Department of the Treasury
Internal Revenue Service

1996

Publication 1407-A

Federal Tax Forms Advance Proof Copies

These advance proofs are subject to change and OMB approval before they are released for printing later this year.

Attached are advance proof copies of the following 1996 and 1997 Federal tax forms and schedules for businesses:

- Form W-2, Copy A
- Form W-3
- Form 940
- Form 940-EZ
- Form 941
- Form 945
- Form 1041 and its Schedule K-1
- Form 1065 and its Schedule K-1
- Form 1099-C
- Form 1120 (We removed line 9b of the 1995 revision because of the expiration of the Environmental Tax.)
- Form 1120-A
- Form 1120S and its Schedule K-1
- Form 4626 (We removed line 2q of the 1995 revision to reflect section 1616(b) of the Small Business Job Protection Act of 1996 and line 16 of the 1995 revision because of the expiration of the Environmental Tax.)

We have circled major changes on each item in this package. If you have comments about these items, please let us know by October 11, 1996. Write to: Tax Forms Committee, Early Release, Internal Revenue Service, Room 5577, 1111 Constitution Ave., NW, Washington, DC 20224. Although we may be unable to give detailed responses to your comments, we will carefully consider each suggestion.

If you need additional copies of this package, please write to: Internal Revenue Service, P.O. Box 25866, Richmond, VA 23289-5866.

OR use IRS Electronic Information Services:

Internet: World Wide Web - http://www.irs.ustreas.gov
FTP - ftp.irs.ustreas.gov
Telnet - iris.irs.ustreas.gov

Modem: IRIS at FedWorld - 703-321-8020

Cat. No. 10277V

a Control number	22222	Void ☐	For Official Use Only ► OMB No. 1545-0008

b Employer's identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Employee's social security number	9 Advance EIC payment	10 Dependent care benefits
e Employee's name (first, middle initial, last)	11 Nonqualified plans	12 Benefits included in box 1
	13 See Instrs. for box 13	14 Other
f Employee's address and ZIP code	15 Statutory employee ☐ Deceased ☐ Pension plan ☐ Legal rep. ☐ Hshld. emp. ☐ Subtotal ☐ Deferred compensation ☐	

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax

Cat. No. 10134D

Department of the Treasury—Internal Revenue Service

Form **W-2** **Wage and Tax Statement** 1997

For Paperwork Reduction Act Notice, see separate instructions.

Copy A For Social Security Administration

Do NOT Cut or Separate Forms on This Page

DO NOT STAPLE

a Control number	33333	**For Official Use Only ►** **OMB No. 1545-0008**

b **Kind of Payer** ► 941 ☐ Military ☐ 943 ☐ CT-1 ☐ Hshld. ☐ Medicare govt. emp. ☐	1 Wages, tips, other compensation	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
c Total number of statements / d Establishment number	5 Medicare wages and tips	6 Medicare tax withheld
e Employer's identification number	7 Social security tips	8 Allocated tips
f Employer's name	9 Advance EIC payments	10 Dependent care benefits
	11 Nonqualified plans	12 Deferred compensation
	13	
g Employer's address and ZIP code	14	
h Other EIN used this year	15 Income tax withheld by third-party payer	
i Employer's state I.D. No.		

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► Title ► Date ►

Telephone number ( )

Form **W-3 Transmittal of Wage and Tax Statements** 1997

Department of the Treasury
Internal Revenue Service

Cat. No. 10159Y

Form **940**

Department of the Treasury
Internal Revenue Service

Employer's Annual Federal Unemployment (FUTA) Tax Return

▶ **For Paperwork Reduction Act Notice, see separate instructions.**

OMB No. 1545-0028

1996

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Name (as distinguished from trade name) — Calendar year

Trade name, if any

Address and ZIP code — Employer identification number

A Are you required to pay unemployment contributions to only one state? (If no, skip questions B and C.) . . ☐ **Yes** ☐ **No**

B Did you pay all state unemployment contributions by January 31, 1997? (If a 0% experience rate is granted, check "Yes.") (If no, skip question C.) . . . . ☐ **Yes** ☐ **No**

C Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? . . . . . ☐ **Yes** ☐ **No**

If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676).

If you will not have to file returns in the future, check here, complete, and sign the return . . . . ▶ ☐
If this is an Amended Return, check here . . . . ▶ ☐

Part I Computation of Taxable Wages

1	Total payments (including exempt payments) during the calendar year for services of employees	**1**	
2	Exempt payments. (Explain each exemption shown, attach additional sheets if necessary.) ▶	Amount paid: **2**	
3	Payments of more than $7,000 for services. Enter only amounts over the first $7,000 paid to each employee. Do not include payments from line 2. The $7,000 amount is the Federal wage base. Your state wage base may be different. **Do not use the state wage limitation**	**3**	
4	Total exempt payments (add lines 2 and 3)	**4**	
5	**Total taxable wages** (subtract line 4 from line 1) . . . . ▶	**5**	

Be sure to complete both sides of this return and sign in the space provided on the back. Cat. No. 11234O Form **940** (1996)

DETACH HERE

Form **940-V**

Department of the Treasury
Internal Revenue Service

Form 940 Payment Voucher

For Paperwork Reduction Act Notice, see Form 940 instructions.

OMB No. 1545-0028

1996

Complete boxes 1,2,3, and 4. Make your check or money order payable to the **Internal Revenue Service.** Include your employer identification number on your check or money order. Do not send cash.

1 Enter the amount of the payment you are making ▶ $.	**2** Enter the first four characters of your business name	**3** Enter your employer identification number
Do not staple your check or money order to the voucher or the return.	**4** Enter your name Enter your address Enter your city, state, and ZIP code	

Part II **Tax Due or Refund**

1	Gross FUTA tax. Multiply the wages in Part I, line 5, by .062	1	
2	Maximum credit. Multiply the wages in Part I, line 5, by .054 . . | 2 |		

3 Computation of tentative credit (Note: *All taxpayers must complete the applicable columns.*)

(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(c) Taxable payroll (as defined in state act)	(d) State experience rate period From	(d) State experience rate period To	(e) State experience rate	(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributions payable at experience rate (col. (c) x col. (e))	(h) Additional credit (col. (f) minus col.(g)). If 0 or less, enter -0-.	(i) Contributions actually paid to state
3a	Totals . . . ▶								

3b	**Total tentative credit** (add line 3a, columns (h) and (i) only—see instructions for limitations on late payments) ▶		
4			
5			
6	**Credit:** Enter the smaller of the amount in Part II, line 2, or line 3b	6	
7	**Total FUTA tax** (subtract line 6 from line 1)	7	
8	Total FUTA tax deposited for the year, including any overpayment applied from a prior year .	8	
9	**Balance due** (subtract line 8 from line 7). This should be $100 or less. Pay to the Internal Revenue Service. See page 3 of the Instructions for Form 940 for details . . . . ▶	9	
10	**Overpayment** (subtract line 7 from line 8). Check if it is to be: ☐ **Applied to next return,** or ☐ **Refunded** . . . . ▶	10	

Part III **Record of Quarterly Federal Unemployment Tax Liability** *(Do not include state liability)*

Quarter	First	Second	Third	Fourth	Total for year
Liability for quarter					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was or is to be deducted from the payments to employees.

