	SCH B 14	12	N
2380	Interest	SCH B 15	12	N
@2385	Interest Attachment	SCH B 15	6	"STMbnn" or blank
2390	Depreciation	SCH B 16a	12	N
2400	Less Depreciation Reported On Schedule A	SCH B 16b	12	N
2405	Total Depreciation	SCH B 16c	12	N
2410	Depletion	SCH B 17	12	N

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Field No.	Identification	Form Ref.	Length	Field Description
2420	Retirement Plans, Etc.	SCH B 18	12	N
2430	Employee Benefits Programs	SCH B 19	12	N
2440	Other Deductions	SCH B 20	12	N
@2445	Other Deductions (Attach Schedule)	SCH B 20	6	"STMbnn" or blank
2450	Total Deductions	SCH B 21	12	N
2460	Ordinary Business Income (Loss)	SCH B 22	12	N
@2465	Form 8865 Page 2 Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1225" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
2470	Record ID		6	"FRMbbb"
2471	Form Number		6	"8865bb"
2472	Page Number		5	"PG03b"
2473	Taxpayer Identification Number		9	N (Primary SSN)
2474	Filler		1	Blank
2475	Form Occurrence Number		7	N 0000001 - 0000005
*2480	S-T Description of Property	SCH D 1(a)	80	AN, "STCGL", or blank
+2490	S-T Date Acquired	SCH D 1(b)	8	YYYYMMDD, or "VARIOUS"
+2500	S-T Date Sold	SCH D 1(c)	8	YYYYMMDD
+2510	S-T Sales Price	SCH D 1(d)	12	N, or "EXPIRED"
+2520	S-T Cost or Other Basis	SCH D 1(e)	12	N, or "EXPIRED"
+2530	S-T Gain or Loss	SCH D 1(f)	12	N
2540	S-T Description of Property - 2	SCH D 1(a)	80	AN
2550	S-T Date Acquired - 2	SCH D 1(b)	8	'See 1st Occ.'
2560	S-T Date Sold - 2	SCH D 1(c)	8	YYYYMMDD
2570	S-T Sales Price - 2	SCH D 1(d)	12	N, or "EXPIRED"
2580	S-T Cost or Other Basis - 2	SCH D 1(e)	12	N, or "EXPIRED"
2590	S-T Gain or Loss - 2	SCH D 1(f)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
2600	S-T Description of Property - 3	SCH D 1(a)	80	AN
2610	S-T Date Acquired - 3	SCH D 1(b)	8	'See 1st Occ.'
2620	S-T Date Sold - 3	SCH D 1(c)	8	YYYYMMDD
2630	S-T Sales Price - 3	SCH D 1(d)	12	N, or "EXPIRED"
2640	S-T Cost or Other Basis - 3	SCH D 1(e)	12	N, or "EXPIRED"
2650	S-T Gain or Loss - 3	SCH D 1(f)	12	N
2660	S-T Description of Property - 4	SCH D 1(a)	80	AN
2670	S-T Date Acquired - 4	SCH D 1(b)	8	'See 1st Occ.'
2680	S-T Date Sold - 4	SCH D 1(c)	8	YYYYMMDD
2690	S-T Sales Price - 4	SCH D 1(d)	12	N, or "EXPIRED"
2700	S-T Cost or Other Basis - 4	SCH D 1(e)	12	N, or "EXPIRED"
2710	S-T Gain or Loss - 4	SCH D 1(f)	12	N
2715	Reserved		6	Blank
2720	S-T Capital Gain From Installment Sales	SCH D 2(f)	12	N
2730	S-T Capital Gain (Loss) Like-Kind Exchange	SCH D 3(f)	12	N
2740	Partnership's Share Net S-T Capital Gain (Loss)	SCH D 4(f)	12	N
2750	Net S-T Capital Gain (Loss)	SCH D 5(f)	12	N
*2760	L-T Description of Property	SCH D 6(a)	80	AN or "LTCGL" or blank

Field No.	Identification	Form Ref.	Length	Field Description
+2770	L-T Date Acquired	SCH D 6(b)	8	YYYYMMDD, or "INHERIT", or "VARIOUS"
+2780	L-T Date Sold	SCH D 6(c)	8	YYYYMMDD
+2790	L-T Sales Price	SCH D 6(d)	12	N, or "EXPIRED"
+2800	L-T Cost or Other Basis	SCH D 6(e)	12	N, or "EXPIRED"
+2810	L-T Gain or Loss	SCH D 6(f)	12	N
2830	L-T Description of Property - 2	SCH D 6(a)	80	AN
2840	L-T Date Acquired - 2	SCH D 6(b)	8	'See 1st Occ.'
2850	L-T Date Sold - 2	SCH D 6(c)	8	YYYYMMDD
2860	L-T Sales Price - 2	SCH D 6(d)	12	N, or "EXPIRED"
2870	L-T Cost or Other Basis - 2	SCH D 6(e)	12	N, or "EXPIRED"
2880	L-T Gain or Loss - 2	SCH D 6(f)	12	N
2900	L-T Description of Property - 3	SCH D 6(a)	80	AN
2910	L-T Date Acquired - 3	SCH D 6(b)	8	'See 1st Occ.'
2920	L-T Date Sold - 3	SCH D 6(c)	8	YYYYMMDD
2930	L-T Sales Price - 3	SCH D 6(d)	12	N, or "EXPIRED"
2940	L-T Cost or Other Basis - 3	SCH D 6(e)	12	N, or "EXPIRED"
2950	L-T Gain or Loss - 3	SCH D 6(f)	12	N
2970	L-T Description of Property - 4	SCH D 6(a)	80	AN
2980	L-T Date Acquired - 4	SCH D 6(b)	8	'See 1st Occ.'
2990	L-T Date Sold - 4	SCH D 6(c)	8	YYYYMMDD

Field No.	Identification	Form Ref.	Length	Field Description
3000	L-T Sales Price - 4	SCH D 6(d)	12	N, or "EXPIRED"
3010	L-T Cost or Other Basis - 4	SCH D 6(e)	12	N, or "EXPIRED"
3020	L-T Gain or Loss - 4	SCH D 6(f)	12	N
3035	Reserved		6	Blank
3040	L-T Capital Gain Installment Sales Gain (Loss)	SCH D 7(f)	12	N
3060	Long-term Capital Gain Like-Kind Exchange Gain	SCH D 8(f)	12	N
3080	Partnership's Share Net L-T Capital Gain (Loss)	SCH D 9(f)	12	N
3100	Capital Gain Distributions	SCH D10(f)	12	N
3130	Net Long-Term Capital Gain (Loss)	SCH D11(f)	12	N
@3135	Form 8865, Page 3, Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1006" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
3140	Record ID		6	"FRMbbb"
3141	Form Number		6	"8865bb"
3142	Page Number		5	"PG04b"
3143	Taxpayer Identification Number		9	N (Primary SSN)
3144	Filler		1	Blank
3145	Form Occurrence Number		7	N 0000001 - 0000005
3150	Ordinary Business Income (Loss)	SCH K 1	12	N
3160	Net Income (Loss) from Rental	SCH K 2	12	N
3170	Gross Income from Other Rental Activities	SCH K 3a	12	N
3180	Expenses from Other Rental Activities	SCH K 3b	12	N
@3185	Expenses (Attach Schedule)	SCH K 3b	6	"STMbnn" or blank
3190	Net Income (Loss) from Other Rental Activities	SCH K 3c	12	N
3196	Guaranteed Payments	SCH K 4	12	N
3200	Interest Income	SCH K 5	12	N
3210	Ordinary Dividends	SCH K 6a	12	N
3216	Qualified Dividends	SCH K 6b	12	N

Field No.	Identification	Form Ref.	Length	Field Description
3220	Royalty Income	SCH K 7	12	N
3230	Net S-T Capital Gain (Loss)	SCH K 8	12	N
3240	Net L-T Capital Gain (Loss)	SCH K 9a	12	N
3250	Collectibles (28%) Gain (Loss)	SCH K 9b	12	N
3260	Unrecaptured Section 1250 Gain	SCH K 9c	12	N
@3265	Section 1250 Gain Attach. Schedule	SCH K 9c	6	"STMbnn" or blank
3270	Net Section 1231 Gain (Loss)	SCH K 10	12	N
3280	Other Income (Loss)	SCH K 11	12	N
3282	Other Income (Loss) Explanation	SCH K 11	20	AN
@3285	Other Income (Loss) (Attach Schedule)	SCH K 11	6	"STMbnn" or blank
3290	Section 179 Deduction	SCH K 12	12	N
3300	Contributions	SCH K 13a	12	N
@3305	Contributions (Attach Schedule)	SCH K 13a	6	"STMBnn" or blank
3320	Investment Interest Expense	SCH K 13b	12	N
*3330	Section 59(e)(2) Expenditures Type	SCHK13c(1)	20	AN, "STMbnn" or blank
+3340	Section 59(e)(2) Expenditures Amount	SCHK13c(2)	12	N
@3345	Expenditures Attach	SCHK13c(2)	6	"STMbnn" or blank
3350	Other Deductions	SCH K 13d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
3352	Other Deductions Explanation	SCH K 13d	20	AN
@3355	Other Deductions (Attach Schedule)	SCH K 13d	6	"STMbnn" or blank
3360	Self-employment Net Earnings	SCH K 14a	12	N
3370	Farming or Fishing Gross Income	SCH K 14b	12	N
3380	Nonfarm Gross Income	SCH K 14c	12	N
3390	Low-income Housing Credit-Section 42(J)(5)	SCH K 15a	12	N
@3395	Line 15a Attachment	SCH K 15a	6	"STMbnn" or blank
3400	Low-income Housing Credit Other	SCH K 15b	12	N
@3405	Line 15b Attachment	SCH K 15b	6	"STMbnn" or blank
3410	Rehabilitation Expenditures Rental Real Estate	SCH K 15c	12	N
@3415	Rental Real Estate Attachment	SCH K 15c	6	"STMbnn" or blank
*3430	Other Rental Real Estate Credits	SCH K 15d	12	N or "STMbnn" or blank
+3440	Type of Rental Credit	SCH K 15d	15	AN
3445	Statement Reference - BMF Use Only	SCH K 15d	6	Blank
*3460	Other Rental Credits	SCH K 15e	12	N or "STMbnn" or blank
+3470	Type of Other Rental Credit	SCH K 15e	15	AN
3475	Statement Reference - BMF Use Only	SCH K 15e	6	Blank

Field No.	Identification	Form Ref.	Length	Field Description
*3490	Other Credits	SCH K 15f	12	N or "STMbnn" or blank
+3500	Type of Other Credit	SCH K 15f	20	AN
@3505	Other Credits Attach Schedule	SCH K 15f	6	"STMbnn" or blank
3520	Name of Foreign Country or U.S. Possession	SCH K 16a	35	AN
@3525	Foreign Country Attachment	SCH K 16a	6	"STMbnn" or blank
3530	Gross Income from All Sources	SCH K 16b	12	N
3540	Gross Income Sourced at Partner Level	SCH K 16c	12	N
@3545	Schedule of Reductions	SCH K 16c	6	"STMbnn" or blank
3550	Passive Category Income	SCH K 16d	12	N
3560	General Category Income	SCH K 16e	12	N
3570	Other Income	SCH K 16f	12	N
@3575	Other Income (Attach Statement)	SCH K 16f	6	"STMbnn" or blank
3580	Interest Expense at Partner Level	SCH K 16g	12	N
3590	Other at Partner Level	SCH K 16h	12	N
3600	Passive Category Deductions	SCH K 16i	12	N
3610	General Category Deductions	SCH K 16j	12	N
3620	Other Deductions	SCH K 16k	12	N

Field No.	Identification	Form Ref.	Length	Field Description
@3625	Other Deductions (Attach Statement)	SCH K 16k	6	"STMbnn" or blank
3630	Foreign Taxes (Paid) Box	SCH K 16l	1	"X" or blank
3640	Foreign Taxes (Accrued) Box	SCH K 16l	1	"X" or blank
3650	Foreign Taxes Paid Amount	SCH K 16l	12	N
3660	Reduction in Taxes	SCH K 16m	12	N
@3665	Reduction in Taxes (Attach Schedule)	SCH K 16m	6	"STMbnn" or blank
@3667	Other Foreign Tax Information	SCH K 16n	6	"STMbnn" or blank
3670	Depreciation Adjustment	SCH K 17a	12	N
3680	Adjusted Gain or Loss	SCH K 17b	12	N
@3685	Adjusted Gain or Loss Attachment	SCH K 17b	6	"STMbnn" or blank
3690	Depletion (Other than Oil and Gas)	SCH K 17c	12	N
3700	Gross Income Oil, Gas & Geothermal Properties	SCH K 17d	12	N
@3705	Oil, Gas & Geothermal Attachment	SCH K 17d	6	"STMbnn" or blank
3710	Deductions Oil, Gas & Geothermal Prop.	SCH K 17e	12	N
@3715	Deductions Oil, Gas Attachment	SCH K 17e	6	"STMbnn" or blank
3720	Other AMT Items	SCH K 17f	12	N

Field No.	Identification	Form Ref.	Length	Field Description
@3725	Other AMT Items (Attach Schedule)	SCH K 17f	6	"STMbnn" or blank
3730	Tax-Exempt Interest Income	SCH K 18a	12	N
3740	Other Tax-Exempt Income	SCH K 18b	12	N
3746	Nondeductible Expenses	SCH K 18c	12	N
3750	Distributions of Money	SCH K 19a	12	N
@3755	Adjusted Basis & FMV of Securities (Attach)	SCH K 19a	6	"STMbnn" or blank
3760	Distributions Other property	SCH K 19b	12	N
@3765	Adjusted Basis & FMV of Property (Attach)	SCH K 19b	6	"STMbnn" or blank
3770	Investment Income	SCH K 20a	12	N
3780	Investment Expenses	SCH K 20b	12	N
@3785	Other Items & Amounts (Attach Schedule)	SCH K 20c	6	"STMbnn" or blank
@3789	Form 8865 Page 4 Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0805" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
3790	Record ID		6	"FRMbbb"
3791	Form Number		6	"8865bb"
3792	Page Number		5	"PG05b"
3793	Taxpayer Identification Number		9	N (Primary SSN)
3794	Filler		1	Blank
3795	Form Occurrence Number		7	N 0000001 - 0000005
3800	Cash Beginning Of Tax Year	SCH L 1(b)	12	N
3810	Cash End Of Tax Year	SCH L 1(d)	12	N
3820	Trade Notes Beginning Of Tax Year	SCH L2a(a)	12	N
3830	Trade Notes End Of Tax Year	SCH L2a(c)	12	N
3840	Less Allowance For Bad Debts Beg. Of Tax Year	SCH L2b(a)	12	N
3850	Less Allowance For Bad Debts Beg. Of Tax Year	SCH L2b(b)	12	N
3860	Less Allowance For Bad Debts End Of Tax Year	SCH L2b(c)	12	N
3870	Less Allowance For Bad Debts End Of Tax Year	SCH L2b(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
3880	Inventories Beginning Of Tax Year	SCH L 3(b)	12	N
3890	Inventories End Of Tax Year	SCH L3(d)	12	N
3900	U.S. Government Obligations Beginning Of Tax Year	SCH L 4(b)	12	N
3910	U.S. Government Obligations End Of Tax Year	SCH L 4(d)	12	N
3920	Tax-Exempt Securities Beginning Of Tax Year	SCH L 5(b)	12	N
3930	Tax-Exempt Securities End Of Tax Year	SCH L 5(d)	12	N
3940	Other Current Assets Beginning Of Tax Year	SCH L 6(b)	12	N
3950	Other Current Assets End Of Tax Year	SCH L 6(d)	12	N
@3955	Other Current Assets (Attach Schedule)	SCH L 6	6	"STMbnn" or blank
3960	Mortgage & Real Estate Loans Beginning Of Tax Year	SCH L 7(b)	12	N
3970	Mortgage & Real Estate Loans End Of Tax Year	SCH L 7(d)	12	N
3980	Other Investment Beginning Of Tax Year	SCH L 8(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
3990	Other Investments End Of Tax Year	SCH L 8(d)	12	N
@3995	Other Investments (Attach Schedule)	SCH L 8	6	"STMbnn" or blank
4000	Buildings & Other Assets Beginning Of Tax Year	SCH L9a(a)	12	N
4010	Buildings & Other Depreciable Assets End Of TY	SCH L9a(c)	12	N
4020	Less Accumulated Depreciation Beg. Of Tax Year	SCH L9b(a)	12	N
4030	Less Depreciation Beginning Of Tax Year	SCH L9b(b)	12	N
4040	Less Accumulated Depreciation End Of Tax Year	SCH L9b(c)	12	N
4050	Less Depreciation End of Tax Year	SCH L9b(d)	12	N
4060	Depletable Assets Beginning Of Tax Year	SCHL10a(a)	12	N
4070	Depletable Assets End Of Tax Year	SCHL10a(c)	12	N
4080	Less Accumulated Depletion Beginning Of Tax Year	SCHL10b(a)	12	N
4090	Less Depletion Beginning Of Tax Year	SCHL10b(b)	12	N
4100	Less Accumulated Depletion End of Tax Year	SCHL10b(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
4110	Less Depletion End of Tax Year	SCHL10b(d)	12	N
4120	Land Beginning Of Tax Year	SCHL11(b)	12	N
4130	Land End Of Tax Year	SCHL11(d)	12	N
4140	Intangible Assets Beginning Of Tax Year	SCHL12a(a)	12	N
4150	Intangible Assets End Of Tax Year	SCHL12a(c)	12	N
4160	Less Accumulated Amortization Beg. Of Tax Year	SCHL12b(a)	12	N
4170	Less Amortization Beginning Of Tax Year	SCHL12b(b)	12	N
4180	Less Accumulated Amortization End Of Year	SCHL12b(c)	12	N
4190	Less Amortization End Of Tax Year	SCHL12b(d)	12	N
4200	Other Assets Beginning Of Tax Year	SCHL13(b)	12	N
4210	Other Assets End Of Tax Year	SCH L13(d)	12	N
@4215	Other Assets (Attach Schedule)	SCH L 13	6	"STMbnn" or blank
4220	Total Assets Beginning Of Tax Year	SCH L14(b)	12	N
4230	Total Assets End Of Tax Year	SCH L14(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
4240	Accounts Payable Beginning Of Tax Year	SCH L15(b)	12	N
4250	Accounts Payable End Of Tax Year	SCH L15(d)	12	N
4260	Mortgages Payable Less Than 1 Year BOY	SCHL16(b)	12	N
4270	Mortgages Payable Less Than 1 Year EOY	SCH L16(d)	12	N
4280	Other Current Liabilities Beginning Of Tax Year	SCH L17(b)	12	N
4285	Reserved	SCH L17(b)	6	Blank
4290	Other Current Liabilities End Of Tax Year	SCH L17(d)	12	N
@4295	Other Current Liabilities (Attach Schedule)	SCH L 17	6	"STMbnn" or blank
4300	All Nonrecourse Loans Beginning Of Tax Year	SCH L18(b)	12	N
4310	All Nonrecourse Loans End Of Tax Year	SCH L18(d)	12	N
4320	Mortgage Payable 1 Year Or More BOY	SCH L19(b)	12	N
4330	Mortgages Payable in 1 Year Or More EOY	SCH L19(d)	12	N
4340	Other Liabilities Beginning Of Tax Year	SCH L20(b)	12	N
4350	Other Liabilities End Of Tax Year	SCH L20(d)	12	N

