

# Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction

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

**Open to Public Inspection**

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

Name of tax-exempt entity \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
\_\_\_\_\_

In care of (if applicable) \_\_\_\_\_

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

City or town, state, and ZIP code \_\_\_\_\_

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

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

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

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

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

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

Name of party \_\_\_\_\_

Number, street, and room or suite no. \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Name of party \_\_\_\_\_

Number, street, and room or suite no. \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

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

**Sign Here**

\_\_\_\_\_  
Signature of director, trustee, officer, or other authorized official                      Date

\_\_\_\_\_  
Type or print name of signer                      Type or print title or authority of signer