Signature ▶ **Title (Owner, etc.)** ▶ **Date** ▶

Form **940-EZ**

Department of the Treasury
Internal Revenue Service (99)

Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-1110

1996

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Name (as distinguished from trade name) — Calendar year

Trade name, if any

Address and ZIP code — Employer identification number

*Follow the chart under **Who May Use Form 940-EZ** on page 2. If you cannot use Form 940-EZ, you must use Form 940 instead.*

A Enter the amount of contributions paid to your state unemployment fund. (See instructions for line A on page 4.) ▶ $

B (1) Enter the name of the state where you have to pay contributions . . . . ▶

(2) Enter your state reporting number as shown on state unemployment tax return. ▶

If you will not have to file returns in the future, check here (see **Who Must File** on page 2) **and complete and sign the return** . . . . . ▶ ☐

If this is an Amended Return, check here . . . . ▶ ☐

Part I Taxable Wages and FUTA Tax

		Amount paid		
1	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees		**1**	
2	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	**2**		
3	Payments for services of more than $7,000. Enter only amounts over the first $7,000 paid to each employee. Do not include any exempt payments from line 2. Do not use your state wage limitation. The $7,000 amount is the Federal wage base. Your state wage base may be different	**3**		
4	Total exempt payments (add lines 2 and 3)		**4**	
5	**Total taxable wages** (subtract line 4 from line 1) . . . . ▶		**5**	
6	**FUTA tax.** Multiply the wages on line 5 by .008 and enter here. (If the result is over $100, also complete Part II.) .		**6**	
7	Total FUTA tax deposited for the year, including any overpayment applied from a prior year (from your records)		**7**	
8	**Amount you owe** (subtract line 7 from line 6). This should be $100 or less. Pay to "Internal Revenue Service." ▶		**8**	
9	**Overpayment** (subtract line 6 from line 7). Check if it is to be: ☐ **Applied to next return, or** ☐ **Refunded** ▶		**9**	

Part II Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) Complete only if line 6 is over $100.

Quarter	First (Jan. 1 – Mar. 31)	Second (Apr. 1 – June 30)	Third (July 1 – Sept. 30)	Fourth (Oct. 1 – Dec. 31)	Total for year
Liability for quarter					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶ **Title (Owner, etc.) ▶** **Date ▶**

Cat. No. 10983G Form **940-EZ** (1996)

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Form **940-EZ(V)**

Department of the Treasury
Internal Revenue Service

Form 940-EZ Payment Voucher

For Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-1110

1996

Complete boxes 1, 2, 3, and 4. Do not send cash and do not staple your payment to this voucher. Make your check or money order, with your employer identification number written on it, payable to the **Internal Revenue Service.**

1 Enter the amount of the payment you are making	**2** Enter the first four characters of your business name	**3** Enter your employer identification number
▶ $.		
Do not staple your payment to this voucher.	**4** Enter your name Enter your address Enter your city, state, and ZIP code	

Form **941** (Rev. January 1997) Department of the Treasury Internal Revenue Service

4141

Employer's Quarterly Federal Tax Return

► **See separate instructions for information on completing this return.**

Please type or print.

Enter state code for state in which deposits made ► (see page 3 of instructions).

Name (as distinguished from trade name) | Date quarter ended

Trade name, if any | Employer identification number

Address (number and street) | City, state, and ZIP code

OMB No. 1545-0029

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If address is different from prior return, check here ►

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If you do not have to file returns in the future, check here ► ☐ and enter date final wages paid ►

If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions and check here ► ☐

1	Number of employees (except household) employed in the pay period that includes March 12th ►	1	
2	Total wages and tips, plus other compensation	2	
3	Total income tax withheld from wages, tips, and sick pay	3	
4	Adjustment of withheld income tax for preceding quarters of calendar year	4	
5	Adjusted total of income tax withheld (line 3 as adjusted by line 4—see instructions)	5	
6	Taxable social security wages **6a** $ × 12.4% (.124) =	6b	
	Taxable social security tips **6c** $ × 12.4% (.124) =	6d	
7	Taxable Medicare wages and tips **7a** $ × 2.9% (.029) =	7b	
8	Total social security and Medicare taxes (add lines 6b, 6d, and 7b). Check here if wages are not subject to social security and/or Medicare tax ► ☐	8	
9	Adjustment of social security and Medicare taxes (see instructions for required explanation) Sick Pay $ ______ ± Fractions of Cents $ ______ ± Other $ ______ =	9	
10	Adjusted total of social security and Medicare taxes (line 8 as adjusted by line 9—see instructions)	10	
11	**Total taxes** (add lines 5 and 10)	11	
12	Advance earned income credit (EIC) payments made to employees, if any	12	
13	Net taxes (subtract line 12 from line 11). **This should equal line 17, column (d) below** (or line D of Schedule B (Form 941))	13	
14	Total deposits for quarter, including overpayment applied from a prior quarter	14	
15	**Balance due** (subtract line 14 from line 13). See instructions	15	

16 **Overpayment,** if line 14 is more than line 13, enter excess here ► $ ______
and check if to be: ☐ Applied to next return **OR** ☐ Refunded.

- **All filers:** If line 13 is less than $500, you need not complete line 17 or Schedule B.
- **Semiweekly schedule depositors:** Complete Schedule B and check here ► ☐
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here ► ☐

17 Monthly Summary of Federal Tax Liability

(a) First month liability	**(b)** Second month liability	**(c)** Third month liability	**(d)** Total liability for quarter

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ► **Print Your Name and Title ►** **Date ►**

Form **945** (Rev. October 1996) Department of the Treasury Internal Revenue Service

Annual Return of Withheld Federal Income Tax

► **For withholding reported on Forms 1099 and W-2G.**
► **See separate instructions. For more information on income tax withholding, see Circular E.**
4545
Please type or print.

OMB No. 1545-1430

1996

Enter state code for state in which deposits made . . ► (see page 2 of instructions).