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Field No.	Identification	Form Ref.	Length	Field Description
@4355	Other Liabilities (Attach Schedule)	SCH L 20	6	"STMbnn" or blank
4360	Partner's Capital Accounts Beginning Of Tax Year	SCH L21(b)	12	N
4370	Partner's Capital Accounts End Of Tax Year	SCH L21(d)	12	N
4380	Total Liabilities & Capital Beginning Of Tax Year	SCH L22(b)	12	N
4390	Total Liabilities & Capital End Of Tax Year	SCH L22(d)	12	N
@4395	Form 8865 Page 5 Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0517" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
4410	Record ID		6	"FRMbbb"
4411	Form Number		6	"8865bb"
4412	Page Number		5	"PG06b"
4413	Taxpayer Identification Number		9	N (Primary SSN)
4414	Filler		1	Blank
4415	Form Occurrence Number		7	N 0000001 - 0000005
4420	Total U.S. Assets Beginning Of Tax Year	SCH M 1(a)	12	N
4430	Total U.S. Assets End Of Tax Year	SCH M 1(b)	12	N
4440	Passive Category Beginning of Tax Year	SCH M2a(a)	12	N
4450	Passive Category End of Tax Year	SCH M2a(b)	12	N
4460	General Category Beginning of Tax Year	SCH M2b(a)	12	N
4470	General Category End of Tax Year	SCH M2b(b)	12	N
4480	Other Beginning of Tax Year	SCH M2c(a)	12	N
4490	Other End of Tax Year	SCH M2c(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
@4495	Other (Attach Statement)	SCH M2c	6	"STMbnn" or blank
4500	Net Income (Loss) Per Books	SCH M-1 1	12	N
4510	Income Included On Schedule K	SCH M-1 2	12	N
@4515	Income Included On Schedule K (Itemize)	SCH M-1 2	6	"STMbnn" or blank
4520	Guaranteed Payments	SCH M-1 3	12	N
4530	Depreciation Expenses	SCH M-1 4a	12	N
4540	Travel & Entertainment	SCH M-1 4b	12	N
@4545	Attach Statement For Other Expenses	SCH M-1 4	6	"STMbnn" or blank
4550	Total For Other Expenses	SCH M-1 4b	12	N
4560	Total Expenses Line 4	SCH M-1 4b	12	N
4570	Add Lines 1-4	SCH M-1 5	12	N
4580	Tax Exempt Interest	SCH M-1 6a	12	N
@4585	Attach Statement For Other Income	SCH M-1 6a	6	"STMbnn" or blank
4590	Total For Other Income	SCH M-1 6a	12	N
4600	Total Income Line 6a	SCH M-1 6a	12	N
4610	Depreciation Deductions	SCH M-1 7a	12	N
@4615	Attach Statement For Other Deductions	SCH M-1 7a	6	"STMbnn" or blank
4620	Total For Other Deductions	SCH M-1 7a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
4630	Total Deductions Line 7a	SCH M-1 7a	12	N
4640	Add Lines 6 And 7	SCH M-1 8	12	N
4650	Income (Loss)	SCH M-1 9	12	N
4660	Capital Accounts Balance Beginning Of Year	SCH M-2 1	12	N
4670	Capital Contributed During Year - Cash	SCH M-2 2a	12	N
4675	Capital Contributed During Year - Property	SCH M-2 2b	12	N
4680	Net Income (Loss) Per Books	SCH M-2 3	12	N
@4685	Other Increases (itemize)	SCH M-2 4	6	"STMbnn" or blank
4690	Total Other Increases	SCH M-2 4	12	N
4700	Capital Accounts. Add Lines 1-4	SCH M-2 5	12	N
4710	Distributions: Cash	SCH M-2 6a	12	N
4720	Distributions: Property	SCH M-2 6b	12	N
@4725	Other Decreases (Itemize)	SCH M-2 7	6	"STMbnn" or blank
4730	Total Other Decreases	SCH M-2 7	12	N
4740	Capital Accounts. Add Lines 6 And 7	SCH M-2 8	12	N
4750	Capital Accounts. Balance End Of Year	SCH M-2 9	12	N

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Field No.	Identification	Form Ref.	Length	Field Description
@4755	Reconcile Schedule L Differences Attachment	SCH M-2	6	"STMbnn" or blank
@4757	Form 8865 Page 6 Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1057" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
4770	Record ID		6	"FRMbbb"
4771	Form Number		6	"8865bb"
4772	Page Number		5	"PG07b"
4773	Taxpayer Identification Number		9	N (Primary SSN)
4774	Filler		1	Blank
4775	Form Occurrence Number		7	N 0000001 - 0000005
4780	Sales Of Inventory - U.S. Person Filing Return	SCH N 1(a)	12	N
4790	Sales Of Inventory - Domestic Corporation	SCH N 1(b)	12	N
4800	Sales Of Inventory - Foreign Corporation	SCH N 1(c)	12	N
4810	Sales Of Inventory - Person With 10%	SCH N 1(d)	12	N
4820	Sales Of Property Rights U.S. Person Filing Return	SCH N 2(a)	12	N
4830	Sales Of Property Rights Domestic Corporation	SCH N 2(b)	12	N
4840	Sales Of Property Rights Foreign Corporation	SCH N 2(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
4850	Sales Of Property Rights Person With 10%	SCH N 2(d)	12	N
4860	Compensation Received U.S. Person Filing Return	SCH N 3(a)	12	N
4870	Compensation Received-Domestic Corporation	SCH N 3(b)	12	N
4880	Compensation Received-Foreign Corporation	SCH N 3(c)	12	N
4890	Compensation Received-Person With 10%	SCH N 3(d)	12	N
4900	Commissions Received-U.S. Person Filing Return	SCH N 4(a)	12	N
4910	Commissions Received-Domestic Corporation	SCH N 4(b)	12	N
4920	Commissions Received-Foreign Corporation	SCH N 4(c)	12	N
4930	Commissions Received Person With 10%	SCH N 4(d)	12	N
4940	Rents Received-U.S. Person	SCH N 5(a)	12	N
4950	Rents Received-Domestic Corporation	SCH N 5(b)	12	N
4960	Rents Received-Foreign Corporation	SCH N 5(c)	12	N
4970	Rents Received-Person With 10%	SCH N 5(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
4980	Distributions Received-U.S. Person Filing Return	SCH N 6(a)	12	N
4990	Distributions Received-Domestic Corporation	SCH N 6(b)	12	N
5000	Distributions Received-Foreign Corporation	SCH N 6(c)	12	N
5010	Distributions Received-Person With 10%	SCH N 6(d)	12	N
5020	Interest Received-U.S. Person Filing Return	SCH N 7(a)	12	N
5030	Interest Received-Domestic Corporation	SCH N 7(b)	12	N
5040	Interest Received-Foreign Corporation	SCH N 7(c)	12	N
5050	Interest Received-Person With 10%	SCH N 7(d)	12	N
5060	Other U.S. Person	SCH N 8(a)	12	N
5070	Other Domestic Corporation	SCH N 8(b)	12	N
5080	Other Foreign Corporation	SCH N 8(c)	12	N
5090	Other Person With 10%	SCH N 8(d)	12	N
5100	Add Lines 1-8 - U.S. Person	SCH N 9(a)	12	N
5110	Add Lines 1-8 - Domestic Corporation	SCH N 9(b)	12	N
5120	Add Lines 1-8 - Foreign Corporation	SCH N 9(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
5130	Add Lines 1-8 - Person With 10%	SCH N 9(d)	12	N
5140	Purchases Of Inventory - U.S. Person	SCH N10(a)	12	N
5150	Purchases Of Inventory - Domestic Corporation	SCH N10(b)	12	N
5160	Purchases Of Inventory - Foreign Corporation	SCH N10(c)	12	N
5170	Purchases Of Inventory - Person With 10%	SCH N10(d)	12	N
5180	Purchases Of Tangible Property - U.S. Person	SCH N11(a)	12	N
5190	Purchases Of Tangible Property- Domestic Corp.	SCH N11(b)	12	N
5200	Purchases Of Tangible Property- Foreign Corporation	SCH N11(c)	12	N
5210	Purchases Of Tangible Property- Person With 10%	SCH N11(d)	12	N
5220	Purchases Of Property Rights- U.S. Person	SCH N12(a)	12	N
5230	Purchases Of Property Rights- Domestic Corporation	SCH N12(b)	12	N
5240	Purchases Of Property Rights- Foreign Corporation	SCH N12(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
5250	Purchases Of Property Rights-Person With 10%	SCH N12(d)	12	N
5260	Compensation Paid-U.S. Person	SCH N13(a)	12	N
5270	Compensation Paid-Domestic Corporation	SCH N13(b)	12	N
5280	Compensation Paid-Foreign Corporation	SCH N13(c)	12	N
5290	Compensation Paid Person With 10%	SCH N13(d)	12	N
5300	Commissions Paid-U.S. Person	SCH N14(a)	12	N
5310	Commissions Paid-Domestic Corporation	SCH N14(b)	12	N
5320	Commissions Paid-Foreign Corporation	SCH N14(c)	12	N
5330	Commissions Paid-Person With 10%	SCH N14(d)	12	N
5340	Rents Paid - U.S. Person	SCH N15(a)	12	N
5350	Rents Paid-Domestic Corporation	SCH N15(b)	12	N
5360	Rents Paid Foreign Corporation	SCH N15(c)	12	N
5370	Rents Paid Person With 10%	SCH N15(d)	12	N
5380	Distributions Paid-U.S. Person	SCH N16(a)	12	N
5390	Distributions Paid - Domestic Corporation	SCH N16(b)	12	N
5400	Distributions Paid-Foreign Corporation	SCH N16(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
5410	Distributions Paid - Person With 10%	SCH N16(d)	12	N
5420	Interest Paid - U.S. Person	SCH N17(a)	12	N
5430	Interest Paid - Domestic Corporation	SCH N17(b)	12	N
5440	Interest Paid - Foreign Corporation	SCH N17(c)	12	N
5450	Interest Paid - Person With 10%	SCH N17(d)	12	N
5460	Other Paid - U.S. Person	SCH N18(a)	12	N
5470	Other Paid - Domestic Corporation	SCH N18(b)	12	N
5480	Other Paid - Foreign Corporation	SCH N18(c)	12	N
5490	Other Paid - Person With 10%	SCH N18(d)	12	N
5500	Add Lines 10-18 - U.S. Person	SCH N19(a)	12	N
5510	Add Lines 10-18 - Domestic Corporation	SCH N19(b)	12	N
5520	Add Lines 10-18 - Foreign Corporation	SCH N19(c)	12	N
5530	Add Lines 10-18 - Person With 10%	SCH N19(d)	12	N
5540	Amounts Borrowed - U.S. Person	SCH N20(a)	12	N
5550	Amounts Borrowed- Domestic Corporation	SCH N20(b)	12	N
5560	Amounts Borrowed - Foreign Corporation	SCH N20(c)	12	N

FORM 8865 PAGE 7 Return of U.S. Persons with Respect to Certain ...

Field No.	Identification	Form Ref.	Length	Field Description
5570	Amounts Borrowed - Person With 10%	SCH N20(d)	12	N
5580	Amounts Loaned - U.S Person	SCH N21(a)	12	N
5590	Amounts Loaned - Domestic Corporation	SCH N21(b)	12	N
5600	Amounts Loaned- Foreign Corporation	SCH N21(c)	12	N
5610	Amounts Loaned - Person With 10%	SCH N21(d)	12	N
@5615	Form 8865 Page 7 Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1567" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"SCHbK1"
0001	Schedule Type		6	"8865bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	N 0000001 - 0000010
0010	Tax Year Beginning		8	YYYYMMDD
0020	Tax Year Ending		8	YYYYMMDD
0030	Final K-1		1	"X" or blank
0040	Amended K-1		1	NO ENTRY
0100	Partnership's Identifying Number (EIN or SSN)	A	9	N or blank
0110	Partnership's Name 1	B	35	AN
0120	Partnership's Name 2	B	35	AN
0130	Partnership's Address 1	B	35	AN
0140	Partnership's Address 2	B	35	AN
0150	Partnership's City	B	22	AN
0160	Partnership Foreign City, State or Province	B	35	AN

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
0170	Partnership's State	B	2	A or ".b"
0180	Partnership Foreign Country	B	22	AN
0190	Partnership's Zip Code	B	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0300	Partner's Identifying Number	C	9	N, "APPLD FOR" or "FOREIGNUS"
0310	Partner's Name 1	D	35	AN
0320	Partner's Name 2	D	35	AN
0330	Partner's Address 1	D	35	AN
0340	Partner's Address 2	D	35	AN
0350	Partner's City	D	22	AN
0360	Partner Foreign City, State or Province	D	35	AN
0370	Partner's State	D	2	A or ".b"
0380	Partner Foreign Country	D	22	AN
0390	Partner's Zip Code	D	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0500	Partner's % of Profit BOY	E	6	R or blank
0510	Partner's % of Profit EOY	E	6	R or blank
0520	Partner's % of Loss BOY	E	6	R or blank
0530	Partner's % of Loss EOY	E	6	R or blank
0540	Partner's % of Capital BOY	E	6	R or blank

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
0550	Partner's % of Capital EOY	E	6	R or blank
0560	Partner's % of Deductions BOY	E	6	R or blank
0570	Partner's % of Deductions EOY	E	6	R or blank
0600	Partner's Beginning Capital Account	F	12	N
0610	Partner's Capital Contributed	F	12	N
0620	Partner's CY Increase (Decrease)	F	12	N
0630	Partner's Withdrawals & Distributions	F	12	N
0640	Partner's Ending Capital Account	F	12	N
0650	Tax Basis	F	1	"X" or blank
0660	GAAP	F	1	"X" or blank
0670	Section 704(b) Book	F	1	"X" or blank
0680	Other (Explain)	F	1	"X" or blank
@0685	Other Explanation	F	6	"STMbnn" or blank
0799	Asterisk Line 1	1	1	"*" or blank
0800	Ordinary Business Income (Loss)	1	12	N
@0805	Ordinary Business Income Attach.	1	6	"STMbnn" or blank
0809	Asterisk Line 2	2	1	"*" or blank
0810	Rental Real Estate Income (Loss)	2	12	N

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
@0815	Rental Real Estate Income Attach.	2	6	"STMbnn" or blank
0819	Asterisk Line 3	3	1	"*" or blank
0820	Other Rental Income (Loss)	3	12	N
@0825	Other Rental Income Attach.	3	6	"STMbnn" or blank
0829	Asterisk Line 4	4	1	"*" or blank
0830	Guaranteed Payments	4	12	N
@0835	Guaranteed Payments Attach.	4	6	"STMbnn" or blank
0839	Asterisk Line 5	5	1	"*" or blank
0840	Interest Income	5	12	N
@0845	Interest Income Attach.	5	6	"STMbnn" or blank
0849	Asterisk Line 6a	6a	1	"*" or blank
0850	Ordinary Dividends	6a	12	N
@0855	Ordinary Dividends Attach.	6a	6	"STMbnn" or blank
0859	Asterisk Line 6b	6b	1	"*" or blank
0860	Qualified Dividends	6b	12	N
@0865	Qualified Dividends Attach.	6b	6	"STMbnn" or blank
0869	Asterisk Line 7	7	1	"*" or blank
0870	Royalties	7	12	N
@0875	Royalties Attach.	7	6	"STMbnn" or blank
0879	Aterisk Line 8	8	1	"*" or blank
0880	Short Term Capital Gain (Loss)	8	12	N

