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| **APA Annual Report** |  | **Department of the Treasury--Internal Revenue Service** | | | | APA No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **SUMMARY** |  | **Large Business and International Division** | | | | Team Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | **Transfer Pricing Operations** | | | | Economist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | **Advance Pricing and Mutual Agreement Program** | | | | Intl Examiner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  | | | | | | | |
| **APA Information** |  | Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  | Taxpayer EIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAICS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  | APA Term: Taxable years ending \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  | Original APA [ ] Renewal APA [ ] | | | | | | | |
|  |  | Annual Report due dates: | | | | | | | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_ for all APA Years through APA Year ending in 200\_\_; for each APA Year | | | | | | | |
|  |  | thereafter, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [month and day] immediately following the close of the APA Year | | | | | | | |
|  |  | Principal foreign country(ies) involved in covered transaction(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  | Type of APA: [ ] unilateral [ ] bilateral with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  |  | Tested party is [ ] US [ ] foreign [ ] both | | | | | | | |
|  |  | Approximate dollar volume of covered transactions (on an annual basis) involving tangible goods and services: | | | | | | | |
|  |  | [ ] N/A [ ] <$50 million [ ] $50-100 million [ ] $100-250 million [ ] $250-500 million [ ] >$500 million | | | | | | | |
|  |  | APA tests on (check all that apply): | | | | | | | |
|  |  | [ ] annual basis [ ] multi-year basis [ ] term basis | | | | | | | |
|  |  | APA provides (check all that apply) a: | | | | | | | |
|  |  | [ ] range [ ] point [ ] floor only [ ] ceiling only [ ] other\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  |  | APA provides for adjustment (check all that apply) to: | | | | | | | |
|  |  | [ ] nearest edge [ ] median [ ] other point | | | | | | | |
|  | | | |  | | | | | |
| **APA Annual Report** |  | APA date executed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_ | | | | | | | |
| **Information** |  | This APA Annual Report Summary is for APA Year(s) ending in 200\_\_ and was filed on \_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_ | | | | | | | |
| (to be completed |  | Check here [ ] if Annual Report was filed after original due date but in accordance with extension. | | | | | | | |
| by the Taxpayer) |  | Has this APA been amended or changed? [ ] yes [ ] no | | | | | Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | Has Taxpayer complied with all APA terms and conditions? [ ] yes [ ] no | | | | | | | |
|  |  | Were all the critical assumptions met? [ ] yes [ ] no | | | | | | | |
|  |  | Has a Primary Compensating Adjustment been made in any APA Year covered by this Annual Report? | | | | | | | |
|  |  | [ ] yes [ ] no If yes, which year(s): 200\_\_\_ | | | | | | | |
|  |  | Have any necessary Secondary Compensating Adjustments been made? [ ] yes [ ] no | | | | | | | |
|  |  | Did Taxpayer elect APA Revenue Procedure treatment? [ ] yes [ ] no | | | | | | | |
|  |  | Any change to the entity classification of a party to the APA? [ ] yes [ ] no | | | | | | | |
|  |  | Taxpayer notice information contained in the APA remains unchanged? [ ] yes [ ] no | | | | | | | |
|  |  | Taxpayer's current US principal place of business: (City, State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | |  | | | | | |
| **APA Annual Report** |  | Financial analysis reflecting TPM calculations | | | | | | [ ] yes [ ] no | |
| **Checklist of** |  | Financial statements showing compliance with TPM(s) | | | | | | [ ] yes [ ] no | |
| **Key Contents** |  | Schedule M-1 or M-3 book-tax differences | | | | | | [ ] yes [ ] no | |
| (to be completed |  | Current organizational chart of relevant portion of world-wide group | | | | | | [ ] yes [ ] no | |
| by the Taxpayer) |  | Attach copy of APA | | | | | | [ ] yes [ ] no | |
|  |  | Other APA records and documents included: | | | | | |  | |
|  |  |  | | | | | |  | |
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| **Contact Information** |  | Authorized Representative | Phone Number | | Affiliation and Address | | | | |
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