Name (as distinguished from trade name) | Employer identification number

Trade name, if any

Address (number and street) | City, state, and ZIP code

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If address is different from prior return, check here ►

IRS Use

If you do not have to file returns in the future, check here ► ☐ and enter date final payments paid ► ____________

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1	
2	Backup withholding	2	
3	Adjustment to correct administrative errors (see instructions)	3	
4	**Total taxes.** This must equal line 8M below or line M of Form 945-A	4	
5	Total deposits for 1996 from your records, including overpayment applied from a prior year	5	
6	**Balance due** (subtract line 5 from line 4). See instructions	6	

7 **Overpayment.** If line 4 is less than line 5, enter overpayment here ► $ ____________ and check if to be:

☐ Applied to next return **OR** ☐ Refunded

- **All filers:** If line 4 is less than $500, you need not complete line 8 or Form 945-A.
- **Semiweekly schedule depositors:** Complete Form 945-A and check here ► ☐
- **Monthly schedule depositors:** Complete line 8, entries A through M, and check here ► ☐

8 Monthly Summary of Federal Tax Liability

	Tax liability for month		Tax liability for month		Tax liability for month
A January		**F** June		**K** November	
B February		**G** July		**L** December	
C March		**H** August		**M** Total liability for year (add entries A through L)	
D April		**I** September			
E May		**J** October			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ► **Print Your Name and Title ►** **Date ►**

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts **1996**

For calendar year 1996 or fiscal year beginning , 1996, and ending , 19 — OMB No. 1545-0092

A Type of entity:
- ☐ Decedent's estate
- ☐ Simple trust
- ☐ Complex trust
- ☐ Grantor type trust
- ☐ Bankruptcy estate–Ch. 7
- ☐ Bankruptcy estate–Ch. 11
- ☐ Pooled income fund

B Number of Schedules K-1 attached (see instructions) ▶

Name of estate or trust (If a grantor type trust, see page 7 of the instructions.)

Name and title of fiduciary

Number, street, and room or suite no. (If a P.O. box, see page 7 of the instructions.)

City or town, state, and ZIP code

C **Employer identification number**

D Date entity created

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 9 of the instructions):
- ☐ Described in section 4947(a)(1)
- ☐ Not a private foundation
- ☐ Described in section 4947(a)(2)

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Pooled mortgage account (see page 9 of the instructions): ☐ Bought ☐ Sold Date:

Income	1	Interest income	1	
	2	Dividends	2	
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount	8	
	9	**Total income.** Combine lines 1 through 8 ▶	9	
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☐	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions NOT subject to the 2% floor (attach schedule)	15a	
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	**Total.** Add lines 10 through 15b	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1 ▶	17	
	18	Income distribution deduction (from Schedule B, line 17) (attach Schedules K-1 (Form 1041))	18	
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19	
	20	Exemption	20	
	21	**Total deductions.** Add lines 18 through 20 ▶	21	
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 13 of the instructions	22	
	23	**Total tax** (from Schedule G, line 8)	23	
	24	**Payments: a** 1996 estimated tax payments and amount applied from 1995 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with extension of time to file: ☐ Form 2758 ☐ Form 8736 ☐ Form 8800	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: **f** Form 2439 ; **g** Form 4136 ; Total ▶	24h	
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	
	26	Estimated tax penalty (see page 14 of the instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	
	29	Amount of line 28 to be: **a Credited to 1997 estimated tax ▶** ; **b Refunded ▶**	29	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than fiduciary) is based on all information of which preparer has any knowledge.

▶ Signature of fiduciary or officer representing fiduciary — Date — ▶ EIN of fiduciary if a financial institution (see page 3 of the instructions)

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ▶ ☐ — **Preparer's social security no.**

Firm's name (or yours if self-employed) and address ▶ — EIN ▶ — ZIP code ▶

Schedule A **Charitable Deduction.** Do not complete for a simple trust or a pooled income fund.

1	Amounts paid for charitable purposes from gross income	1	
2	Amounts permanently set aside for charitable purposes from gross income	2	
3	Add lines 1 and 2	3	
4	Tax-exempt income allocable to charitable contributions (see page 15 of the instructions)	4	
5	Subtract line 4 from line 3	5	
6	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	6	
7	**Charitable deduction.** Add lines 5 and 6. Enter here and on page 1, line 13	7	

Schedule B **Income Distribution Deduction**

1	Adjusted total income (from page 1, line 17) (see page 15 of the instructions)	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 17, column (a) (see page 15 of the instructions)	3	
4	Enter amount from Schedule A, line 6	4	
5	Long-term capital gain for the tax year included on Schedule A, line 3	5	
6	Short-term capital gain for the tax year included on Schedule A, line 3	6	
7	If the amount on page 1, line 4, is a capital loss, enter here as a positive figure	7	
8	If the amount on page 1, line 4, is a capital gain, enter here as a negative figure	8	
9	**Distributable net income (DNI).** Combine lines 1 through 8. If zero or less, enter -0-	9	
10	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law — 10		
11	Income required to be distributed currently	11	
12	Other amounts paid, credited, or otherwise required to be distributed	12	
13	Total distributions. Add lines 11 and 12. If greater than line 10, see page 16 of the instructions	13	
14	Enter the amount of tax-exempt income included on line 13	14	
15	Tentative income distribution deduction. Subtract line 14 from line 13	15	
16	Tentative income distribution deduction. Subtract line 2 from line 9. If zero or less, enter -0-	16	
17	**Income distribution deduction.** Enter the smaller of line 15 or line 16 here and on page 1, line 18	17	

Schedule G **Tax Computation** (see page 16 of the instructions)

1	**Tax: a** ☐ Tax rate schedule or ☐ Schedule D (Form 1041) — 1a		
	b Other taxes — 1b		
	c Total. Add lines 1a and 1b ▶	1c	
2a	Foreign tax credit (attach Form 1116) — 2a		
b	Check: ☐ Nonconventional source fuel credit ☐ Form 8834 — 2b		
c	General business credit. Enter here and check which forms are attached: ☐ Form 3800 or ☐ Forms (specify) ▶ ______ — 2c		
d	Credit for prior year minimum tax (attach Form 8801) — 2d		
3	**Total credits.** Add lines 2a through 2d ▶	3	
4	Subtract line 3 from line 1c	4	
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611	5	
6	Alternative minimum tax (from Schedule I, line 41)	6	
7	Household employment taxes. Attach Schedule H (Form 1040)	7	
8	**Total tax.** Add lines 4 through 7. Enter here and on page 1, line 23 ▶	8	