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
@0885	S-T Capital Gain Attach.	8	6	"STMbnn" or blank
0889	Aterisk Line 9a	9a	1	"*" or blank
0890	Long Term Capital Gain (Loss)	9a	12	N
@0895	L-T Capital Gain Attach.	9a	6	"STMbnn" or blank
0899	Asterisk Line 9b	9b	1	"*" or blank
0900	Collectibles (28%) Gain (Loss)	9b	12	N
@0905	Collectibles Gain Attach.	9b	6	"STMbnn" or blank
0909	Asterisk Line 9c	9c	1	"*" or blank
0910	Unrecaptured Section 1250 Gain	9c	12	N
@0915	Unrecaptured Sect. 1250 Gain Attach.	9c	6	"STMbnn" or blank
0919	Asterisk Line 10	10	1	"*" or blank
0920	Section 1231 Gain (Loss)	10	12	N
@0925	Section 1231 Gain Attach.	10	6	"STMbnn" or blank
1100	Other Income Code 1	11	1	A or blank
1110	Other Income Amount 1	11	12	N
1120	Other Income Code 2	11	1	A or blank
1130	Other Income Amount 2	11	12	N
1140	Other Income Code 3	11	1	A or blank
1150	Other Income Amount 3	11	12	N

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
1160	Other Income Code 4	11	1	A or blank
1170	Other Income Amount 4	11	12	N
1180	Other Income Code 5	11	1	A or blank
1190	Other Income Amount 5	11	12	N
@1195	Other Income Attached Schedule(s)	11	6	"STMbnn" or blank
@1197	Additional Lines Statement	11	6	"STMbnn" or blank
1219	Asterisk Line 12	12	1	"*" or blank
1220	Section 179 Deduction	12	12	N
@1225	Section 179 Deduction Attach.	12	6	"STMbnn" or blank
1300	Other Deductions Code 1	13	1	A or blank
1310	Other Deductions Amount 1	13	12	N
1320	Other Deductions Code 2	13	1	A or blank
1330	Other Deductions Amount 2	13	12	N
1340	Other Deductions Code 3	13	1	A or blank
1350	Other Deductions Amount 3	13	12	N
1360	Other Deductions Code 4	13	1	A or blank
1370	Other Deductions Amount 4	13	12	N

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
1380	Other Deductions Code 5	13	1	A or blank
1390	Other Deductions Amount 5	13	12	N
@1395	Other Deductions Attached Schedule(s)	13	6	"STMbnn" or blank
@1397	Additional Lines Statement	13	6	"STMbnn" or blank
1430	Self-employment Code 1	14	1	A or blank
1440	Self-employment Amount 1	14	12	N
1450	Self-employment Code 2	14	1	A or blank
1460	Self-employment Amount 2	14	12	N
1470	Self-employment Code 3	14	1	A or blank
1480	Self-employment Amount 3	14	12	N
@1485	Self-Employment Attach. Schedule	14	6	"STMbnn" or blank
1500	Credits Code 1	15	1	A or blank
1510	Credits Amount 1	15	12	N
1520	Credits Code 2	15	1	A or blank
1530	Credits Amount 2	15	12	N
1540	Credits Code 3	15	1	A or blank
1550	Credits Amount 3	15	12	N
1560	Credits Code 4	15	1	A or blank
1570	Credits Amount 4	15	12	N

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
@1575	Other Credits Attach Schedule(s)	15	6	"STMbnn" or blank
@1577	Additional Lines Statement	15	6	"STMbnn" or blank
1690	Foreign Country Name	16	35	AN or blank
1700	Foreign Transactions Code 1	16	1	A or blank
1710	Foreign Transactions Amount 1	16	12	N
1720	Foreign Transactions Code 2	16	1	A or blank
1730	Foreign Transactions Amount 2	16	12	N
1740	Foreign Transactions Code 3	16	1	A or blank
1750	Foreign Transactions Amount 3	16	12	N
1760	Foreign Transactions Code 4	16	1	A or blank
1770	Foreign Transactions Amount 4	16	12	N
1780	Foreign Transactions Code 5	16	1	A or blank
1790	Foreign Transactions Amount 5	16	12	N
1800	Foreign Transactions Code 6	16	1	A or blank
1810	Foreign Transactions Amount 6	16	12	N

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
1820	Foreign Transactions Code 7	16	1	A or blank
1830	Foreign Transactions Amount 7	16	12	N
@1835	Other Foreign Trans Attached Sehedule(s)	16	6	"STMbnn" or blank
@1837	Additional Lines Statement	16	6	"STMbnn" or blank
1900	Alternative Minimum Tax code 1	17	1	A or blank
1910	Alternative Minimum Tax Amount 1	17	12	N
1920	Alternative Minimum Tax Code 2	17	1	A or blank
1930	Alternative Minimum Tax Amount 2	17	12	N
1940	Alternative Minimum Tax Code 3	17	1	A or blank
1950	Alternative Minimum Tax Amount 3	17	12	N
1960	Alternative Minimum Tax Code 4	17	1	A or blank
1970	Alternative Minimum Tax Amount 4	17	12	N
@1975	Alternative Minimum Tax Attached Schedule(s)	17	6	"STMbnn" or blank
@1977	Additional Lines Statement	17	6	"STMbnn" or blank
2100	Tax-exempt Income Code 1	18	1	A or blank
2110	Tax-exempt Income Amount 1	18	12	N

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
2120	Tax-exempt Income Code 2	18	1	A or blank
2130	Tax-exempt Income Amount 2	18	12	N
2140	Tax-exempt Income Code 3	18	1	A or blank
2150	Tax-exempt Income Amount 3	18	12	N
@2155	Tax-Exempt Attach. Schedule	18	6	"STMbnn" or blank
2200	Distributions Code 1	19	1	A or blank
2210	Distributions Amount 1	19	12	N
2220	Distributions Code 2	19	1	A or blank
2230	Distributions Amount 2	19	12	N
@2235	Distributions Attachment	19	6	"STMbnn" or blank
2300	Other Information Code 1	20	1	A or blank
2310	Other Information Amount 1	20	12	N
2320	Other Information Code 2	20	1	A or blank
2330	Other Information Amount 2	20	12	N
2340	Other Information Code 3	20	1	A or blank
2350	Other Information Amount 3	20	12	N
2360	Other Information Code 4	20	1	A or blank

SCHEDULE K-1 (FORM 8865) Partner's Share of Income, Deductions, Credits...

Field No.	Identification	Form Ref.	Length	Field Description
2370	Other Information Amount 4	20	12	N
2380	Other Information Code 5	20	1	A or blank
2390	Other Information Amount 5	20	12	N
2400	Other Information Code 6	20	1	A or blank
2410	Other Information Amount 6	20	12	N
@2415	Other Information Attached Schedule(s)	20	6	"STMbnn" or blank
@2417	Additional Lines Statement	20	6	"STMbnn" or blank
@2500	Schedule K-1 Global Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"2258" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"SCHbbO"
0001	Schedule Type		6	"8865bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	N 0000001 - 0000005
0010	Identifying Number		9	N or blank
0020	Name Of Foreign Partnership		35	AN
0030	Cash Date of Transfer	I(a)	8	YYYYMMDD
0040	Cash Fair Market Value	I(c)	12	N
0050	Cash % Interest In Partnership	I(g)	6	R
0055	"See Below" Indicator	I(g)	1	"X" or blank
*0060	Marketable Securities: Date Of Transfer	I(a)	8	YYYYMMDD or "STMbnn" or blank
+0070	Marketable Securities: Number Of Items Transferred	I(b)	12	N
+0080	Marketable Securities: FMV On Date Of Transfer	I(c)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
+0090	Marketable Securities: Cost Or Other Basis	I(d)	12	N
+0100	Marketable Securities: 704(c) Allocation Method	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
+0110	Marketable Securities: Gain Recognized	I(f)	12	N
+0120	Marketable Securities: % Interest In Partnership	I(g)	6	R
+0125	"See Below" Indicator	I(g)	1	"X" or blank
0130	Marketable Securities: Date Of Transfer - 2	I(a)	8	YYYYMMDD
0140	Marketable Securities: No. Items Transferred - 2	I(b)	12	N
0150	Marketable Securities: FMV On Date Of Transfer - 2	I(c)	12	N
0160	Marketable Securities: Cost Or Other Basis - 2	I(d)	12	N
0170	Marketable Securities: 704(c) Allocation Method-2	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0180	Marketable Securities: Gain Recognized - 2	I(f)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0190	Marketable Securities: % Interest Partnership-2	I(g)	6	R
0195	"See Below" Indicator	I(g)	1	"X" or blank
0200	Marketable Securities: Date Of Transfer - 3	I(a)	8	YYYYMMDD
0210	Marketable Securities: No. Items Transferred - 3	I(b)	12	N
0220	Marketable Securities: FMV On Date Of Transfer - 3	I(c)	12	N
0230	Marketable Securities: Cost Or Other Basis - 3	I(d)	12	N
0240	Marketable Securities: 704(c) Allocation Method-3	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0250	Marketable Securities: Gain Recognized - 3	I(f)	12	N
0260	Marketable Securities: % Interest Partnership-3	I(g)	6	R
0265	"See Below" Indicator	I(g)	1	"X" or blank
0270	Marketable Securities: Date Of Transfer - 4	I(a)	8	YYYYMMDD
0280	Marketable Securities: No. Items Transferred - 4	I(b)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
0290	Marketable Securities: FMV On Date Of Transfer - 4	I(c)	12	N
0300	Marketable Securities: Cost Or Other Basis - 4	I(d)	12	N
0310	Marketable Securities: 704(c) Allocation Method-4	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0320	Marketable Securities: Gain Recognized - 4	I(f)	12	N
0330	Marketable Securities: % Interest Partnership-4	I(g)	6	R
0335	"See Below" Indicator	I(g)	1	"X" or blank
0337	Statement Reference - BMF Use Only	I	6	Blank
*0340	Inventory: Date Of Transfer	I(a)	8	YYYYMMDD or "STMbnn" or blank
+0350	Inventory: Number Of Items Transferred	I(b)	12	N
+0360	Inventory: FMV On Transfer Date	I(c)	12	N
+0370	Inventory: Cost Or Other Basis	I(d)	12	N
+0380	Inventory: 704(c) Allocation Method	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
+0390	Inventory: Gain Recognized On Transfer	I(f)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
+0400	Inventory: % Interest In Partnership	I(g)	6	R
+0405	"See Below" Indicator	I(g)	1	"X" or blank
0410	Inventory: Date Of Transfer - 2	I(a)	8	YYYYMMDD
0420	Inventory: Number Of Items Transferred - 2	I(b)	12	N
0430	Inventory: FMV On Transfer Date - 2	I(c)	12	N
0440	Inventory: Cost Or Other Basis - 2	I(d)	12	N
0450	Inventory: 704(c) Allocation Method - 2	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0460	Inventory: Gain Recognized On Transfer - 2	I(f)	12	N
0470	Inventory: % Interest In Partnership - 2	I(g)	6	R
0475	"See Below" Indicator	I(g)	1	"X" or blank
0480	Inventory: Date Of Transfer - 3	I(a)	8	YYYYMMDD
0490	Inventory: Number Of Items Transferred - 3	I(b)	12	N
0500	Inventory: FMV On Transfer Date - 3	I(c)	12	N
0510	Inventory: Cost Or Other Basis - 3	I(d)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
0520	Inventory: 704(c) Allocation Method - 3	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0530	Inventory: Gain Recognized On Transfer - 3	I(f)	12	N
0540	Inventory: % Interest In Partnership - 3	I(g)	6	R
0545	"See Below" Indicator	I(g)	1	"X" or blank
0550	Inventory: Date Of Transfer - 4	I(a)	8	YYYYMMDD
0560	Inventory: Number Of Items Transferred - 4	I(b)	12	N
0570	Inventory: FMV On Transfer Date - 4	I(c)	12	N
0580	Inventory: Cost Or Other Basis - 4	I(d)	12	N
0590	Inventory: 704(c) Allocation Method - 4	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0600	Inventory: Gain Recognized On Transfer - 4	I(f)	12	N
0610	Inventory: % Interest In Partnership - 4	I(g)	6	R
0615	"See Below" Indicator	I(g)	1	"X" or blank
0617	Statement Reference - BMF Use Only	I	6	Blank
*0620	Tangible Property: Date Of Transfer	I(a)	8	YYYYMMDD, "STMbnn" or blank

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
+0630	Tangible Property : Number Of Items Transferred	I(b)	12	N
+0640	Tangible Property : FMV On Date of Transfer	I(c)	12	N
+0650	Tangible Property : Cost Or Other Basis	I(d)	12	N
+0660	Tangible Property: 704(c) Allocation Method	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
+0670	Tangible Property : Gain Recognized	I(f)	12	N
+0680	Tangible Property : % Interest In Parnership	I(g)	6	R
+0685	"See Below" Indicator	I(g)	1	"X" or blank
0690	Tangible Property: Date Of Transfer - 2	I(a)	8	YYYYMMDD
0700	Tangible Property: Number Of Items Transferred-2	I(b)	12	N
0710	Tangible Property: FMV On Date of Transfer - 2	I(c)	12	N
0720	Tangible Property : Cost Or Other Basis - 2	I(d)	12	N
0730	Tangible Property : 704(c) Allocation Method - 2	I(e)	11	AN - VALUES: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0740	Tangible Property: Gain Recognized - 2	I(f)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
0750	Tangible Property: % Interest In Partnership - 2	I(g)	6	R
0755	"See Below" Indicator	I(g)	1	"X" or blank
0760	Tangible Property: Date Of Transfer - 3	I(a)	8	YYYYMMDD
0770	Tangible Property: Number Of Items Transferred-3	I(b)	12	N
0780	Tangible Property: FMV On Date of Tranfer - 3	I(c)	12	N
0790	Tangible Property: Cost Or Other Basis - 3	I(d)	12	N
0800	Tangible Property: 704(c) Allocation Method - 3	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0810	Tangible Property: Gain Recognized - 3	I(f)	12	N
0820	Tangible Property: % Interest In Parnership - 3	I(g)	6	R
0825	"See Below" Indicator	I(g)	1	"X" or blank
0830	Tangible Property: Date Of Transfer – 4	I(a)	8	YYYYMMDD
0840	Tangible Property: Number Of Items Transferred-4	I(b)	12	N
0850	Tangible Property: FMV On Date of Transfer - 4	I(c)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
0860	Tangible Property: Cost Or Other Basis - 4	I(d)	12	N
0870	Tangible Property: 704(c) Allocation Method - 4	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
0890	Tangible Property: Gain Recognized - 4	I(f)	12	N
0900	Tangible Property: % Interest In Partnership - 4	I(g)	6	R
0905	"See Below" Indicator	I(g)	1	"X" or blank
0907	Statement Reference - BMF Use Only	I	6	Blank
*0910	Intangible Property: Date Of Transfer	I(a)	8	YYYYMMDD or "STMbnn" or blank
+0920	Intangible Property: Number Items Transferred	I(b)	12	N
+0930	Intangible Property: FMV On Date Of Transfer	I(c)	12	N
+0940	Intangible Property: Cost Or Other Basis	I(d)	12	N
+0950	Intangible Property: 704(c) Allocation Method	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
+0960	Intangible Property: Gain Recognized	I(f)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
+0970	Intangible Property: % Interest In Partnership	I(g)	6	R
+0975	"See Below" Indicator	I(g)	1	"X" or blank
0980	Intangible Property: Date Of Transfer - 2	I(a)	8	YYYYMMDD
0990	Intangible Property: Number Items Transferred - 2	I(b)	12	N
1000	Intangible Property: FMV On Date Of Transfer - 2	I(c)	12	N
1010	Intangible Property: Cost Or Other Basis - 2	I(d)	12	N
1020	Intangible Property: 704(c) Allocation Method - 2	I(e)	11	AN - Values "TRADITIONAL", "CURATIVE", or "REMEDIAL"
1030	Intangible Property: Gain Recognized - 2	I(f)	12	N
1040	Intangible Property: % Interest Partnership - 2	I(g)	6	R
1045	"See Below" Indicator	I(g)	1	"X" or blank
1050	Intangible Property: Date Of Transfer - 3	I(a)	8	YYYYMMDD
1060	Intangible Property: Number Items Transferred - 3	I(b)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
1070	Intangible Property: FMV On Date Of Transfer - 3	I(c)	12	N
1080	Intangible Property: Cost Or Other Basis - 3	I(d)	12	N
1090	Intangible Property: 704(c) Allocation Method - 3	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
1100	Intangible Property: Gain Recognized - 3	I(f)	12	N
1110	Intangible Property: % Interest Partnership - 3	I(g)	6	R
1115	"See Below" Indicator	I(g)	1	"X" or blank
1120	Intangible Property: Date Of Transfer - 4	I(a)	8	YYYYMMDD
1130	Intangible Property: Number Items Transferred - 4	I(b)	12	N
1140	Intangible Property: FMV On Date Of Transfer - 4	I(c)	12	N
1150	Intangible Property: Cost Or Other Basis - 4	I(d)	12	N
1160	Intangible Property: 704(c) Allocation Method - 4	I(e)	11	AN - Values "TRADITIONAL", "CURATIVE", or "REMEDIAL"
1170	Intangible Property: Gain Recognized - 4	I(f)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
1180	Intangible Property: % Interest Partnership - 4	I(g)	6	R
1185	"See Below" Indicator	I(g)	1	"X" or blank
1187	Statement Reference - BMF Use Only	I	6	Blank
*1190	Other Property: Date Of Transfer	I(a)	8	YYYYMMDD or "STMbnn" or blank
+1200	Other Property: Number Of Items Transferred	I(b)	12	N
+1210	Other Property: FMV On Date Of Transfer	I(c)	12	N
+1220	Other Property: Cost Or Other Basis	I(d)	12	N
+1230	Other Property: 704(c) Allocation Method	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
+1240	Other Property: Gain Recognized	I(f)	12	N
+1250	Other Property: % Interest In Partnership	I(g)	6	N
+1255	"See Below" Indicator	I(g)	1	"X" or blank
1260	Other Property: Date Of Transfer - 2	I(a)	8	DT
1270	Other Property: Number Of Items Transferred - 2	I(b)	12	N
1280	Other Property: FMV On Date Of Transfer - 2	I(c)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
1290	Other Property: Cost Or Other Basis - 2	I(d)	12	N
1300	Other Property: 704(c) Allocation Method - 2	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", "REMEDIAL"
1310	Other Property: Gain Recognized - 2	I(f)	12	N
1320	Other Property: % Interest In Partnership - 2	I(g)	6	N
1325	"See Below" Indicator	I(g)	1	"X" or blank
1330	Other Property: Date Of Transfer - 3	I(a)	8	YYYYMMDD
1340	Other Property: Number Of Items Transferred - 3	I(b)	12	N
1350	Other Property: FMV On Date Of Transfer - 3	I(c)	12	N
1360	Other Property: Cost Or Other Basis - 3	I(d)	12	N
1370	Other Property: 704(c) Allocation Method - 3	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
1380	Other Property: Gain Recognized - 3	I(f)	12	N
1390	Other Property: % Interest In Partnership - 3	I(g)	6	N
1395	"See Below" Indicator	I(g)	1	"X" or blank

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
1400	Other Property: Date Of Transfer - 4	I(a)	8	YYYYMMDD
1410	Other Property: Number Of Items Transferred - 4	I(b)	12	N
1420	Other Property: FMV On Date Of Transfer - 4	I(c)	12	N
1430	Other Property: Cost Or Other Basis - 4	I(d)	12	N
1440	Other Property: 704(c) Allocation Method - 4	I(e)	11	AN - Values: "TRADITIONAL", "CURATIVE", or "REMEDIAL"
1450	Other Property: Gain Recognized - 4	I(f)	12	N
1460	Other Property: % Interest In Partnership - 4	I(g)	6	N
1465	"See Below" Indicator	I(g)	1	"X" or blank
1467	Statement Reference - BMF Use Only	I	6	Blank
@1470	Supplemental Information	I	6	"STMbnn" or blank
1480	Type Of Property	II(a)	35	AN
@1485	Attach Schedule of 704(c) Property	II(a)	6	"STMbnn" or blank
1490	Date Of Original Transfer	II(b)	8	YYYYMMDD
@1495	Attach Schedule of 704(c) Transfer	II(b)	6	"STMbnn" or blank

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
1500	Date Of Disposition	II(c)	8	YYYYMMDD
1510	Manner Of Disposition	II(d)	35	AN
1520	Gain Realized By Partnership	II(e)	12	N
1530	Depreciation Recapture Recognized	II(f)	12	N
1540	Gain Allocated To Partner	II(g)	12	N
1550	Depreciation Recapture Allocated	II(h)	12	N
@1555	Attach Schedule of Calculated Amount	II(h)	6	"STMbnn" or blank
1560	Type Of Property - 2	II(a)	35	AN
@1565	Attach Schedule of 704(c) Property - 2	II(a)	6	"STMbnn" or blank
1570	Date Of Original Transfer - 2	II(b)	8	YYYYMMDD
@1575	Attach Schedule of 704(c) Transfer - 2	II(b)	6	"STMbnn" or blank
1580	Date Of Disposition	II(c)	8	YYYYMMDD
1590	Manner Of Disposition - 2	II(d)	35	AN
1600	Gain Recognized By Partnership - 2	II(e)	12	N
1610	Depreciation Recapture Recognized - 2	II(f)	12	N
1620	Gain Allocated To Partner - 2	II(g)	12	N
1630	Depreciation Recapture Allocated - 2	II(h)	12	N

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
@1635	Attach Schedule of Calculated Amount - 2	II(h)	6	"STMbnn" or blank
1640	Type Of Property - 3	II(a)	35	AN
@1645	Attach Schedule of 704(c) Property - 3	II(a)	6	"STMbnn" or blank
1650	Date Of Original Transfer - 3	II(b)	8	YYYYMMDD
@1655	Attach Schedule of 704(c) Transfer-3	II(b)	6	"STMbnn" or blank
1660	Date Of Disposition - 3	II(c)	8	YYYYMMDD
1670	Manner Of Disposition - 3	II(d)	35	AN
1680	Gain Recognized By Partnership - 3	II(e)	12	N
1690	Depreciation Recapture Recognized - 3	II(f)	12	N
1700	Gain Allocated To Partner - 3	II(g)	12	N
1710	Depreciation Recapture Allocated - 3	II(h)	12	N
@1715	Attach Schedule of Calculated Amount - 3	II(h)	6	"STMbnn" or blank
1720	Type Of Property - 4	II(a)	35	AN
@1725	Attach Schedule of 704(c) Property - 4	II(a)	6	"STMbnn" or blank
1730	Date Of Original Transfer - 4	II(b)	8	YYYYMMDD
@1735	Attach Schedule of 704(c) Transfer - 4	II(b)	6	"STMbnn" or blank
1740	Date Of Disposition - 4	II(c)	8	YYYYMMDD

SCHEDULE O (FORM 8865) Transfer of Property To A Foreign Partnership

Field No.	Identification	Form Ref.	Length	Field Description
1750	Manner Of Disposition - 4	II(d)	35	AN
1760	Gain Recognized By Partnership - 4	II(e)	12	N
1770	Depreciation Recapture Recogniized - 4	II(f)	12	N
1780	Gain Allocated To Partner - 4	II(g)	12	N
1790	Depreciation Recapture Allocated - 4	II(h)	12	N
@1795	Attach Schedule of Calculated Amount - 4	II(h)	6	"STMbnn" or blank
@1797	Part II additional Info	II	6	"STMbnn" or blank
1800	Transfer Subject To Gain - Yes	III	1	"X" or blank
1810	Transfer Subject To Gain - No	III	1	"X" or blank
@1813	Schedule Identifying Transfer	III	6	"STMbnn" or blank
@1815	Global Schedule O Statement		6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

SCHEDULE P (FORM 8865) Acquisitions, Dispositions and Changes in Interest

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1365" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"SCHbbP"
0001	Schedule Type		6	"8865bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Schedule Occurrence Number		7	N 0000001 - 0000005
0010	Identifying Number		9	N or blank
0020	Name Of Foreign Partnership		35	AN
*0030	Acquisitions Name	I(a)	35	AN or "STMbnn" or blank
+0040	Acquisitions Address	I(a)	35	AN
*+0050	Acquisitions City	I(a)	22	AN or "STMbnn"
+0060	Acquisitions State	I(a)	2	AN
+0070	Acquisitions Zip Code	I(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
+0080	Acquisitions ID Number	I(a)	9	N
+0090	Date Of Acquisition	I(b)	8	YYYYMMDD
+0100	FMV Of Interest Acquired	I(c)	12	N
+0110	Basis In Interest Acquired	I(d)	12	N

SCHEDULE P (FORM 8865) Acquisitions, Dispositions and Changes in Interest

Field No.	Identification	Form Ref.	Length	Field Description
*+0120	% Of Interest Before Acquisition	I(e)	6	R or "STMbnn"
+0125	"See Below" Ind.	I(e)	1	"X" or blank
+0130	% Of Interest After Acquisition	I(f)	6	R
+0135	"See Below" Ind.	I(f)	1	"X" or blank
0140	Acquisitions Name - 2	I(a)	35	AN or blank
0150	Acquisitions Address - 2	I(a)	35	AN or blank
0160	Acquisitions City - 2	I(a)	22	AN or blank
0170	Acquisitions State - 2	I(a)	2	AN or blank
0180	Acquisitions Zip Code - 2	I(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0190	Acquisition ID Number - 2	I(a)	9	N or blank
0200	Date Of Acquisition - 2	I(b)	8	YYYYMMDD or blank
0210	FMV Of Interest Acquired - 2	I(c)	12	N or blank
0220	Basis In Interest Acquired - 2	I(d)	12	N or blank
0230	% Of Interest Before Acquisition - 2	I(e)	6	R or blank
0235	"See Below" Ind.	I(e)	1	"X" or blank
0240	% Of Interest After Acquisition - 2	I(f)	6	R or blank
0245	"See Below" Ind.	I(f)	1	"X" or blank

SCHEDULE P (FORM 8865) Acquisitions, Dispositions and Changes in Interest

Field No.	Identification	Form Ref.	Length	Field Description
0250	Acquisition Name - 3	I(a)	35	AN or blank
0260	Acquisitions Address - 3	I(a)	35	AN or blank
0270	Acquisitions City - 3	I(a)	22	AN or blank
0280	Acquisitions State - 3	I(a)	2	AN or blank
0290	Acquisitions Zip Code - 3	I(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0300	Acquisition ID Number - 3	I(a)	9	N or blank
0310	Date Of Acquisition - 3	I(b)	8	YYYYMMDD or blank
0320	FMV Of Interest Acquired - 3	I(c)	12	N or blank
0330	Basis In Interest Acquired - 3	I(d)	12	N or blank
0340	% Of Interest Before Acquisition - 3	I(e)	6	R or blank
0345	"See Below" Ind.	I(e)	1	"X" or blank
0350	% Of Interest After Acquisition - 3	I(f)	6	R or blank
0355	"See Below" Ind.	I(f)	1	"X" or blank
0357	Statement Reference - BMF Use Only	I	6	Blank
*0360	Dispositions Name	II(a)	35	AN or "STMbnn" or blank
+0370	Dispositions Address	II(a)	35	AN
*+0380	Dispositions City	II(a)	22	AN or "STMbnn"
+0390	Dispositions State	II(a)	2	AN

SCHEDULE P (FORM 8865) Acquisitions, Dispositions and Changes in Interest

Field No.	Identification	Form Ref.	Length	Field Description
+0400	Dispositions Zip Code	II(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
+0410	Dispositions ID Number	II(a)	9	N
+0420	Date Of Disposition	II(b)	8	YYYYMMDD
+0430	FMV Of Interest Disposed	II(c)	12	N
+0440	Basis In Interest Disposed	II(d)	12	N
*+0450	% Of Interest Before Disposition	II(e)	6	R or "STMbnn"
+0455	"See Below" Ind.	II(e)	1	"X" or blank
+0460	% Of Interest After Disposition	II(f)	6	R
+0465	"See Below" Ind.	II(f)	1	"X" or blank
0470	Dispositions Name - 2	II(a)	35	AN or blank
0480	Dispositions Address - 2	II(a)	35	AN or blank
0490	Dispositions City - 2	II(a)	22	AN or blank
0500	Dispositions State - 2	II(a)	2	AN or blank
0510	Dispositions Zip Code - 2	II(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0520	Dispositions ID Number - 2	II(a)	9	N or blank
0530	Date Of Disposition - 2	II(b)	8	YYYYMMDD or blank
0540	FMV Or Interest Disposed - 2	II(c)	12	N or blank

SCHEDULE P (FORM 8865) Acquisitions, Dispositions and Changes in Interest

Field No.	Identification	Form Ref.	Length	Field Description
0550	Basis In Interest Disposed - 2	II(d)	12	N or blank
0560	% Of Interest Before Disposition - 2	II(e)	6	R or blank
0565	"See Below" Ind.	II(e)	1	"X" or blank
0570	% Of Interest After Disposition - 2	II(f)	6	R or blank
0575	"See Below" Ind.	II(f)	1	"X" or blank
0580	Dipositions Name - 3	II(a)	35	AN or blank
0590	Dispositions Address - 3	II(a)	35	AN or blank
0600	Dispositions City - 3	II(a)	22	AN or blank
0610	Dispositions State - 3	II(a)	2	AN or blank
0620	Dispositions Zip Code - 3	II(a)	12	N or nnnnnbbbbbbb or nnnnnnnnnbbb or blank
0630	Dispositions ID Number -3	II(a)	9	N or blank
0640	Date Of Disposition - 3	II(b)	8	YYYYMMDD or blank
0650	FMV Of Interest Disposed - 3	II(c)	12	N or blank
0660	Basis In Interest Disposed - 3	II(d)	12	N or blank
0670	% Of Interest Before Disposition - 3	II(e)	6	R or blank
0675	"See Below" Ind.	II(e)	1	"X" or blank
0680	% Of Interest After Disposition - 3	II(f)	6	R or blank

SCHEDULE P (FORM 8865) Acquisitions, Dispositions and Changes in Interest

Field No.	Identification	Form Ref.	Length	Field Description
0685	"See Below" Ind.	II(f)	1	"X" or blank
0687	Statement Reference - BMF Use Only	I	6	Blank
*0690	Description Of Change	III(a)	50	AN or "STMbnn" or blank
+0700	Date Of Change	III(b)	8	YYYYMMDD
+0710	FMV Of Interest Changed	III(c)	12	N
*+0720	Basis In Interest Changed	III(d)	12	N or "STMbnn"
+0730	% Of Interest Before Change	III(e)	6	R
+0735	"See Below" Ind.	III(e)	1	"X" or blank
+0740	% Of Interest After Change	III(f)	6	R
+0745	"See Below" Ind.	III(f)	1	"X" or blank
0750	Description Of Change - 2	III(a)	50	AN or blank
0760	Date Of Change	III(b)	8	YYYYMMDD or blank
0770	FMV Of Interest Changed - 2	III(c)	12	N or blank
0780	Basis In Interest Changed - 2	III(d)	12	N or blank
0790	% Of Interest Before Change - 2	III(e)	6	R or blank
0795	"See Below" Ind.	III(e)	1	"X" or blank
0800	% Of Interest After Change - 2	III(f)	6	R or blank
0805	"See Below" Ind.	III(f)	1	"X" or blank
0810	Description Of Change - 3	III(a)	50	AN or blank

SCHEDULE P (FORM 8865) Acquisitions, Dispositions and Changes in Interest

Field No.	Identification	Form Ref.	Length	Field Description
0820	Date Of Change - 3	III(b)	8	YYYYMMDD or blank
0830	FMV Of Interest Changed - 3	III(c)	12	N or blank
0840	Basis In Interest Changed - 3	III(d)	12	N or blank
0850	% Of Interest Before Change - 3	III(e)	6	R or blank
0855	"See Below" Ind.	III(e)	1	"X" or blank
0860	% Of Interest After Change - 3	III(f)	6	R or blank
0865	"See Below" Ind.	III(f)	1	"X" or blank
0867	Statement Reference - BMF Use Only	I	6	Blank
@0870	Supplemental Information	IV	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

FORM 8866 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0549" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8866bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
0010	Filing Year Beginning		8	YYYYMMDD or blank
0020	Filing Year Ending		8	YYYYMMDD or blank
0080	Identifying Number		9	NO ENTRY
0090	Type of Taxpayer: Corporation	B	1	"X" or blank
0100	Type of Taxpayer: Individual	B	1	"X" or blank
0110	Type of Taxpayer: Estate or Trust	B	1	"X" or blank
0120	Type of Taxpayer: S Corporation	B	1	"X" or blank
0130	Type of Taxpayer: Partnership	B	1	"X" or blank
0140	Name of Entity	C	35	AN or blank
@0145	Schedule of Additional Entity(s)	C	6	"STMbnn" or blank

FORM 8866 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
0150	Employer Identification Number of Entity	C	9	N or blank
0160	Year Ended-1	(a)	6	YYYYMM
0170	Taxable Income/Loss for Prior Year(s)-1	1(a)	12	N
0180	Adjustment to Taxable Income-1	2(a)	12	N
@0185	Schedule of each Separate Property-1	2(a)	6	"STMbnn" or blank
0187	Statement Reference - BMF Use Only	2(a)	6	Blank
0190	Adjusted Taxable Income for Look-Back Purposes-1	3(a)	12	N or blank
0200	Income Tax Liability on Line 3(a) Amount-1	4(a)	12	N or blank
0210	Income Tax Liability on Prior Year(s) Return-1	5(a)	12	N or blank
0220	Increase/Decrease in Prior Year(s) Tax-1	6(a)	12	N
0230	Interest Due on Increase-1	7(a)	12	N or blank
@0235	Explain Interest Comp Line 7	7(a)	6	"STMbnn" or blank
0240	Interest to be Refunded on Decrease-1	8(a)	12	N or blank
@0245	Explain Interest Comp Line 8	8(a)	6	"STMbnn" or blank
0250	Year Ended-2	(b)	6	YYYYMM or blank
0260	Taxable Income/Loss for Prior Year(s)-2	1(b)	12	N or blank

FORM 8866 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
0270	Adjustment to Taxable Income-2	2(b)	12	N or blank
@0275	Schedule of each Separate Property-2	2(b)	6	"STMbnn" or blank
0277	Statement Reference - BMF Use Only	2(b)	6	Blank
0280	Adjusted Taxable Income for Look-Back Purposes-2	3(b)	12	N or blank
0290	Income Tax Liability on Line 3(b) Amount-2	4(b)	12	N or blank
0300	Income Tax Liability on Prior Year(s) Return-2	5(b)	12	N or blank
0310	Increase/Decrease in Prior Year(s) Tax-2	6(b)	12	N or blank
0320	Interest Due on Increase-2	7(b)	12	N or blank
@0325	Explain Interest Comp Line 7-2	7(b)	6	"STMbnn" or blank
0330	Interest to be Refunded on Decrease-2	8(b)	12	N or blank
@0335	Explain Interest Comp Line 8-2	8(b)	6	"STMbnn" or blank
0340	Year Ended-3	(c)	6	YYYYMM or blank
0350	Taxable Income/Loss for Prior Year(s)-3	1(c)	12	N or blank
0360	Adjustment To Taxable Income-3	2(c)	12	N or blank
@0365	Schedule of each Separate Property-3	2(c)	6	"STMbnn" or blank
0367	Statement Reference - BMF Use Only	2(c)	6	Blank