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ ______		
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		
3	At any time during calendar year 1996, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 18 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶ ______		
4	Was the estate or trust the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not the estate or trust has any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		
5	Did the estate or trust receive, or pay, any seller-financed mortgage interest? If "Yes," see page 18 of the instructions for required attachment		
6	If this is a complex trust making the section 663(b) election, check here (see page 18 of the instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 18) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, check here ▶ ☐		

Schedule I — Alternative Minimum Tax (see pages 18 through 22 of the instructions)

Part I—Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from page 1, line 17)			1	
2	Net operating loss deduction. Enter as a positive amount			2	
3	Add lines 1 and 2			3	
4	**Adjustments and tax preference items:**				
a	Interest	4a			
b	Taxes	4b			
c	Miscellaneous itemized deductions (from page 1, line 15b)	4c			
d	Refund of taxes	4d	( )		
e	Depreciation of property placed in service after 1986	4e			
f	Circulation and research and experimental expenditures paid or incurred after 1986	4f			
g	Mining exploration and development costs paid or incurred after 1986	4g			
h	Long-term contracts entered into after February 28, 1986	4h			
i	Pollution control facilities placed in service after 1986	4i			
j	Installment sales of certain property	4j			
k	Adjusted gain or loss (including incentive stock options)	4k			
l	Certain loss limitations	4l			
m	Tax shelter farm activities	4m			
n	Passive activities	4n			
o	Beneficiaries of other trusts or decedent's estates	4o			
p	Tax-exempt interest from specified private activity bonds	4p			
q	Depletion	4q			
r	Accelerated depreciation of real property placed in service before 1987	4r			
s	Accelerated depreciation of leased personal property placed in service before 1987	4s			
t	Intangible drilling costs	4t			
u	Other adjustments	4u		9	
5	Combine lines 4a through 4u			5	
6	Add lines 3 and 5			6	
7	Alternative tax net operating loss deduction (see page 21 of the instructions for limitations)			7	
8	Adjusted alternative minimum taxable income. Subtract line 7 from line 6. Enter here and on line 13			8	
	Note: *Complete Part II before going to line 9.*				
9	Income distribution deduction from line 27				
10	Estate tax deduction (from page 1, line 19)	10			
11	Add lines 9 and 10			11	
12	Estate's or trust's share of alternative minimum taxable income. Subtract line 11 from line 8			12	

If line 12 is:

- $22,500 or less, stop here and enter -0- on Schedule G, line 6. The estate or trust is not liable for the alternative minimum tax.
- Over $22,500, but less than $165,000, go to line 28.
- $165,000 or more, enter the amount from line 12 on line 34 and go to line 35.

(continued on page 4)

Part II—Income Distribution Deduction on a Minimum Tax Basis

13	Adjusted alternative minimum taxable income (from line 8)	13	
14	Adjusted tax-exempt interest (other than amounts included on line 4p)	14	
15	Total net gain from Schedule D (Form 1041), line 17, column (a). If a loss, enter -0-	15	
16	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Schedule A, line 6)	16	
17	Capital gains paid or permanently set aside for charitable purposes from current year's income (see page 22 of the instructions)	17	
18	Capital gains computed on a minimum tax basis included on line 8	18	( )
19	Capital losses computed on a minimum tax basis included on line 8. Enter as a positive amount	19	
20	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 13 through 19	20	
21	Income required to be distributed currently (from Schedule B, line 11)	21	
22	Other amounts paid, credited, or otherwise required to be distributed (from Schedule B, line 12)	22	
23	Total distributions. Add lines 21 and 22	23	
24	Tax-exempt income included on line 23 (other than amounts included on line 4p)	24	
25	Tentative income distribution deduction on a minimum tax basis. Subtract line 24 from line 23	25	
26	Tentative income distribution deduction on a minimum tax basis. Subtract line 14 from line 20	26	
27	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 25 or line 26. Enter here and on line 9	27	

Part III—Alternative Minimum Tax

28	Exemption amount			28	$22,500
29	Enter the amount from line 12	29			
30	Phase-out of exemption amount	30	$75,000		
31	Subtract line 30 from line 29. If zero or less, enter -0-	31			
32	Multiply line 31 by 25% (.25)			32	
33	Subtract line 32 from line 28. If zero or less, enter -0-			33	
34	Subtract line 33 from line 29			34	
35	If line 34 is: • $175,000 or less, multiply line 34 by 26% (.26). • Over $175,000, multiply line 34 by 28% (.28) and subtract $3,500 from the result			35	
36	Alternative minimum foreign tax credit (see page 22 of instructions)			36	
37	Tentative minimum tax. Subtract line 36 from line 35			37	
38	Regular tax before credits (see page 22 of instructions)	38			
39	Section 644 tax included on Schedule G, line 1b	39			
40	Add lines 38 and 39			40	
41	**Alternative minimum tax.** Subtract line 40 from line 37. If zero or less, enter -0-. Enter here and on Schedule G, line 6			41	

SCHEDULE K-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

Beneficiary's Share of Income, Deductions, Credits, etc.

for the calendar year 1996, or fiscal year

beginning .... , 1996, ending .... , 19 ....

► Complete a separate Schedule K-1 for each beneficiary.