FORM 8866 Interest Computation Under the Look-Back Method

Field No.	Identification	Form Ref.	Length	Field Description
0370	Adjusted Taxable Income For Look-Back Purposes-3	3(c)	12	N or blank
0380	Income Tax Liability on Line 3(c) Amount-3	4(c)	12	N or blank
0390	Income Tax Liability on Prior Year(s) Return-3	5(c)	12	N or blank
0400	Increase/Decrease in Prior Year(s) Tax-3	6(c)	12	N or blank
0410	Interest Due on Increase-3	7(c)	12	N or blank
@0415	Explain Interest Comp Line 7-3	7(c)	6	"STMbnn" or blank
0420	Interest to be Refunded on Decrease-3	8(c)	12	N or blank
@0425	Explain Interest Comp Line 8-3	8(c)	6	"STMbnn" or blank
0430	Total Interest Due on Increase	7(d)	12	N or blank
0440	Total Interest to be Refunded on Decrease	8(d)	12	N or blank
0450	Net Amount of Interest to be Refunded	9(d)	12	NO ENTRY
0460	Net Amount of Interest You Owe	10(d)	12	N or blank
	Record Terminus Character		1	Value "#"

FORM 8873 PAGE 1 Extraterritorial Income Exclusion

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0593" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8873bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0010	Identifying Number		9	N
0020	Election Under Section 942(a)(3)	1	1	"X" or blank
@0025	Attachment Election Under Section 942(a)(3)	1	6	"STMbnn" or blank
0030	Election Extraterritorial Income Exclusion FSC	2	1	"X" or blank
@0035	Attachment Election Extraterritorial Exclusion FSC	2	6	"STMbnn" or blank
0040	Election Foreign Corp Treated as Domestic	3	1	"X" or blank
@0045	Attachment Exception Old Earnings and Profits	3	6	"STMbnn" or blank
0050	Excepted Foreign Economic Process Yes Box	4a	1	"X" or blank

FORM 8873 PAGE 1 Extraterritorial Income Exclusion

Field No.	Identification	Form Ref.	Length	Field Description
0055	Excepted Foreign Economic Process No Box	4a	1	"X" or blank
0060	50% Foreign Direct Cost Test	4b(1)	1	"X" or blank
0065	85% Foreign Direct Cost Test	4b(2)	1	"X" or blank
0070	Business Activity Code	5a	6	N
0075	Product or Product Line	5b	50	AN
0080	Aggregate on Form 8873	5c(1)(a)	1	"X" or blank
0085	Aggregate on Tabular Schedule	5c(1)(b)	1	"X" or blank
@0090	Attachment to Tabular Schedule	5c(1)(b)	6	"STMbnn" or blank
0095	Tabular Schedule of Transactions	5c(1)(c)	1	"X" or blank
@0100	Attachment to Schedule of Transactions	5c(1)(c)	6	"STMbnn" or blank
0110	Group of Transactions	5c(2)	1	"X" or blank
@0115	Attachment to Group of Transactions	5c(2)	6	"STMbnn" or blank
0120	Foreign Trade Income Sale Foreign Trade Property	6(a)	12	N
0130	Foreign Sale and Leasing Income Amount Outside US	7(b)	12	N
0140	Foreign Trade Income Lease Outside US	8(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0150	Foreigh Sale and Leasing Income Lease Outside US	8(b)	12	N
0160	Foreign Trade Income Sale Services	9(a)	12	N
0170	Foreign Sale and Leasing Income Service Outside US	10(b)	12	N
0180	Foreign Trade Income Lease Services	11(a)	12	N
0190	Foreign Sales and Leasing Income Lease Services	11(b)	12	N
0200	Foreign Trade Income Construction Services	12(a)	12	N
0210	Foreign Trade Income Managerial Services	13(a)	12	N
0220	Amount from Column (a)	14b	12	N
0230	Foreign Trading gross Receipts	15a	12	N
0240	Total of Column (b)	16b	12	N
0250	Inventory Begining of Year Trade	17a(a)	12	N
0260	Inventory Begining of Year Sale and Lease	17a(b)	12	N
0270	Purchase Trade	17b(a)	12	N
0280	Purchase Sale and Lease	17b(b)	12	N
0290	Cost of Labor Trade	17c(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0300	Cost of Labor Sale and Lease	17c(b)	12	N
0310	Additional Section 263A Costs Trade	17d(a)	12	N
0320	Additional Section 263A Costs Sale and Lease	17d(b)	12	N
@0325	Attachment to Section 263A Costs	17d	6	"STMbnn" or blank
0330	Other Costs Trade	17e(a)	12	N
0340	Other Costs Sale and Lease	17e(b)	12	N
@0345	Attchment Other Costs	17e	6	"STMbnn" or blank
0350	Total Trade	17f(a)	12	N
0360	Total Sale and Lease	17f(b)	12	N
0370	End of Year Inventory Trade	17g(a)	12	N
0380	End of Year Inventory Sale and Lease	17g(b)	12	N
0390	Subtract End of Year Inventory Trade	17h(a)	12	N
0400	Subtract End of Year Inventory Sale and Lease	17h(b)	12	N
0410	Subtract Line 17h from Line 15 Column (a)	18(a)	12	N
0420	Subtract Line 17h from Line 16 Column (b)	18(b)	12	N
0430	Other Expenses and Deductions Trade	19(a)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0440	other Expenses and Deductions Sale and Lease	19(b)	12	N
@0445	Attachment for Other Expenses and Deductions	19	6	"STMbnn" or blank
0450	Foreign Trade Income	20(a)	12	N
0460	Foreign Sale and Leasing Income	21(b)	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0451" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0470	Record ID		6	"FRMbbb"
0471	Form Number		6	"8873bb"
0472	Page Number		5	"PG02b"
0473	Taxpayer Identification Number		9	N (Primary SSN)
0474	Filler		1	blank
0475	Form Occurrence Number		7	N 0000001 - 0000010
0480	Foreign Trading Gross Receipts	22	12	N
0490	Cost of Direct Material	23a	12	N
0500	Cost of Direct Labor	23b	12	N
0510	Total Lines 23a and 23b	23c	12	N
0520	Subtract from Foreign Trading Gross Receipts	24	12	N
0530	Worldwide Gross Receipts	25	12	N
0540	Cost of Goods Sold	26a	12	N
0550	Expenses Attributable to Gross Income	26b	12	N
0560	Total Lines 26a and 26b	26c	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0570	Subtract from Worldwide Gross Receipts	27	12	N
0580	Overall Profit Percentage	28	6	R
0590	overall Profit Percentage Limitation	29	12	N
0600	Foreign Trade Income Using Marginal Costing	30	12	N
0610	15% of Foreign Trade Income	31	12	N
0620	Foreign Trade Income Using Full Costing	32	12	N
0630	Foreign Trade Income	33	12	N
0640	1.2% Foreign Trading Gross Receipts	34	12	N
0650	30% Foreign Trading Income Using Marginal Costing	35	12	N
0660	Foreign Trading Gross Receipts Method	36	12	N
0670	Foreign Trade Income	37	12	N
0680	15% Foreign Trade Income	38	12	N
0690	Foreign Trading Gross Receipts	39	12	N
0700	1.2% Foreign Trading Gross	40	12	N
0710	Multiply 15% Foreign Trade Income by 2.0	41	12	N

FORM 8873 PAGE 2 Extraterritorial Income Exclusion

Field No.	Identification	Form Ref.	Length	Field Description
0720	Smaller of Line 40 or 41	42	12	N
0730	Foreign Sale and Leasing Income	43	12	N
0740	30% of Foreign Sale and Leasing Income	44	12	N
0750	Greatest Amount from Line 33, 36, 38, 42 or 44	45	12	N
0760	Divide Line 45 by Line 43 or Line 37	46	6	R
0770	Enter Amount from Line 19	47	12	N
0780	Multiply Line 46 by 47	48	12	N
0790	Total Lines 45 and 48	49	12	N
0800	Reduction for Boycott Bribes Kickbacks	50	12	N
0810	Qualifying Foreign Trade Income	51	12	N
0820	Extraterritorial Income Exclusion Deduction	52	12	N
	Record Terminus Character		1	Value "#"

FORM 8874 New Markets Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0559" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8874bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
*0020	CDE Name-1	1(a)	35	AN or "STMbnn"
+0030	CDE Street Address-1	1(a)	35	AN
*+0040	CDE City-1	1(a)	22	AN or "STMbnn"
+0050	CDE State-1	1(a)	2	A
+0060	CDE Zip Code-1	1(a)	12	N (left-justified)
+0070	CDE ID Number-1	1(b)	9	N
+0080	Date of Initial Investment-1	1(c)	8	DT
+0090	Equity Investment Amount-1	1(d)	12	N
+0095	Credit Rate-1	1(e)	6	R
*+0100	Credit-1	1(f)	12	N or "STMbnn" or Blank
0110	CDE Name-2	1(a)	35	AN
0120	CDE Street Address-2	1(a)	35	AN
0130	CDE City-2	1(a)	22	AN

Field No.	Identification	Form Ref.	Length	Field Description
0140	CDE State-2	1(a)	2	A or blank
0150	CDE Zip Code-2	1(a)	12	N (left-justified) or blank
0160	CDE ID Number-2	1(b)	9	N or blank
0170	Date of Initial Investment-2	1(c)	8	DT or blank
0180	Equity Investment Amount-2	1(d)	12	N
0185	Credit Rate-2	1(e)	6	R
0190	Credit-2	1(f)	12	N
0200	CDE Name-3	1(a)	35	AN
0210	CDE Street Address-3	1(a)	35	AN
0220	CDE City-3	1(a)	22	AN
0230	CDE State-3	1(a)	2	A or blank
0240	CDE Zip Code-3	1(a)	12	N (left-justified) or blank
0250	CDE ID Number-3	1(b)	9	N or blank
0260	Date of Initial Investment-3	1(c)	8	DT or blank
0270	Equity Investment Amount-3	1(d)	12	N
0275	Credit Rate-3	1(e)	6	R
0280	Credit-3	1(f)	12	N
0305	Statement Reference - BMF Use Only	1	6	Blank
0320	Total Credit Amount More than 3 CDEs	1	12	N
0340	New Market Credits from Partnerships and S Corp	2	12	N

FORM 8874 New Markets Credit

Field No.	Identification	Form Ref.	Length	Field Description
0345	Statement Reference - BMF Use Only	2	6	Blank
0360	Add Line 1 (column f) and Line 2	3	12	N
	Record Terminus Character		1	Value "#"

FORM 8880 Credit for Qualified Retirement Savings Contr ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0277" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8880bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Primary T/P Roth IRA for 2008	1a	12	N |
0020	Secondary T/P Roth IRA for 2008	1b	12	N |
0030	Primary T/P Contributions	2a	12	N
0040	Secondary T/P Contributions	2b	12	N
0050	Add Lines 1 and 2 Column (a)	3a	12	N
0060	Add Lines 1 and 2 Column (b)	3b	12	N
0070	Primary T/P Taxable Distributions	4a	12	N
0080	Secondary T/P Taxable Distributions	4b	12	N
0090	Subtract Line 4 from 3 Column (a)	5a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0100	Subtract Line 4 from 3 Column (b)	5b	12	N
0110	Primary T/P Smaller of line 5 or $2000	6a	12	N
0120	Secondary T/P Smaller of line 5 or $2000	6b	12	N
0130	Total line 6a and 6b	7	12	N
0140	Adjusted Gross Income From 1040/ 1040A	8	12	N
0150	Decimal Amount	9	6	N
0160	Multiply line 7 by line 9	10	12	N
0170	Tax from 1040/1040A	11	12	N
0180	Credits from 1040/ 1040A	12	12	N
0190	Subtract line 12 from line 11	13	12	N
0200	Credit for Qualified Retirement Savings	14	12	N
	Record Terminus Character		1	Value "#"

FORM 8881 Credit for Small Employer Pension Plan Startup

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0118" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8881bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified Startup Costs Incurred	1	12	N
0030	Half of Startup Costs	2	12	N
@0035	Group Credit Division Schedule	2	6	"STMbnn" or blank
0040	Credit from Partnerships and S Corp	3	12	N
0050	Add Lines 2 and 3	4	12	N
0060	Smaller of Line 4 or $500	5	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0172" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8882bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified Child care Facility Expenditures	1	12	N
0030	25% of Facility Expenditures	2	12	N
0040	Qualified Child Care Resource Expenditures	3	12	N
0050	10% of Resource Expenditures	4	12	N
0060	Credit from Partnerships and S Corp	5	12	N
0065	Statement Reference - BMF Use Only	1	6	Blank
0070	Add Lines 2, 4 and 5	6	12	N
0090	Smaller of Line 6 or $150,000	7	12	N

FORM 8882 Credit for Employer-Provided Child Care

Field No.	Identification	Form Ref.	Length	Field Description
@0100	How Group Credit Divided Statement	7	6	"STMbnn" or blank
0150	Amount Allocated to Beneficiaries	8	12	NO ENTRY
0160	Subtract Line 8 from Line 7	9	12	NO ENTRY
	Record Terminus Character		1	Value "#"

FORM 8885 Health Insurance Credit for Eligible Recipients

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0112" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8885bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	0000001 - 0000002
0020	SSN of Recipient		9	N
0035	January Box	1	1	"X" or blank
0045	February Box	1	1	"X" or blank
0055	March Box	1	1	"X" or blank
0065	April Box	1	1	"X" or blank
0075	May Box	1	1	"X" or blank
0085	June Box	1	1	"X" or blank
0095	July Box	1	1	"X" or blank
0105	August Box	1	1	"X" or blank
0115	September Box	1	1	"X" or blank
0125	October Box	1	1	"X" or blank
0135	November Box	1	1	"X" or blank
0145	December Box	1	1	"X" or blank
0190	Amount Paid for Health Insurance	2	12	N

FORM 8885 Health Insurance Credit for Eligible Recipients

Field No.	Identification	Form Ref.	Length	Field Description
0200	Total MSA & Health Savings Account Distributions	3	12	N
0210	Subtract Line 3 from Line 2	4	12	N
0250	Health Coverage Tax Credit	5	12	N
	Record Terminus Character		1	Value "#"

FORM 8886 PAGE 1 Reportable Transaction Disclosure Statement

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0620" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8886bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000010
0010	Identifying Number		9	NO ENTRY
0011	Statement Number	A	4	N
0012	Total Statement Number	A	4	N
0013	Tax Form Number	B	6	AN, allowable special character is hyphen (-)
0015	Tax Year	B	6	DT (YYYYMM)
0016	Amended Return Box - Yes	B	1	"X" or blank
0017	Amended Return Box - No	B	1	"X" or blank
0018	Initial Year Filer Indicator	C	1	"X" or blank
0020	Protective Disclosure Indicator	C	1	"X" or blank
*0030	Transaction Name	1a	35	AN or "STMbnn"
+0038	Initial Year participated	1b	4	DT (YYYY)

FORM 8886 PAGE 1 Reportable Transaction Disclosure Statement

Field No.	Identification	Form Ref.	Length	Field Description
0039	Reserved for BMF Use	1c	6	NO ENTRY
*+0040	Registration Number 1	1c	11	AN or blank
+0042	Registration Number 2	1c	11	AN or blank
+0044	Registration Number 3	1c	11	AN or blank
+0046	Registration Number 4	1c	11	AN or blank
+0048	Registration Number 5	1c	11	AN or blank
0050	Reserved for BMF Use	1c	6	NO ENTRY
0100	Listed Transaction	2a	1	"X" or blank
0110	Confidential	2b	1	"X" or blank
0120	Contractual Protection	2c	1	"X" or blank
0130	Loss	2d	1	"X" or blank
0150	Brief Asset Holding Period	2e	1	"X" or blank
0160	Transaction of Interest	2f	1	"X" or blank
0200	Published Guidance Number	3	35	N or blank
0205	Reserved for BMF Use	3	6	NO ENTRY
0220	Number of Transactions on Form	4	3	N
*0230	Partnership Box 1	5a	6	"X" or "STMbnn" or blank
+0240	S Corp Box 1	5a	1	"X" or blank
+0250	Trust Box 1	5a	1	"X" or blank
+0260	Foreign Box 1	5a	1	"X" or blank

FORM 8886 PAGE 1 Reportable Transaction Disclosure Statement

Field No.	Identification	Form Ref.	Length	Field Description
+0270	Name 1	5b	35	AN or blank
+0280	EIN 1	5c	9	N or blank
+0290	Date K-1 Received 1	5d	8	N or blank
0300	Partnership Box 2	5a	6	"X" or blank
0310	S Corp Box 2	5a	1	"X" or blank
0320	Trust Box 2	5a	1	"X" or blank
0330	Foreign Box 2	5a	1	"X" or blank
0340	Name 2	5b	35	AN or blank
0350	EIN 2	5c	9	N or blank
0360	Date K-1 Received 2	5d	8	N or blank
0365	Reserved for BMF Use	5	6	NO ENTRY
*0370	Fee Paid Name 1	6a	35	AN or "STMbnn" or blank
+0380	Fee Paid ID Number 1	6a	9	N or blank
+0390	Fee Paid Amount 1	6a	12	N or blank
*+0400	Fee Paid Street Address 1	6a	35	AN or "STMbnn" or blank
+0410	Fee Paid City 1	6a	22	A or blank
+0420	Fee Paid State 1	6a	2	A (Standard Postal State Abbreviation) or blank
+0430	Fee paid Zip Code 1	6a	12	N (Left Justified) or blank
0440	Fee Paid Name 2	6b	35	AN or blank
0450	Fee Paid ID Number 2	6b	9	N or blank
0460	Fee Paid Amount 2	6b	12	N or blank
0470	Fee Paid Street Address 2	6b	35	AN or blank

FORM 8886 PAGE 1 Reportable Transaction Disclosure Statement

Field No.	Identification	Form Ref.	Length	Field Description
0480	Fee Paid City 2	6b	22	A or blank
0490	Fee Paid State 2	6b	2	A (Standard Postal State Abbreviation) or blank
0500	Fee Paid Zip Code 2	6b	12	N (Left Justified) or blank
0505	Reserved for BMF Use	6b	6	NO ENTRY
	Record Terminus Character		1	Value "#"

FORM 8886 PAGE 2 Reportable Transaction Disclosure

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1530" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0600	Record ID		6	"FRMbbb"
0601	Form Number		6	"8886bb"
0602	Page Number		5	"PG02b"
0603	Taxpayer Identification Number		9	N (Primary SSN)
0604	Filler		1	blank
0605	Form Occurrence Number		7	N 0000010
0610	Deduction Box	7a	1	"X" or blank
0620	Capital Loss Box	7a	1	"X" or blank
0630	Ordinary Loss Box	7a	1	"X" or blank
0640	Exclusion from Gross Income Box	7a	1	"X" or blank
0650	Nonrecognition of Gain Box	7a	1	"X" or blank
0660	Adjustments to Basis Box	7a	1	"X" or blank
0670	Tax Credits Box	7a	1	"X" or blank
0680	Deferral Box	7a	1	"X" or blank
0690	Absence of Adjustments Box	7a	1	"X" or blank
0700	Other Box	7a	1	"X" or blank
0701	Description of Other	7a	35	AN or blank
*0710	Description of Facts 1	7b	70	AN or "STMbnn" or blank

FORM 8886 PAGE 2 Reportable Transaction Disclosure

Field No.	Identification	Form Ref.	Length	Field Description
0720	Description of Facts 1	7b	70	AN or blank |
0730	Description of Facts 1	7b	70	AN or blank |
0740	Description of Facts 1	7b	70	AN or blank |
0750	Description of Facts 1	7b	70	AN or blank |
0760	Description of Facts 1	7b	70	AN or blank |
0770	Description of Facts 1	7b	70	AN or blank |
0775	Reserved for BMF Use	7b	6	NO ENTRY
*0780	Tax-exempt Box 1	8a	6	"X" or "STMbnn" or blank
+0790	Foreign Box 1	8a	1	"X" or blank
+0800	Related Box 1	8a	1	"X" or blank
+0810	Transaction Name 1	8a	35	AN or blank
+0820	Transaction ID Number 1	8a	9	N or blank
*+0830	Transaction Street Address 1	8a	35	AN or "STMbnn" or blank
+0840	Transaction City 1	8a	22	A or blank
+0850	Transaction State 1	8a	2	A (Standard Postal State Abbreviation) or blank
+0860	Transaction Zip Code 1	8a	12	N (Left Justified) or blank
*+0870	Transaction Description 1	8a	70	AN or "STMbnn" or blank
0880	Transaction Description 1	8a	70	AN or blank |

FORM 8886 PAGE 2 Reportable Transaction Disclosure

Field No.	Identification	Form Ref.	Length	Field Description
0890	Transaction Description 1	8a	70	AN or blank |
0900	Transaction Description 1	8a	70	AN or blank |
0910	Transaction Description 1	8a	70	AN or blank |
0920	Tax-exempt Box 2	8b	6	"X" or blank
0930	Foreign Box 2	8b	1	"X" or blank
0940	Related Box 2	8b	1	"X" or blank
0950	Transaction Name 2	8b	35	AN or blank
0960	Transaction ID Number 2	8b	9	N or blank
0970	Transaction Street Address 2	8b	35	AN or blank
0980	Transaction City 2	8b	22	A or blank
0990	Transaction State 2	8b	2	A (Standard Postal State Abbreviation) or blank
1000	Transaction Zip Code 2	8b	12	N (Left Justified) or blank
1010	Transaction Description 2	8b	70	AN or blank
1020	Transaction Description 2	8b	70	AN or blank |
1030	Transaction Description 2	8b	70	AN or blank |
1040	Transaction Description 2	8b	70	AN or blank |
1045	Transaction Description 2	8b	70	AN or blank |
	Record Terminus Character		1	Value "#"

FORM 8888 Direct Deposit of Refund

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0177" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8888bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Amount to be Deposited in First Account	1a	12	N
0020	Routing Transit Number	1b	9	N
0030	Checking Account Indicator	1c	1	"X" or blank
0040	Savings Account Indicator	1c	1	"X" or blank
0060	Depositor Account Number	1d	17	AN (includes hyphens or blank)
0070	Amount to be Deposited in Second Account	2a	12	N or blank
0080	Routing Transit Number	2b	9	N or blank
0090	Checking Account Indicator	2c	1	"X" or blank
0100	Savings Account Indicator	2c	1	"X" or blank

FORM 8888 Direct Deposit of Refund

Field No.	Identification	Form Ref.	Length	Field Description
0120	Depositor Account Number	2d	17	AN (includes hyphens or blank)
0130	Amount to be Deposited in Third Account	3a	12	N or blank
0140	Routing Transit Number	3b	9	N or blank
0150	Checking Account Indicator	3c	1	"X" or blank
0160	Savings Account Indicator	3c	1	"X" or blank
0180	Depositor Account Number	3d	17	AN (includes hyphens or blank)
0190	Total Amount to be Directly Deposited	4	12	N
0200	Two Account Indicator Box		1	"X" or blank
0300	Three Account Indicator Box		1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 8889 PAGE 1 Health Savings Accounts (HSAs)

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0271" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8889bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	SSN of HSA Account Beneficiary		9	N
0015	Self-only Coverage under a High Deductible	1	1	"X" or blank
0025	Family Coverage under a High Deductible	1	1	"X" or blank
0035	HSA Contributions	2	12	N
0045	Family Coverage	3	12	N
0055	Amount Contributed to Archer MSAs	4	12	N
0065	Subtract Line 4 from Line 3	5	12	N
0075	HSAs Family Coverage	6	12	N
0085	Additional Contributions	7	12	N
0095	Add Lines 6 and 7	8	12	N

FORM 8889 PAGE 1 Health Savings Accounts (HSAs)

Field No.	Identification	Form Ref.	Length	Field Description
0105	Employer Contributions	9	12	N
0115	Qualified HSA Funding	10	12	N
0125	Add Lines 9 and 10	11	12	N
0130	Subtract Line 11 from Line 8	12	12	N
0135	HSA Deductions	13	12	N
0145	Total HSA Distributions	14a	12	N
0155	Rollover Contributions	14b	12	N
0165	Subtract Line 14b from Line 14a	14c	12	N
0170	Unreimbursed Qualified Medical Expenses	15	12	N
0175	Taxable HSA Distributions	16	12	N
0185	Exceptions to Additional 10% Tax	17a	1	"X" or blank
0195	Additional 10% Tax	17b	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0103" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0205	Record ID		6	"FRMbbb"
0206	Form Number		6	"8889bb"
0207	Page Number		5	"PG02b"
0208	Taxpayer Identification Number		9	N (Primary SSN)
0209	Filler		1	blank
0210	Form Occurrence Number		7	N 0000001 - 0000002
0220	Qualified HSA Distribution	18	12	N
0230	Last Month Rule	19	12	N
0240	Qualified HSA Funding Distribution	20	12	N
0250	Total Income	21	12	N
0260	Additional Tax	22	12	N
	Record Terminus Character		1	Value "#"

FORM 8891 U.S. Information Return for Beneficiaries of ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0487" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8891bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (SSN or ITIN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000010
0010	SSN or ITIN		9	N, (Social Security Number, or Individual Taxpayer Identification Number)
0020	Plan Custodian Name	1	70	AN
0030	Plan Account Number	2	30	AN
0035	Plan Custodian Street Name Line 2	3	35	AN, ("in care of" addressee, or first line of the address if more than one line is needed) Allowable special characters are: space, ampersand, slash, hyphen, comma, and percent
0040	Plan Custodian Street Address	3	35	AN, Allowable special characters are: space, ampersand, slash, comma, and hyphen
0050	Plan Custodian City	3	22	AN, Allowable special characters are: space, slash, and hyphen

FORM 8891 U.S. Information Return for Beneficiaries of ...

Field No.	Identification	Form Ref.	Length	Field Description
0060	Plan Custodian State Abbreviation	3	2	A (Standard Postal State Abbreviations)
0070	Plan Custodian Zip Code	3	12	N (left-justified)
0080	Plan Custodian Foreign State or Province	3	35	A, Allowable special character is space
0090	Plan Custodian Foreign Postal Code	3	20	AN, Allowable special character is space
0100	Plan Custodian Foreign Country	3	35	A, Allowable special character is space
0110	Registered Retirement Savings Plan Box	4	1	"X" or blank
0120	Registered Retirement Income Fund Box	4	1	"X" or blank
0130	Beneficiary Plan Status Box	5	1	"X" or blank
0140	Annuitant Plan Status Box	5	1	"X" or blank
0150	Previous U.S. Tax Deferral Elect "Yes" Box	6a	1	"X" or blank
0160	Previous U.S. Tax Deferral Elect "No" Box	6a	1	"X" or blank
0170	First Year U.S. Tax Deferral Elect	6b	4	"nnnn" or blank
0180	U.S. Tax Deferral New Elect Box	6c	1	"X" or blank
0190	Current Year Plan Distributions	7a	12	N

FORM 8891 U.S. Information Return for Beneficiaries of ...

Field No.	Identification	Form Ref.	Length	Field Description
0200	Current Year Plan Taxable Distributions	7b	12	N
0210	Year End Plan Balance	8	12	N
0220	Current Year Plan Contributions	9	12	N
0230	Current Year Undistributed Interest	10a	12	N
0240	Current Year Undistributed Ordinary Dividends	10b	12	N
0250	Current Year Undistributed Qualified Dividends	10c	12	N
0260	Current Year Undistributed Capital Gains	10d	12	N
*0270	Current Year Undistrib Other Income List Statement	10e	20	AN, "STMbnn" or blank
+0280	Current Year Undistrib Other Income Total Amount	10e	12	N
	Record Terminus Character		1	Value "#"

FORM 8896 Low Sulfur Diesel Fuel Production Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0166" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8896bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Low Sulfur Diesel Fuel Gallons	1	6	N
0030	Fuel times Rate	2	12	N
0040	Qualified Costs Limitation	3	12	N
0050	Prior Years Allowable Credit	4	12	N
0060	Qualified Capital Costs minus Pr Yr Credit	5	12	N
0070	Tentative Credit	6	12	N
0080	Credit from Pass-Through Entities	7	12	N
0090	Current Year Credit	8	12	N
0200	Allocated to Patrons	9	12	NO ENTRY
0210	Cooperative Current Year Credit	10	12	NO ENTRY
	Record Terminus Character		1	Value "#"

FORM 8900 Qualified Railroad Track Maintenance Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0290" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8900bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified RR Track Expenditures	1	12	N
0030	50% of Above	2	12	N
0040	Miles RR Track Owned or Leased by You	3a	6	N or blank
0050	Total Miles RR Track Assigned to Other Taxpayers	3b	6	N or blank
*0055	Assignee Name	3b	35	AN, "STMbnn", or blank
+0057	Assignee Miles	3b	6	N or blank
0060	Total Miles RR Track Assigned to You	3c	6	N or blank
*0065	Assignor Name	3c	35	AN, "STMbnn", or blank
+0067	Assignor Miles	3c	6	N or blank
0070	Total Miles RR Track	3d	6	N

FORM 8900 Qualified Railroad Track Maintenance Credit

Field No.	Identification	Form Ref.	Length	Field Description
0080	Multiply Total Miles by $3500	4	12	N
0090	Credit from Qualified Track Maintained	5	12	N
0100	Credit from Pass-Through Entities	6	12	N
0110	Add Lines 5 and 6	7	12	N ||
0120	QLFY Credit included on Line 7	8	12	N ||
0130	Subtract Line 8 from Line 7	9	12	N ||
0140	QLFY Credit from Passive Activities	10	12	N ||
0150	Carryback of QLFY Credit	11	12	N ||
0160	Add Lines 9 through 11	12	12	N ||
	Record Terminus Character		1	Value "#"

FORM 8901 Information on Qualifying Children Who Are Not Dep

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0239" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8901bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
*0010	Child First Name-1	(a)	10	AN (first name, blank) or "STMbnn"
+0020	Child Last Name-1	(a)	15	AN (last name, blank)
+0030	Child Name Control-1	(a)	4	First 4 significant characters of child's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
+0040	Child's SSN-1	(b)	9	N or blank
+0050	Relationship-1	(c)	11	Values: "CHILD", "FOSTERCHILD", "GRANDCHILD", "BROTHER", "SISTER", "NEPHEW", "NIECE", "SON", "DAUGHTER"
0060	Child First Name-2	(a)	10	AN (first name, blank)
0070	Child Last Name-2	(a)	15	'See 1st Occ.'
0080	Child Name Control-2	(a)	4	'See 1st Occ.'

FORM 8901 Information on Qualifying Children Who Are Not Dep

Field No.	Identification	Form Ref.	Length	Field Description
0090	Child's SSN-2	(b)	9	'See 1st Occ.'
0100	Relationship-2	(c)	11	'See 1st Occ.'
0110	Child First Name-3	(a)	10	'See 1st Occ.'
0120	Child Last Name-3	(a)	15	'See 1st Occ.'
0130	Child Name Control-3	(a)	4	'See 1st Occ.'
0140	Child's SSN-3	(b)	9	'See 1st Occ.'
0150	Relationship-3	(c)	11	'See 1st Occ.'
0160	Child First Name-4	(a)	10	'See 1st Occ.'
0170	Child Last Name-4	(a)	15	'See 1st Occ.'
0180	Child Name Control-4	(a)	4	'See 1st Occ.'
0190	Child's SSN-4	(b)	9	'See 1st Occ.'
0200	Relationship-4	(c)	11	'See 1st Occ.'
	Record Terminus Character		1	Value "#"

FORM 8903 Domestic Production Activities Deduction

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0319" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8903bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Domestic Production Gross Receipts	1	12	N
0020	Allocable Cost of Goods Sold	2	12	N
0030	Directly Allocable Deductions etc	3	12	N
0040	Deductions or Losses from Sm Bus Simplified Method	4	12	N
0050	Total Allocable Deductions etc	5	12	N
0060	QPA Net Income from Receipts	6	12	N
0070	QPA Income from Pass-Through	7	12	N
0080	Add Lines 6 and 7	8	12	N
0090	Amt Allocated to Beneficiaries	9	12	N
0100	QPA Income	10	12	N

FORM 8903 Domestic Production Activities Deduction

Field No.	Identification	Form Ref.	Length	Field Description
0110	Income Limitation	11	12	N
0120	Enter the Smaller of Line 10 or Line 11	12	12	N
0130	Enter 6% of Line 12	13	12	N
0140	Form W-2 Wages	14	12	N
0150	Form W-2 Wages from S-Corp, Este and Trst	15	12	N
0160	Add Lines 14 and 15	16	12	N
0170	Amt Allocated to Beneficiaries	17	12	N
0180	Enter Amount from Line 16	18	12	N
0190	Form W-2 Wage Limitation	19	12	N
0200	Enter the Smaller of Line 13 or Line 19	20	12	N
0210	DPA Deduction from Cooperatives	21	12	N
0220	Expanded Affiliated Group Allocation	22	12	N
0230	Domestic Production Activities Deduction	23	12	N
	Record Terminus Character		1	Value "#"

FORM 8906 Distilled Spirits Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0100" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8906bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Cases of Distilled Spirits	1	12	N
0030	Credit from Cases Purchased or Stored	3	12	N
0040	Credit from Pass-Through Entities	4	12	N
0050	Current Year Credit	5	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0326" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8907bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0030	Date Facility Placed in Service	1	8	YYYYMMDD
0110	BOEs - Coke	2(a)	10	N or blank
0125	BOEs - Coke After 12/31	2(b)	10	NO ENTRY
0140	Infl Adj Factor Product - Coke	3(a)	6	R or blank
0155	Infl Adj Factor Product - Coke After 12/31	3(b)	6	R or blank
0170	Inflation Adjusted Credit - Coke	4(a)	12	N
0185	Inflation Adjusted Credit - Coke After 12/31	4(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0250	Credit Net of Phaseout - Total	5	12	N
0300	Govt Monies and Subs Financing Reduction	6a	12	N
0310	Total Additions to Capital Account	6b	12	N
0320	Ratio of Subsidies to Cap Acct Additions	6c	6	R or blank
0330	Subsidies Reduction to Credit	6d	12	N
0340	Credit Net of Subsidies Reduction	7	12	N
0400	Reduction Due to Energy Credit	8a	12	N
0410	Recaptured Portion	8b	12	N
0420	Unrecaptured Portion	8c	12	N
0430	Credit Net of Energy Credit Reduction	9	12	N
0500	Reduction Due to Form 8830 Credit	10a	12	N
0510	Recaptured Portion	10b	12	N
0520	Unrecaptured Portion	10c	12	N
0530	Credit Net of Form 8830 Credit	11	12	N
0600	Credit from Pass-Through Entities	12	12	N

FORM 8907 Nonconventional Source Fuel Credit

Field No.	Identification	Form Ref.	Length	Field Description
0620	Current Year Credit	13	12	N |
0630	Allocated to Beneficiaries	14	12	NO ENTRY |
0640	Estate and Trust Current Year Credit	15	12	NO ENTRY |
	Record Terminus Character		1	Value "#"