OMB No. 1545-0092

1996

Name of trust or decedent's estate

☐ Amended K-1
☐ Final K-1

Beneficiary's identifying number ►

Estate's or trust's EIN ►

Beneficiary's name, address, and ZIP code

Fiduciary's name, address, and ZIP code

	(a) Allocable share item		**(b)** Amount	**(c)** Calendar year 1996 Form 1040 filers enter the amounts in column (b) on:
1	Interest	**1**		Schedule B, Part I, line 1
2	Dividends	**2**		Schedule B, Part II, line 5
3a	Net short-term capital gain	**3a**		Schedule D, line 5, column (g)
b	Net long-term capital gain	**3b**		Schedule D, line 13, column (g)
4a	Annuities, royalties, and other nonpassive income before directly apportioned deductions	**4a**		Schedule E, Part III, column (f)
b	Depreciation	**4b**		Include on the applicable line of the appropriate tax form
c	Depletion	**4c**		
d	Amortization	**4d**		
5a	Trade or business, rental real estate, and other rental income before directly apportioned deductions (see instructions)	**5a**		Schedule E, Part III
b	Depreciation	**5b**		Include on the applicable line of the appropriate tax form
c	Depletion	**5c**		
d	Amortization	**5d**		
6	Income for minimum tax purposes	**6**		
7	Income for regular tax purposes (add lines 1 through 3b, 4a, and 5a)	**7**		
8	Adjustment for minimum tax purposes (subtract line 7 from line 6)	**8**		Form 6251, line 12
9	Estate tax deduction (including certain generation-skipping transfer taxes)	**9**		Schedule A, line 27
10	Foreign taxes	**10**		Form 1116 or Schedule A (Form 1040), line 8
11	Adjustments and tax preference items (itemize):			
a	Accelerated depreciation	**11a**		Include on the applicable line of Form 6251
b	Depletion	**11b**		
c	Amortization	**11c**		
d	Exclusion items	**11d**		1997 Form 8801
12	Deductions in the final year of trust or decedent's estate:			
a	Excess deductions on termination (see instructions)	**12a**		Schedule A, line 22
b	Short-term capital loss carryover	**12b**		Schedule D, line 5, column (f)
c	Long-term capital loss carryover	**12c**		Schedule D, line 13, column (f)
d	Net operating loss (NOL) carryover for regular tax purposes	**12d**		Form 1040, line 21
e	NOL carryover for minimum tax purposes	**12e**		See the instructions for Form 6251, line 20
f	....	**12f**		Include on the applicable line of the appropriate tax form
g		**12g**		
13	Other (itemize):			
a	Payments of estimated taxes credited to you	**13a**		Form 1040, line 53
b	Tax-exempt interest	**13b**		Form 1040, line 8b
c	....	**13c**		Include on the applicable line of the appropriate tax form
d	....	**13d**		
e	....	**13e**		
f	....	**13f**		
g	....	**13g**		
h		**13h**		

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Partnership Return of Income

For calendar year 1996, or tax year beginning .... , 1996, and ending .... , 19 .... .

▶ See separate instructions.

OMB No. 1545-0099

1996

A Principal business activity	**Use the IRS label. Otherwise, please print or type.**	Name of partnership	**D** Employer identification number
B Principal product or service		Number, street, and room or suite no. If a P.O. box, see page 10 of the instructions.	**E** Date business started
C Business code number		City or town, state, and ZIP code	**F** Total assets (see page 10 of the instructions) $

G Check applicable boxes: **(1)** ☐ Initial return **(2)** ☐ Final return **(3)** ☐ Change in address **(4)** ☐ Amended return

H Check accounting method: **(1)** ☐ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify) ▶ ....

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ ....

Caution: *Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.*

Income	**1a** Gross receipts or sales	**1a**			
	b Less returns and allowances	**1b**		**1c**	
	2 Cost of goods sold (Schedule A, line 8)			**2**	
	3 Gross profit. Subtract line 2 from line 1c			**3**	
	4 Ordinary income (loss) from other partnerships, estates, and trusts *(attach schedule)*			**4**	
	5 Net farm profit (loss) *(attach Schedule F (Form 1040))*			**5**	
	6 Net gain (loss) from Form 4797, Part II, line 20			**6**	
	7 Other income (loss) *(attach schedule)*			**7**	
	8 **Total income (loss).** Combine lines 3 through 7			**8**	
Deductions (see page 11 of the instructions for limitations)	**9** Salaries and wages (other than to partners) (less employment credits)			**9**	
	10 Guaranteed payments to partners			**10**	
	11 Repairs and maintenance			**11**	
	12 Bad debts			**12**	
	13 Rent			**13**	
	14 Taxes and licenses			**14**	
	15 Interest			**15**	
	16a Depreciation (if required, attach Form 4562)	**16a**			
	b Less depreciation reported on Schedule A and elsewhere on return	**16b**		**16c**	
	17 Depletion **(Do not deduct oil and gas depletion.)**			**17**	
	18 Retirement plans, etc.			**18**	
	19 Employee benefit programs			**19**	
	20 Other deductions *(attach schedule)*			**20**	
	21 **Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			**21**	
	22 **Ordinary income (loss)** from trade or business activities. Subtract line 21 from line 8			**22**	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member ▶ Date

Paid Preparer's Use Only			
Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address ▶		EIN ▶	
		ZIP code ▶	

Schedule A **Cost of Goods Sold** (see page 13 of the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs *(attach schedule)*	4	
5	Other costs *(attach schedule)*	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:
(i) ☐ Cost as described in Regulations section 1.471-3
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
(iii) ☐ Other (specify method used and attach explanation) ▶ ....
b Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶ ☐
c Check this box if the LIFO inventory method was adopted this tax year for any goods *(if checked, attach Form 970)* ▶ ☐
d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? ☐ **Yes** ☐ **No**
e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ **Yes** ☐ **No**
If "Yes," attach explanation.

Schedule B **Other Information**

		Yes	No
1	What type of entity is filing this return? Check the applicable box: **a** ☐ General partnership **b** ☐ Limited partnership **c** ☐ Limited liability company **d** ☐ Other ▶		
2	Are any partners in this partnership also partnerships?		
3	Is this partnership a partner in another partnership?		
4	Is this partnership subject to the consolidated audit procedures of sections 6221 through 6233? If "Yes," see **Designation of Tax Matters Partner** below		
5	Does this partnership meet **ALL THREE** of the following requirements? **a** The partnership's total receipts for the tax year were less than $250,000; **b** The partnership's total assets at the end of the tax year were less than $600,000; **AND** **c** Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item J on Schedule K-1		
6	Does this partnership have any foreign partners?		
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		
8	Has this partnership filed, or is it required to file, **Form 8264,** Application for Registration of a Tax Shelter?		
9	At any time during calendar year 1996, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 14 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.) If "Yes," enter the name of the foreign country. ▶		
10	Was the partnership the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the partnership or any partner has any beneficial interest in it? If "Yes," you may have to file Forms 3520, 3520-A, or 926		
11	Was there a distribution of property or a transfer (e.g., by sale or death) of a partnership interest during the tax year? If "Yes," you may elect to adjust the basis of the partnership's assets under section 754 by attaching the statement described under **Elections Made By the Partnership** on page 5 of the instructions		

Designation of Tax Matters Partner (see page 14 of the instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶		Identifying number of TMP ▶	
Address of designated TMP ▶			

Schedule K Partners' Shares of Income, Credits, Deductions, etc.