FORM 8908 Energy Efficient Home Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0112" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8908bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Qualified 50% Standard Homes	1a	6	N or blank
0030	Credit for 50% Standard Homes	1b	12	N
0040	Qualified 30% Standard Homes	2a	6	N or blank
0050	Credit for 30% standard Homes	2b	12	N
0060	Credit from Pass-Through Entities	3	12	N
0070	Current Year Credit	4	12	N
	Record Terminus Character		1	Value "#"

FORM 8909 Energy Efficient Appliance Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0688" for Fixed; "nnnn" for variable format ‖
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8909bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Number of Dishwashers Produced	1a	12	N
0030	Number of Dishwashers Produced	1b	12	N ‖
0040	Number of Dishwashers Produced 2 Years Prior	2a	12	N ‖
0050	Number of Dishwashers Produced 2 Years Prior	2b	12	N ‖
0060	Subtract Line 2a from Line 1a	3a	12	N
0070	Subtract Line 2b from Line 1b	3b	12	N
0080	Multiply Line 3a by Line 4a	5a	12	N
0090	Multiply Line 3b by Line 4b	5b	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0100	Add Amts on Line 5 Columns a and b	6	12	N
0105	Number of Type A Clothes Washers Produced	7a	12	N
0115	Number of Type B Clothes Washers Produced	7b	12	N
0125	Number of Type C Clothes Washers Produced	7c	12	N
0135	Number of Type D Clothes Washers Produced	7d	12	N
0145	Num of Type A Clothes Washers Produced 2 Yrs Prior	8a	12	N
0155	Num of Type B Clothes Washers Produced 2 Yrs Prior	8b	12	N
0165	Num of Type C Clothes Washers Produced 2 Yrs Prior	8c	12	N
0175	Num of Type D Clothes Washers Produced 2 Yrs Prior	8d	12	N
0185	Subtract Line 8a from Line 7a	9a	12	N
0195	Subtract Line 8b from Line 7b	9b	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0205	Subtract Line 8c from Line 7c	9c	12	N
0215	Subtract Line 8d from Line 7d	9d	12	N
0218	Multiply Line 9a by Line 10a	11a	12	N
0220	Multiply Line 9b by Line 10b	11b	12	N
0230	Multiply Line 9c by Line 10c	11c	12	N
0235	Multiply Line 9d by Line 10d	11d	12	N
0240	Add Amts on Line 11 Columns a thru d	12	12	N
0245	Number of Type A Refrigerators Produced	13a	12	N
0255	Number of Type B Refrigerators Produced	13b	12	N
0265	Number of Type C Refrigerators Produced	13c	12	N
0275	Number of Type D Refrigerators Produced	13d	12	N
0285	Num of Type A Refrigerators Produced 2 Yrs Prior	14a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0295	Num of Type B Refrigerators Produced 2 Yrs Prior	14b	12	N
0305	Num of Type C Refrigerators Produced 2 Yrs Prior	14c	12	N
0315	Num of Type D Refrigerators Produced 2 Yrs Prior	14d	12	N
0318	Subtract Line 14a from Line 13a	15a	12	N
0320	Subtract Line 14b from Line 13b	15b	12	N
0322	Subtract Line 14c from Line 13c	15c	12	N
0324	Subtract Line 14d from Line 13d	15d	12	N
0325	Mutiply Line 15a by Line 16a	17a	12	N
0335	Mutiply Line 15b by Line 16b	17b	12	N
0345	Mutiply Line 15c by Line 16c	17c	12	N
0355	Mutiply Line 15d by Line 16d	17d	12	N
0365	Add Amts on Line 17 Columns a thru d	18	12	N
0375	Add Lines 6, 12 and 18	19	12	N
0385	2% of Average Annual Gross Receipts	20	12	N
0395	Enter Amount from 11d	21b	12	N

FORM 8909 Energy Efficient Appliance Credit

Field No.	Identification	Form Ref.	Length	Field Description	
0405	Enter Amount from 17d	21c	12	N	||
0415	Maximum Credit Amount	21d	12	N	||
0425	Smallest of Line 19, 20 or 21d	22	12	N	||
0435	Credit from Partnerships Estates, etc	23	12	N	||
0445	Add Lines 22 and 23	24	12	N	||
0455	Amount Allocated to Beneficiaries	25	12	NO ENTRY	||
0465	Subtract Line 25 from Line 24	26	12	NO ENTRY	||
	Record Terminus Character		1	Value "#"	

FORM 8910 Alternative Motor Vehicle Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0553" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8910bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
*0020	Year of Vehicle 1	1a	6	DT (YYYYbb) or "STMbnn"
+0030	Make of Vehicle 1	1a	22	AN, Allowable special characters are: space, slash and hyphen (-)
+0040	Model of Vehicle 1	1a	22	AN, Allowable special characters are: space, slash and hyphen (-)
+0050	Date Vehicle was Placed in Service 1	2a	8	DT
+0060	Maximum Credit Allowable 1	3a	12	N
+0070	Phaseout Percentage 1	4a	6	R
*+0080	Tentative Credit 1	5a	12	N or "STMbnn"
+0090	Business/Investment Use Percentage 1	6a	6	R
+0100	Multiply Line 6a by Line 5a 1	7a	12	N
0110	Year of Vehicle 2	1b	6	DT (YYYYbb) or blank

Field No.	Identification	Form Ref.	Length	Field Description
0120	Make of Vehicle 2	1b	22	AN, Allowable special characters are: space, slash and hyphen (-) or blank
0130	Model of Vehicle 2	1b	22	AN, Allowable special characters are: space, slash and hyphen (-) or blank
0140	Date Vehicle was placed in Service 2	2b	8	DT or blank
0150	Maximum Credit Allowable 2	3b	12	N or blank
0160	Phaseout Percentage 2	4b	6	R or blank
0170	Tentative Credit 2	5b	12	N or blank
0180	Business/Investment Use Percentage 2	6b	6	R or blank
0190	Multiply Line 6b by Line 5b 2	7b	12	N or blank
0200	Year of Vehicle 3	1c	6	DT (YYYYbb) or blank
0210	Make of Vehicle 3	1c	22	AN, Allowable special characters are: space, slash and hyphen (-) or blank
0220	Model of Vehicle 3	1c	22	AN, Allowable special characters are: space, slash and hyphen (-) or blank
0230	Date Vehicle was Placed in Service 3	2c	8	DT or blank
0240	Maximum Credit Allowable 3	3c	12	N or blank
0250	Phaseout Percentage 3	4c	6	R or blank
0260	Tentative Credit 3	5c	12	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
0270	Business/Investment Use Percentage 3	6c	6	R or blank
0280	Multiply Line 6c by Line 5c 3	7c	12	N or blank
0290	Add Columns (a) through (c) on Line 7	8	12	N
0300	AMV Credit from Partnerships and S Corps	9	12	N
0310	Business/Investment Use Part of AMV Credit	10	12	N
*0320	Subtract Line 7a from Line 5a 1	11a	12	N or "STMbnn"
0330	Subtract Line 7b from Line 5b 2	11b	12	N or blank
0340	Subtract Line 7c from Line 5c 3	11c	12	N or blank
0350	Add Columns (a) through (c) on Line 11	12	12	N
0360	Regular Tax before Credits	13	12	N
0370	Personal Credits from Form 1040	14a	12	N
0380	Foreign Tax Credit	14b	12	N
0390	Qualified Electric Vehicle Credit	14c	12	N
0400	Add Lines 14a through 14c	14d	12	N
0410	Net Regular Tax	15	12	N
0420	Tentative Minimum Tax	16	12	N

FORM 8910 Alternative Motor Vehicle Credit

Field No.	Identification	Form Ref.	Length	Field Description
0430	Subtract Line 16 from Line 15	17	12	N
0440	Personal Use Part of Credit	18	12	N
	Record Terminus Character		1	Value "#"

FORM 8911 Alternative Fuel Vehicle Refueling Property Credit

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0328" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8911bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	NO ENTRY
0020	Total Cost Placed in Service in TY	1	12	N
0030	Business/Invest Use Part	2	12	N
0040	Sect 179 Expense Deduction	3	12	N
0050	Business/Invest Part Net of Sect 179	4	12	N
0060	Tentative Business/ Invest Use Credit	5	12	N
0065	Maximum Business/ Invest Use Credit	6	12	N
0070	Business/Invest Use Credit	7	12	N
0080	Credit from Pass-Through Entities	8	12	N

FORM 8911 Alternative Fuel Vehicle Refueling Property Credit

Field No.	Identification	Form Ref.	Length	Field Description
0090	Current year Business/Invest Credit	9	12	N
0100	Personal Use Part	10	12	N
0110	Tentative Personal Use Credit	11	12	N
0115	Maximum Personal Use Credit	12	12	N
0120	Current Year Personal Use Credit	13	12	N
0130	Regular Tax Before Credits	14	12	N
0140	Personal Credits from Form 1040	15a	12	N
0150	Foreign Tax Credit	15b	12	N
0160	Qualified Electric Vehicle Credit	15c	12	N
0170	Alternative Motor Vehicle Credit	15d	12	N
0180	Total Credits	15e	12	N
0190	Net Regular Tax	16	12	N
0200	Tentative Minimum Tax	17	12	N
0210	Net Regular minus Previous Line Amount	18	12	N
0220	Personal Credit Allowed for Current Year	19	12	N
	Record Terminus Character		1	Value "#"

FORM 8912 PAGE 1 Credit to Holders of Tax Credit Bonds

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1042" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8912bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Bond Issuer's Name	1	35	AN, Allowable special characters are space, slash, hyphen
0020	City or Town	1	22	A, Allowable special character is space
0030	State Abbreviation	1	2	A (Standard Postal State Abbreviations)
0040	Date Bond Issued	2	8	DT
0050	Date Bond Disposed of	3	8	DT
*0055	Principal Payment Dates	4a	8	DT or "STMbnn"
+0060	Outstanding Bond Principal	4b	12	N
+0070	Credit Rate	4c	6	R
+0080	Credit	4d	12	N
+0090	Percentage of Annual Credit	4e	6	R
+0100	Income Tax Credit	4f	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0115	Principal Payment Dates	4a	8	DT
0125	Outstanding Bond Principal	4b	12	N
0135	Credit Rate	4c	6	R
0145	Credit	4d	12	N
0155	Percentage of Annual Credit	4e	6	R
0165	Income Tax Credit	4f	12	N
0175	Principal Payment Dates	4a	8	DT
0185	Outstanding Bond Principal	4b	12	N
0195	Credit Rate	4c	6	R
0205	Credit	4d	12	N
0215	Percentage of Annual Credit	4e	6	R
0225	Income Tax Credit	4f	12	N
0235	Principal Payment Dates	4a	8	DT
0245	Outstanding Bond Principal	4b	12	N
0255	Credit Rate	4c	6	R

Field No.	Identification	Form Ref.	Length	Field Description
0265	Credit	4d	12	N
0275	Percentage of Annual Credit	4e	6	R
0285	Income Tax Credit	4f	12	N
0295	Principal Payment Dates	4a	8	DT
0305	Outstanding Bond Principal	4b	12	N
0315	Credit Rate	4c	6	R
0325	Credit	4d	12	N
0335	Percentage of Annual Credit	4e	6	R
0345	Income Tax Credit	4f	12	N
0355	Principal Payment Dates	4a	8	DT
0365	Outstanding Bond Principal	4b	12	N
0375	Credit Rate	4c	6	R
0385	Credit	4d	12	N
0395	Percentage of Annual Credit	4e	6	R
0405	Income Tax Credit	4f	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0415	Principal Payment Dates	4a	8	DT
0425	Outstanding Bond Principal	4b	12	N
0435	Credit Rate	4c	6	R
0445	Credit	4d	12	N
0455	Percentage of Annual Credit	4e	6	R
0465	Income Tax Credit	4f	12	N
0475	Principal Payment Dates	4a	8	DT
0485	Outstanding Bond Principal	4b	12	N
0495	Credit Rate	4c	6	R
0505	Credit	4d	12	N
0515	Percentage of Annual Credit	4e	6	R
0525	Income Tax Credit	4f	12	N
0535	Principal Payment Dates	4a	8	DT
0545	Outstanding Bond Principal	4b	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0555	Credit Rate	4c	6	R
0565	Credit	4d	12	N
0575	Percentage of Annual Credit	4e	6	R
0585	Income Tax Credit	4f	12	N
0595	Principal Payment Dates	4a	8	DT
0605	Outstanding Bond Principal	4b	12	N
0615	Credit Rate	4c	6	R
0625	Credit	4d	12	N
0635	Percentage of Annual Credit	4e	6	R
0645	Income Tax Credit	4f	12	N
0655	Principal Payment Dates	4a	8	DT
0665	Outstanding Bond Principal	4b	12	N
0675	Credit Rate	4c	6	R
0685	Credit	4d	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0695	Percentage of Annual Credit	4e	6	R
0705	Income Tax Credit	4f	12	N
0715	Principal Payment Dates	4a	8	DT
0725	Outstanding Bond Principal	4b	12	N
0735	Credit Rate	4c	6	R
0745	Credit	4d	12	N
0755	Percentage of Annual Credit	4e	6	R
0765	Income Tax Credit	4f	12	N
0775	Principal Payment Dates	4a	8	DT
0785	Outstanding Bond Principal	4b	12	N
0795	Credit Rate	4c	6	R
0805	Credit	4d	12	N
0815	Percentage of Annual Credit	4e	6	R
0825	Income Tax Credit	4f	12	N

FORM 8912 PAGE 1 Credit to Holders of Tax Credit Bonds

Field No.	Identification	Form Ref.	Length	Field Description
0845	Principal Payment Dates	4a	8	DT
0865	Outstanding Bond Principal	4b	12	N
0885	Credit Rate	4c	6	R
0905	Credit	4d	12	N
0925	Percentage of Annual Credit	4e	6	R
0945	Income Tax Credit	4f	12	N
0965	Principal Payment Dates	4a	8	DT
0990	Outstanding Bond Principal	4b	12	N
1000	Credit Rate	4c	6	R
1010	Credit	4d	12	N
1020	Percentage of Annual Credit	4e	6	R
1030	Income Tax Credit	4f	12	N
1040	Total Credit	5	12	N
1041	Clean Renewal Energy Bond	6	12	N
1043	Enter the Line 6 Amount from Page 1	7	12	N

FORM 8912 PAGE 1 Credit to Holders of Tax Credit Bonds

Field No.	Identification	Form Ref.	Length	Field Description	
1045	Bond Credits from Ptnrshps, S-Corps, Estates	8	12	N	||
1050	Add Lines 6 through 8	9	12	N	||
1055	Amount Allocated to the Beneficiaries	10	12	NO ENTRY	||
1060	Subtract Line 10 from Line 9	11	12	NO ENTRY	||
	Record Terminus Character		1	Value "#"	

FORM 8912 PAGE 2 Credit to Holders of Tax Credit Bonds

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0199" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1100	Record ID		6	"FRMbbb"
1101	Form Number		6	"8912bb"
1102	Page Number		5	"PG02b"
1103	Taxpayer Identification Number		9	N (Primary SSN)
1104	Filler		1	blank
1105	Form Occurrence Number		7	N 0000001 - 0000002
1110	Regular Tax before Credits	12	12	N
1120	Alternative Minimum Tax	13	12	N
1130	Add Lines 12 and 13	14	12	N
1140	Foreign Tax Credits	15a	12	N
1150	Credits from Form 1040	15b	12	N
1160	Credit from Form 8834	15c	12	N
1170	Alternative Motor Vehicle Credit	15d	12	N
1180	Alternative Fuel Vehicle Refueling Property Credit	15e	12	N
1190	General Business Credit	15f	12	N
1200	Credit for Prior Year Minimum Tax	15g	12	N

FORM 8912 PAGE 2 Credit to Holders of Tax Credit Bonds

Field No.	Identification	Form Ref.	Length	Field Description
1220	Add Lines 15a through 15g	15h	12	N
1230	Net Income Tax	16	12	N
1240	Clean Renewable Energy Credit Allowed	17	12	N
	Record Terminus Character		1	Value "#"

FORM 8914 Exemption Amount for Taxpayers Housing ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0645" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8914bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Individual First Name 1	1a(1)	10	AN (first name) or blank
0020	Individual Last Name 1	1a(1)	15	AN (last name) or blank
0030	Individual Name Control 1		4	First 4 significant characters of last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0040	Individual SSN 1	1b(1)	9	N or blank
0050	Former Street Address 1	1c(1)	35	AN, Allowable special characters are spaces, slash, hyphen and Literal "NONE"
0060	Former City 1	1c(1)	22	A, Allowable special character is space
0070	Former State 1	1c(1)	2	A (Standard Postal State Abbreviations)

Field No.	Identification	Form Ref.	Length	Field Description
0080	Former Zip Code 1	1c(1)	12	N (left-justified)
0090	Days Lived with You 1	1d(1)	3	N
0110	Individual First Name 2	1a(2)	10	'See 1st Occ.'
0120	Individual Last Name 2	1a(2)	15	'See 1st Occ.'
0130	Individual Name Control 2		4	'See 1st Occ.'
0140	Individual SSN 2	1b(2)	9	'See 1st Occ.'
0150	Former Street Address 2	1c(2)	35	'See 1st Occ.'
0160	Former City 2	1c(2)	22	'See 1st Occ.'
0170	Former State 2	1c(2)	2	'See 1st Occ.'
0180	Former Zip Code 2	1c(2)	12	'See 1st Occ.'
0190	Days Lived with You 2	1d(2)	3	'See 1st Occ.'
0210	Individual First Name 3	1a(3)	10	'See 1st Occ.'
0220	Individual Last Name 3	1a(3)	15	'See 1st Occ.'
0230	Individual Name Control 3		4	'See 1st Occ.'
0240	Individual SSN 3	1b(3)	9	'See 1st Occ.'
0250	Former Street Address 3	1c(3)	35	'See 1st Occ.'
0260	Former City 3	1c(3)	22	'See 1st Occ.'
0270	Former State 3	1c(3)	2	'See 1st Occ.'
0280	Former Zip Code 3	1c(3)	12	'See 1st Occ.'
0290	Days Lived with You 3	1d(3)	3	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
0310	Individual First Name 4	1a(4)	10	'See 1st Occ.'
0320	Individual Last Name 4	1a(4)	15	'See 1st Occ.'
0330	Individual Name Control 4		4	'See 1st Occ.'
0340	Individual SSN 4	1b(4)	9	'See 1st Occ.'
0350	Former Street Address 4	1c(4)	35	'See 1st Occ.'
0360	Former City 4	1c(4)	22	'See 1st Occ.'
0370	Former State 4	1c(4)	2	'See 1st Occ.'
0380	Former Zip Code 4	1c(4)	12	'See 1st Occ.'
0390	Days Lived with You 4	1d(4)	3	'See 1st Occ.'
0400	Total Displaced Individual Exemption Amount	2	12	N
0410	Total Regular Exemption Amount	3	12	N
0420	Total Exemption Amount	4	12	N
0430	AGI Greater Than Filing Status Amount - No	5	1	"X" or blank
0440	AGI Greater Than Filing Status Amount - Yes	5	1	"X" or blank
0450	AGI or Blank	5	12	N
0460	Filing Status Amount	6	12	N
0470	Subtract Line 6 from Line 5	7	12	N
0480	Excess of AGI Over Filling Status Amount - No	8	1	"X" or blank

FORM 8914 Exemption Amount for Taxpayers Housing ...

Field No.	Identification	Form Ref.	Length	Field Description
0490	Excess of AGI Over Filling Status Amount - Yes	8	1	"X" or blank
0500	Excess of AGI Over Filling Status Amount	8	12	N
0510	Add Lines 2 and 8	9	12	N
0520	Multiple of $2500 or $1250	10	12	N
0530	2% of Multiple	11	6	R ‖
0540	Regular Exemption Phaseout Amount	12	12	N
0550	Divide Line 12 by 3.0	13	12	N
0560	Exemption Amount	14	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0326" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8915bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Name of Qualified Taxpayer		35	AN
0020	SSN of Qualified Taxpayer		9	N
0025	Street Address		35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE"
0030	City		22	A, Allowable special characters is space
0035	State Abbreviation		2	A (Standard Postal State Abbreviation) or period (.)
0040	Zip Code		12	N (left-justified)
0060	Prior Year F8915, Line 11	1	12	N
0080	Prior Year F8915, Line 8	2	12	N or blank

Field No.	Identification	Form Ref.	Length	Field Description
0090	Prior Year F8915, Line 3	3	12	N or blank
0100	Subtract Line 3 from Line 2	4	12	N
0110	Total Amount of Repayments	5	12	N
0120	Add Lines 4 and 5	6	12	N
0130	Subtract Line 6 from Line 1	7	12	N
0210	Prior Year F8915, Line 26	8	12	N
0230	Prior Year F8915, Line 17	9	12	N or blank
0240	Prior Year F8915, Line 12	10	12	N or blank
0250	Subtract Line 10 from Line 9	11	12	N
0260	Total Amount of Repayments	12	12	N
0270	Add Lines 11 and 12	13	12	N
0280	Amount Subject to Tax	14	12	N
	Record Terminus Character		1	Value "#"

FORM 8917 Tuition and Fees Deduction

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0255" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8917bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
*0010	Student's First Name 1	1a	10	AN (first name) or "STMbnn"
+0020	Student's Last Name 1	1a	15	AN (last name)
+0030	Student's Name Control - 1	1a	4	First 4 significant characters of student's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
+0040	Student's SSN - 1	1b	9	N
+0050	Qualified Expenses	1c	12	N
0060	Student's First Name 2	1a	10	AN (first name)
0070	Student's Last Name 2	1a	15	AN (last name)
0080	Student's Name Control - 2	1a	4	First 4 significant characters of student's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)

Field No.	Identification	Form Ref.	Length	Field Description
0090	Student's SSN - 2	1b	9	N
0100	Qualified Expenses	1c	12	N
0110	Student's First Name 3	1a	10	AN (fist name)
0120	Student's Last Name 3	1a	15	AN (last name)
0130	Student's Name Control - 3	1a	4	First 4 significant characters of student's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0140	Student's SSN - 3	1b	9	N
0150	Qualified Expenses	1c	12	N
0160	Total Qualified Expenses	2	12	N
0170	Total Inc on Tax Form	3	12	N
0180	Adjust to Inc on Tax Form	4	12	N
0190	Subtract Line 4 from Line 3	5	12	N
0200	Tuition and Fees Deduction - Yes Box	6	1	"X" or blank
0210	Tuition and Fees Deduction - No Box	6	1	"X" or blank
0220	Tuition and Fees Deduction Amt	6	12	N
	Record Terminus Character		1	Value "#"

FORM 8919 Uncollected Social Security and Medicare Tax on...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0571" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8919bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	Wage Recipient Name		35	AN
0020	Wage Recipient SSN		9	N
*0030	Employer's Name 1	1a	42	AN or "STMbnn"
+0040	Employer's EIN 1	1b	9	N
+0050	Reason Code(s) 1	1c	8	"A", "B", "C", "D", "E", "F", "G", or "H" (multiple codes allowed)
+0060	IRS Determination or Corresp Date Rcvd 1	1d	8	YYYYMMDD or blank
+0070	Form 1099-MISC Was Received 1	1e	1	"X" or blank
+0080	Total Wages With No SSA or Med Withheld 1	1f	12	N
0090	Employer's Name 2	2a	42	AN or blank
0100	Employer's EIN 2	2b	9	'See 1st Occ.'
0110	Reason Code(s) 2	2c	8	'See 1st Occ.'

FORM 8919 Uncollected Social Security and Medicare Tax on...

Field No.	Identification	Form Ref.	Length	Field Description
0120	IRS Determination or Corresp Date Rcvd 2	2d	8	'See 1st Occ.'
0130	Form 1099-MISC Was Received 2	2e	1	'See 1st Occ.'
0140	Total Wages With No SSA or Med Withheld 2	2f	12	'See 1st Occ.'
0150	Employer's Name 3	3a	42	'See 2nd Occ.'
0160	Employer's EIN 3	3b	9	'See 1st Occ.'
0170	Reason Code(s) 3	3c	8	'See 1st Occ.'
0180	IRS Determination or Corresp Date Rcvd 3	3d	8	'See 1st Occ.'
0190	Form 1099-MISC Was Received 3	3e	1	'See 1st Occ.'
0200	Total Wages With No SSA or Med Withheld 3	3f	12	'See 1st Occ.'
0210	Employer's Name 4	4a	42	'See 2nd Occ.'
0220	Employer's EIN 4	4b	9	'See 1st Occ.'
0230	Reason Code(s) 4	4c	8	'See 1st Occ.'
0240	IRS Determination or Corresp Date Rcvd 4	4d	8	'See 1st Occ.'
0250	Form 1099-MISC Was Received 4	4e	1	'See 1st Occ.'
0260	Total Wages With No SSA or Med Withheld 4	4f	12	'See 1st Occ.'
0270	Employer's Name 5	5a	42	'See 2nd Occ.'
0280	Employer's EIN 5	5b	9	'See 1st Occ.'

FORM 8919 Uncollected Social Security and Medicare Tax on...

Field No.	Identification	Form Ref.	Length	Field Description
0290	Reason Code(s) 5	5c	8	'See 1st Occ.'
0300	IRS Determination or Corresp Date Rcvd 5	5d	8	'See 1st Occ.'
0310	Form 1099-MISC Was Received 5	5e	1	'See 1st Occ.'
0320	Total Wages With No SSA or Med Withheld 5	5f	12	'See 1st Occ.'
0330	Total Wages	6	12	N
0340	Total Social Security Wages and Tips	8	12	N
0350	Line 7 minus Line 8	9	12	N
0360	Wages Subject to Social Security Tax	10	12	N
0370	Social Security Tax on Wages	11	12	N
0380	Medicare Tax on Wages	12	12	N
0390	F1040 Social Security and Med Tax on Wages	13	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0269" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8930bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0010	SSN of Qualified Taxpayer		9	N
0020	Total Retirement Plans 2008 Distributions	1a	12	N
0030	Qualified Distributions from Retirement Plan	1b	12	N
0040	Allocation of Qualified Dist from Retirement Plan	1c	12	N
0050	Total Dist from Traditional, SEP, SIMPLE IRAs	2a	12	N
0060	Qualified Dist from Traditional, SEP, SIMPLE IRAs	2b	12	N
0070	Allocation of Triditional, SEP, SIMPLE IRAs	2c	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0080	Total Distribution of Roth IRAs	3a	12	N
0090	Qualified Distribution of Roth IRAs	3b	12	N
0100	Allocation of Roth IRAs Distribution	3c	12	N
0110	2008 Total Distribution	4a	12	N
0120	Total Qualified Distributions	4b	12	N
0130	Excess Amount	5c	12	N
0140	Enter the Appropriate Amt from 1(c) or 1(b)	6	12	N
0150	Distribution Cost for Retirement Plan	7	12	N
0160	Subtract Line 7 from Line 6	8	12	N
0170	Fully Taxable Dist from Retirement Plan Check Box	9	1	"X" or blank
0180	Taxable Amt of Dist from Retirement Plan	9	12	N
0190	Total Repayments from Retirement Plan	10	12	N
0200	Amount Retirement Plan Subject to Tax	11	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0192" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0224	Record ID		6	"FRMbbb"
0225	Form Number		6	"8930bb"
0226	Page Number		5	"PG02b"
0227	Taxpayer Identification Number		9	N (Primary SSN)
0228	Filler		1	blank
0229	Form Occurrence Number		7	N 0000001 - 0000002
0240	Qualified Distribution from Trad, SEP, Etc - Yes	12	1	"X" or blank
0250	Qualified Distribution from Trad, SEP, Etc - No	12	1	"X" or blank
0260	Amount from Form 8606, Line 15b	13	12	N
0270	Amount from Form 8606, Line 25b	14	12	N
0280	Enter the Appropriate Amt from 2c or 2b	15	12	N
0290	Add Lines 13, 14, and 15	16	12	N
0300	Fully Taxable Dist from Trad, SEP, Etc Check Box	17	1	"X" or blank
0310	Taxable Amt of Distribution from Trad, SEP, Etc	17	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0320	Total Repayments of Dist from Trad, SEP, Etc	18	12	N
0330	Amount of Trad, SEP, Etc Subject to Tax	19	12	N
0340	Received Qualified Dist from Trad, SEP, Etc - Yes	20	1	"X" or blank
0350	Received Qualified Dist from Trad, SEP, Etc - No	20	1	"X" or blank
0360	Total Qualified Distributions for Main Home	21	12	N
0370	Distributions Cost for Main Home	22	12	N
0380	Subtract Line 22 from Line 21	23	12	N
0390	Total Repayments for Main Home	24	12	N
0400	Taxable Amount	25	12	N
	Record Terminus Character		1	Value "#"

FORM 9465 Installment Agreement Request

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0720" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"9465bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0007	Reserved		16	Blank
0008	Reserved		14	Blank
0011	Tax Return for Form		11	AN. "FORMb1040bb" or "FORMb1040Ab" or "FORMb1040EZ"
0012	Tax year for This Request		4	N
0014	Taxpayer's Name	1	35	AN. Allowable special characters are: hyphen (-), slash(/), comma(,), and space
0015	Taxpayer's Name Control		4	First 4 significant characters of taxpayer's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0020	Taxpayer's SSN	1	9	N

FORM 9465 Installment Agreement Request

Field No.	Identification	Form Ref.	Length	Field Description
0030	Spouse Name	1	35	AN. Allowable special characters are: hyphen (-), slash (/), comma (,), and space
0035	Spouse Name Control		4	First 4 significant characters of spouse's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0040	Spouse SSN	1	9	N or blank
0050	Taxpayer's Street Address	1	35	AN. Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+), percent (%), and space
0060	Apt. Number	1	5	AN or blank
0070	City	1	22	A. Allowable special character is space
0080	State Abbreviation	1	2	A (Standard Postal State Abbreviations)
0082	Foreign Street Address		35	AN. Allowable special characters are: space, slash, and hyphen
0084	Foreign City, State		35	AN. Allowable special characters are: space, slash, and hyphen
0086	Foreign Country		22	AN. Allowable special character is space
0090	Zip Code	1	12	N (Left-justified)
0095	Address Indicator		1	1 = APO/FPO Address 2 = Stateside Military Address 3 = Foreign Address Blank = Regular Address (Non-Military)

FORM 9465 Installment Agreement Request

Field No.	Identification	Form Ref.	Length	Field Description
0100	New Address	2	1	"X" or blank
0110	Taxpayer's Home Phone Number	3	10	N
0120	Best Time to Call	3	10	AN
0130	Taxpayer's Work Phone Number	4	10	N
0140	Phone Ext.	4	4	N or blank
0150	Best Time to Call	4	10	AN
0155	Foreign Phone Number		20	N or Blank
0160	Taxpayer's Bank Name or Financial Inst. Name	5	35	AN. Allowable special characters are: ampersand (&), hyphen(-), slash(/), comma (,), and space
0170	Financial Institution Address	5	35	AN. Allowable special characters are: ampersand (&), hyphen(-), slash(/), comma(,), plus (+), percent (%), and space
0180	City	5	22	A. Allowable special character is space
0190	State Abbreviation	5	2	A (Standard Postal State Abbreviations)
0200	Zip Code	5	12	N (Left-justified)
0210	Taxpayer's Employer Name	6	35	AN. Allowable special characters are: ampersand (&), hyphen (-), slash(/) comma (,), plus (+), and space
0220	Employer Address	6	35	AN. Allowable special characters are: ampersand (&), hyphen (-),slash(/), comma (,), plus (+), percent (%), and space
0230	Employer City	6	22	A. Allowable special character is space

FORM 9465 Installment Agreement Request

Field No.	Identification	Form Ref.	Length	Field Description
0240	Employer State	6	2	A (Standard Postal State Abbreviations)
0250	Employer Zip Code	6	12	N (Left-justificated)
0280	Amount Owed on Tax Return	7	12	N
0290	Payment with Tax Return	8	12	N
0300	Monthly Payment	9	12	N. Not less than 25.00
0310	Monthly Payment Date	10	2	N. 01-28
0330	Routing Transit Number	11a	9	N
0340	Bank Account Number	11b	17	AN (including hyphens or blank)
0380	Reserved		5	
0390	Reserved		8	
0400	Reserved		5	
0410	Reserved		8	
	Record Terminus Character		1	Value "#"

FORM PAYMENT Balance Due and Estimated Payments

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0123" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"PMTbbb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
0010	Primary SSN		9	N
0020	Secondary SSN		9	N
0030	Routing Transit Number		9	N
0040	Bank Account Number		17	AN (including hyphens or blank)
0050	Type of Account		1	"1" = Checking "2" = Savings
0060	Amount of Tax Payment (may include PNLTY and INT)		12	N (positive only)
0070	Tax Type Code		5	AN, Values: "1040E" = Form 1040, "1040A" = Form 1040A, "1040Z" = Form 1040EZ, "1040S" = Estimated Payments

FORM PAYMENT Balance Due and Estimated Payments

Field No.	Identification	Form Ref.	Length	Field Description
0080	Requested Payment Date		8	YYYYMMDD for Balance Due (Form 1040, 1040A & 1040EZ) YYYYMMDD for Estimated Payments Values: "20090415", "20090615", "20090915" or "20100115"
0090	Taxpayer's Day Time Phone Number		10	N
	Record Terminus Character		1	Value "#"

ALLOC RECORD Allocation Record

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0403" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"ALLOCR"
0001	Reserved		6	Blank
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	Blank
0005	Record Occurrence Number		7	N (0000001)
0010	Total Wages		12	N
0020	Husband Wages	F1040 7	12	N
0030	Wife Wages	F1040 7	12	N
0040	Total Interest Income		12	N
0050	Husband Interest Income	F1040 8a	12	N
0060	Wife Interest Income	F1040 8a	12	N
0070	Total Dividends		12	N
0080	Husband Dividends	F1040 9a	12	N
0090	Wife Dividends	F1040 9a	12	N
0100	Total State Income Tax Refund		12	N
0110	Husband State Income Tax Refund	F1040 10	12	N
0120	Wife State Income Tax Refund	F1040 10	12	N

ALLOC RECORD Allocation Record

Field No.	Identification	Form Ref.	Length	Field Description
0130	Total Capital Gains		12	N
0140	Husband Capital Gains and Losses	F1040 13	12	N
0150	Wife Capital Gains and Losses	F1040 13	12	N
0160	Total Pension Income		12	N
0170	Husband Pension Income	F1040 16b	12	N
0180	Wife Pension Income	F1040 16b	12	N
0190	Total Rents/ Royalties/ Partnership/Estates/ Trusts		12	N
0200	Husband Rents/ Royalties/ Partnership/Estates/ Trusts	F1040 17	12	N
0210	Wife Rents/ Royalties/ Partnership/Estates/ Trusts	F1040 17	12	N
0220	Total Other Income		12	N
0230	Husband Other Income	F1040 21	12	N
0240	Wife Other Income	F1040 21	12	N
0250	Total Income		12	N
0260	Husband Total Income	F1040 22	12	N
0270	Wife Total Income	F1040 22	12	N
0280	Total Payments		12	N
0290	Husband Payments	F1040 72	12	N
0300	Wife Payments	F1040 72	12	N

Record Terminus Character 1 Value "#"