Section	(a) Distributive share items		(b) Total amount
Income (Loss)	1 Ordinary income (loss) from trade or business activities (page 1, line 22)	1	
	2 Net income (loss) from rental real estate activities *(attach Form 8825)*	2	
	3a Gross income from other rental activities [3a]		
	b Expenses from other rental activities *(attach schedule)* [3b]		
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c	
	4 Portfolio income (loss): **a** Interest income	4a	
	b Dividend income	4b	
	c Royalty income	4c	
	d Net short-term capital gain (loss) *(attach Schedule D (Form 1065))*	4d	
	e Net long-term capital gain (loss) *(attach Schedule D (Form 1065))*	4e	
	f Other portfolio income (loss) *(attach schedule)*	4f	
	5 Guaranteed payments to partners	5	
	6 Net gain (loss) under section 1231 (other than due to casualty or theft) *(attach Form 4797)*	6	
	7 Other income (loss) *(attach schedule)*	7	
Deductions	8 Charitable contributions *(attach schedule)*	8	
	9 Section 179 expense deduction *(attach Form 4562)*	9	
	10 Deductions related to portfolio income (itemize)	10	
	11 Other deductions *(attach schedule)*	11	
Investment Interest	12a Interest expense on investment debts	12a	
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	12b(1)	
	(2) Investment expenses included on line 10 above	12b(2)	
Credits	13a Low-income housing credit:		
	(1) From partnerships to which section 42(j)(5) applies for property placed in service before 1990	13a(1)	
	(2) Other than on line 13a(1) for property placed in service before 1990	13a(2)	
	(3) From partnerships to which section 42(j)(5) applies for property placed in service after 1989	13a(3)	
	(4) Other than on line 13a(3) for property placed in service after 1989	13a(4)	
	b Qualified rehabilitation expenditures related to rental real estate activities *(attach Form 3468)*	13b	
	c Credits (other than credits shown on lines 13a and 13b) related to rental real estate activities	13c	
	d Credits related to other rental activities	13d	
	14 Other credits	14	
Self-Employment	15a Net earnings (loss) from self-employment	15a	
	b Gross farming or fishing income	15b	
	c Gross nonfarm income	15c	
Adjustments and Tax Preference Items	16a Depreciation adjustment on property placed in service after 1986	16a	
	b Adjusted gain or loss	16b	
	c Depletion (other than oil and gas)	16c	
	d (1) Gross income from oil, gas, and geothermal properties	16d(1)	
	(2) Deductions allocable to oil, gas, and geothermal properties	16d(2)	
	e Other adjustments and tax preference items *(attach schedule)*	16e	
Foreign Taxes	17a Type of income ► .... **b** Foreign country or U.S. possession ►		
	c Total gross income from sources outside the United States *(attach schedule)*	17c	
	d Total applicable deductions and losses *(attach schedule)*	17d	
	e Total foreign taxes (check one): ► ☐ Paid ☐ Accrued	17e	
	f Reduction in taxes available for credit *(attach schedule)*	17f	
	g Other foreign tax information *(attach schedule)*	17g	
Other	18 Section 59(e)(2) expenditures: **a** Type ► .... **b** Amount ►	18b	
	19 Tax-exempt interest income	19	
	20 Other tax-exempt income	20	
	21 Nondeductible expenses	21	
	22 Distributions of money (cash and marketable securities)	22	
	23 Distributions of property other than money	23	
	24 Other items and amounts required to be reported separately to partners *(attach schedule)*		
Analysis	25a Income (loss). Combine lines 1 through 7 in column (b). From the result, subtract the sum of lines 8 through 12a, 17e, and 18b	25a	

Analysis b Analysis by type of partner:

	(a) Corporate	(b) Individual i. Active	(b) Individual ii. Passive	(c) Partnership	(d) Exempt organization	(e) Nominee/Other
(1) General partners						
(2) Limited partners						

Note: *If Question 5 of Schedule B is answered "Yes," the partnership is not required to complete Schedules L, M-1, and M-2.*

Schedule L — Balance Sheets per Books

Assets	Beginning of tax year (a)	(b)	End of tax year (c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets *(attach schedule)*				
7 Mortgage and real estate loans				
8 Other investments *(attach schedule)*				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets *(attach schedule)*				
14 **Total** assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities *(attach schedule)*				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities *(attach schedule)*				
21 Partners' capital accounts				
22 **Total** liabilities and capital				

Schedule M-1 — Reconciliation of Income (Loss) per Books With Income (Loss) per Return
(see page 23 of the instructions)

1 Net income (loss) per books

2 Income included on Schedule K, lines 1 through 4, 6, and 7, not recorded on books this year (itemize):

3 Guaranteed payments (other than health insurance)

4 Expenses recorded on books this year not included on Schedule K, lines 1 through 12a, 17e, and 18b (itemize):

a Depreciation $

b Travel and entertainment $

5 Add lines 1 through 4

6 Income recorded on books this year not included on Schedule K, lines 1 through 7 (itemize):

a Tax-exempt interest $

7 Deductions included on Schedule K, lines 1 through 12a, 17e, and 18b, not charged against book income this year (itemize):

a Depreciation $

8 Add lines 6 and 7

9 Income (loss) (Schedule K, line 25a). Subtract line 8 from line 5

Schedule M-2 — Analysis of Partners' Capital Accounts

1 Balance at beginning of year

2 Capital contributed during year

3 Net income (loss) per books

4 Other increases (itemize):

5 Add lines 1 through 4

6 Distributions: a Cash

b Property

7 Other decreases (itemize):

8 Add lines 6 and 7

9 Balance at end of year. Subtract line 8 from line 5

SCHEDULE K-1 (Form 1065)
Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Credits, Deductions, etc.

▶ See separate instructions.

For calendar year 1996 or tax year beginning , 1996, and ending , 19

OMB No. 1545-0099

1996

Partner's identifying number ▶

Partner's name, address, and ZIP code

Partnership's identifying number ▶

Partnership's name, address, and ZIP code

A This partner is a ☐ general partner ☐ limited partner ☐ limited liability company member

B What type of entity is this partner? ▶ ....

C Is this partner a ☐ domestic or a ☐ foreign partner?

D Enter partner's percentage of:

	(i) Before change or termination	(ii) End of year
Profit sharing	.... %	.... %
Loss sharing	.... %	.... %
Ownership of capital	.... %	.... %

E IRS Center where partnership filed return:

F Partner's share of liabilities (see instructions):
Nonrecourse . . . . $ ....
Qualified nonrecourse financing . . $ ....
Other . . . . $ ....

G Tax shelter registration number. . ▶ ....

H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) . . . . ☐

I Check applicable boxes: **(1)** ☐ Final K-1 **(2)** ☐ Amended K-1

J Analysis of partner's capital account:

(a) Capital account at beginning of year	**(b)** Capital contributed during year	**(c)** Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2	**(d)** Withdrawals and distributions	**(e)** Capital account at end of year (combine columns (a) through (d))
			( )	

		(a) Distributive share item		(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1	Ordinary income (loss) from trade or business activities . . .	1		See pages 5 and 6 of Partner's Instructions for Schedule K-1 (Form 1065).
	2	Net income (loss) from rental real estate activities	2		
	3	Net income (loss) from other rental activities	3		
	4	Portfolio income (loss):			
	a	Interest	4a		Sch. B, Part I, line 1
	b	Dividends	4b		Sch. B, Part II, line 5
	c	Royalties	4c		Sch. E, Part I, line 4
	d	Net short-term capital gain (loss)	4d		Sch. D, line 5, col. (f) or (g)
	e	Net long-term capital gain (loss)	4e		Sch. D, line 13, col. (f) or (g)
	f	Other portfolio income (loss) *(attach schedule)*	4f		Enter on applicable line of your return.
	5	Guaranteed payments to partner	5		See page 6 of Partner's Instructions for Schedule K-1 (Form 1065).
	6	Net gain (loss) under section 1231 (other than due to casualty or theft)	6		
	7	Other income (loss) *(attach schedule)*	7		Enter on applicable line of your return.
Deductions	8	Charitable contributions (see instructions) *(attach schedule)* . .	8		Sch. A, line 15 or 16
	9	Section 179 expense deduction	9		See page 7 of Partner's Instructions for Schedule K-1 (Form 1065).
	10	Deductions related to portfolio income *(attach schedule)* . . .	10		
	11	Other deductions *(attach schedule)*	11		
Investment Interest	12a	Interest expense on investment debts	12a		Form 4952, line 1
	b	**(1)** Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)		See page 7 of Partner's Instructions for Schedule K-1 (Form 1065).
		(2) Investment expenses included on line 10 above	b(2)		
Credits	13a	Low-income housing credit:			
		(1) From section 42(j)(5) partnerships for property placed in service before 1990	a(1)		Form 8586, line 5
		(2) Other than on line 13a(1) for property placed in service before 1990	a(2)		
		(3) From section 42(j)(5) partnerships for property placed in service after 1989	a(3)		
		(4) Other than on line 13a(3) for property placed in service after 1989	a(4)		
	b	Qualified rehabilitation expenditures related to rental real estate activities	13b		See page 8 of Partner's Instructions for Schedule K-1 (Form 1065).
	c	Credits (other than credits shown on lines 13a and 13b) related to rental real estate activities	13c		
	d	Credits related to other rental activities	13d		
	14	Other credits	14		

	(a) Distributive share item		(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Self-employment	15a Net earnings (loss) from self-employment	15a		Sch. SE, Section A or B
	b Gross farming or fishing income	15b		See page 8 of Partner's Instructions for Schedule K-1 (Form 1065).
	c Gross nonfarm income	15c		
Adjustments and Tax Preference Items	16a Depreciation adjustment on property placed in service after 1986	16a		See pages 8 and 9 of Partner's Instructions for Schedule K-1 (Form 1065) and Instructions for Form 6251.
	b Adjusted gain or loss	16b		
	c Depletion (other than oil and gas)	16c		
	d **(1)** Gross income from oil, gas, and geothermal properties	d(1)		
	(2) Deductions allocable to oil, gas, and geothermal properties	d(2)		
	e Other adjustments and tax preference items *(attach schedule)*	16e		
Foreign Taxes	17a Type of income ▶			Form 1116, check boxes
	b Name of foreign country or U.S. possession ▶			Form 1116, Part I
	c Total gross income from sources outside the United States *(attach schedule)*	17c		
	d Total applicable deductions and losses *(attach schedule)*	17d		
	e Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	17e		Form 1116, Part II
	f Reduction in taxes available for credit *(attach schedule)*	17f		Form 1116, Part III
	g Other foreign tax information *(attach schedule)*	17g		See Instructions for Form 1116.
Other	18 Section 59(e)(2) expenditures: **a** Type ▶			See page 9 of Partner's Instructions for Schedule K-1 (Form 1065).
	b Amount	18b		
	19 Tax-exempt interest income	19		Form 1040, line 8b
	20 Other tax-exempt income	20		See page 9 of Partner's Instructions for Schedule K-1 (Form 1065).
	21 Nondeductible expenses	21		
	22 Distributions of money (cash and marketable securities)	22		
	23 Distributions of property other than money	23		
	24 Recapture of low-income housing credit:			
	a From section 42(j)(5) partnerships	24a		Form 8611, line 8
	b Other than on line 24a	24b		

Supplemental Information

25 Supplemental information required to be reported separately to each partner *(attach additional schedules if more space is needed)*:

8585 ☐ VOID ☐ CORRECTED

CREDITOR'S name, street address, city, state, and ZIP code			OMB No. 1545-1424 1997 Form **1099-C**	**Cancellation of Debt**
CREDITOR'S Federal identification number	DEBTOR'S identification number	**1** Date canceled	**2** Amount of debt canceled $	**Copy A** **For Internal Revenue Service Center** **File with Form 1096.**
DEBTOR'S name		**3** Interest if included in box 2 $	**4**	For Paperwork Reduction Act Notice and instructions for completing this form, see **Instructions for Forms 1099, 1098, 5498, and W-2G.**
Street address (including apt. no.)		**5** Debt description		
City, state, and ZIP code				
Account number (optional)		**6** Check for bankruptcy ☐	**7** Fair market value of property $	

Form **1099-C** Cat. No. 26280W Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

Form **1120** U.S. Corporation Income Tax Return OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 1996 or tax year beginning ...., 1996, ending ...., 19 ...
► Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

1996

A Check if a:
1 Consolidated return (attach Form 851) ☐
2 Personal holding co. (attach Sch. PH) ☐
3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T—see instructions) ☐

Use IRS label. Otherwise, print or type.

Name

Number, street, and room or suite no. (If a P.O. box, see page 6 of instructions.)

City or town, state, and ZIP code

B Employer identification number

C Date incorporated

D Total assets (see page 6 of instructions)

$

E Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change of address

Income

1a	Gross receipts or sales ______ **b** Less returns and allowances ______ **c** Bal ►	**1c**	
2	Cost of goods sold (Schedule A, line 8)	**2**	
3	Gross profit. Subtract line 2 from line 1c	**3**	
4	Dividends (Schedule C, line 19)	**4**	
5	Interest	**5**	
6	Gross rents	**6**	
7	Gross royalties	**7**	
8	Capital gain net income (attach Schedule D (Form 1120))	**8**	
9	Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)	**9**	
10	Other income (see page 7 of instructions—attach schedule)	**10**	
11	**Total income.** Add lines 3 through 10 ►	**11**	

Deductions (See instructions for limitations on deductions.)

12	Compensation of officers (Schedule E, line 4)	**12**	
13	Salaries and wages (less employment credits)	**13**	
14	Repairs and maintenance	**14**	
15	Bad debts	**15**	
16	Rents	**16**	
17	Taxes and licenses	**17**	
18	Interest	**18**	
19	Charitable contributions (see page 9 of instructions for 10% limitation)	**19**	
20	Depreciation (attach Form 4562) **20** ______		
21	Less depreciation claimed on Schedule A and elsewhere on return **21a** ______	**21b**	
22	Depletion	**22**	
23	Advertising	**23**	
24	Pension, profit-sharing, etc., plans	**24**	
25	Employee benefit programs	**25**	
26	Other deductions (attach schedule)	**26**	
27	**Total deductions.** Add lines 12 through 26 ►	**27**	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	**28**	
29	**Less:** **a** Net operating loss deduction (see page 11 of instructions) **29a** ______		
	b Special deductions (Schedule C, line 20) **29b** ______	**29c**	

Tax and Payments

30	**Taxable income.** Subtract line 29c from line 28	**30**	
31	**Total tax** (Schedule J, line 10)	**31**	
32	**Payments: a** 1995 overpayment credited to 1996 **32a** ______		
b	1996 estimated tax payments **32b** ______		
c	Less 1996 refund applied for on Form 4466 **32c** ( ) **d Bal ►** **32d** ______		
e	Tax deposited with Form 7004 **32e** ______		
f	Credit from regulated investment companies (attach Form 2439) **32f** ______		
g	Credit for Federal tax on fuels (attach Form 4136). See instructions **32g** ______	**32h**	
33	Estimated tax penalty (see page 12 of instructions). Check if Form 2220 is attached ► ☐	**33**	
34	**Tax due.** If line 32h is smaller than the total of lines 31 and 33, enter amount owed	**34**	
35	**Overpayment.** If line 32h is larger than the total of lines 31 and 33, enter amount overpaid	**35**	
36	Enter amount of line 35 you want: **Credited to 1997 estimated tax ►** **Refunded ►**	**36**	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Signature of officer Date ► Title

Paid Preparer's Use Only

Preparer's signature ► Date Check if self-employed ☐ Preparer's social security number

Firm's name (or yours if self-employed) and address ► EIN ► ZIP code ►

Cat. No. 11450Q

Schedule A Cost of Goods Sold (See page 12 of instructions.)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost as described in Regulations section 1.471-3

(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule C Dividends and Special Deductions (See page 13 of instructions.)

		(a) Dividends received	**(b)** %	**(c)** Special deductions **(a)** × **(b)**
1	Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations (section 246A)		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction		80	
8	Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))		100	
9	**Total.** Add lines 1 through 8. See page 14 of instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from certain FSCs that are subject to the 100% deduction (section 245(c)(1))		100	
12	Dividends from affiliated group members subject to the 100% deduction (section 243(a)(3))		100	
13	Other dividends from foreign corporations not included on lines 3, 6, 7, 8, or 11			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up (section 78)			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	**Total dividends.** Add lines 1 through 17. Enter here and on line 4, page 1 ▶			
20	**Total special deductions.** Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1 ▶			

Schedule E Compensation of Officers (See instructions for line 12, page 1.)

Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120) are $500,000 or more.

	(a) Name of officer	**(b)** Social security number	**(c)** Percent of time devoted to business	Percent of corporation stock owned **(d)** Common	**(e)** Preferred	**(f)** Amount of compensation
1			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	

2	Total compensation of officers	
3	Compensation of officers claimed on Schedule A and elsewhere on return	
4	Subtract line 3 from line 2. Enter the result here and on line 12, page 1	

Schedule J Tax Computation (See page 15 of instructions.)

1 Check if the corporation is a member of a controlled group (see sections 1561 and 1563) . . . . . ▶ ☐

Important: Members of a controlled group, see instructions on page 15.

2a If the box on line 1 is checked, enter the corporation's share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):

(1) $ **(2)** $ **(3)** $

b Enter the corporation's share of:

(1) Additional 5% tax (not more than $11,750) $

(2) Additional 3% tax (not more than $100,000) $

3 Income tax. Check this box if the corporation is a qualified personal service corporation as defined in section 448(d)(2) (see instructions on page 15) . . . . ▶ ☐ | 3

4a Foreign tax credit (attach Form 1118) . . . | 4a

b Possessions tax credit (attach Form 5735) . . . | 4b

c Check: ☐ Nonconventional source fuel credit ☐ QEV credit (attach Form 8834) | 4c

d General business credit. Enter here and check which forms are attached:
☐ 3800 ☐ 3468 ☐ 5884 ☐ 6478 ☐ 6765 ☐ 8586 ☐ 8830
☐ 8826 ☐ 8835 ☐ 8844 ☐ 8845 ☐ 8846 ☐ 8820 ☐ 8847 | 4d

e Credit for prior year minimum tax (attach Form 8827) . . . | 4e

5 **Total credits.** Add lines 4a through 4e . . . | 5

6 Subtract line 5 from line 3 . . . | 6

7 Personal holding company tax (attach Schedule PH (Form 1120)) . . . | 7

8 Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611 . . . | 8

9 Alternative minimum tax (attach Form 4626) . . . | 9

10 **Total tax.** Add lines 6 through 9. Enter here and on line 31, page 1 . . . | 10

Schedule K Other Information (See page 17 of instructions.)

Yes No

1 Check method of accounting: **a** ☐ Cash **b** ☐ Accrual **c** ☐ Other (specify) ▶ ....

2 See page 19 of the instructions and state the principal:

a Business activity code no. ▶ ....

b Business activity ▶ ....

c Product or service ▶ ....

3 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) . . . .

If "Yes," attach a schedule showing: (a) name and identifying number, (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.

4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . .

If "Yes," enter employer identification number and name of the parent corporation ▶ ....

5 Did any individual, partnership, corporation, estate or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) . . . .

If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in **4** above.) Enter percentage owned ▶ ....

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See secs. 301 and 316.) . . .

If "Yes," file Form 5452. If this is a consolidated return, answer here for the parent corporation and on **Form 851,** Affiliations Schedule, for each subsidiary.

Yes No

7 Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957.) . .

If "Yes," attach Form 5471 for each such corporation. Enter number of Forms 5471 attached ▶ ....

8 At any time during the 1996 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? .

If "Yes," the corporation may have to file Form TD F 90-22.1.

If "Yes," enter name of foreign country ▶ ....

9 Was the corporation the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the corporation has any beneficial interest in it? If "Yes," the corporation may have to file Forms 926, 3520, or 3520-A

10 Did one foreign person at any time during the tax year own, directly or indirectly, at least 25% of: **(a)** the total voting power of all classes of stock of the corporation entitled to vote, or **(b)** the total value of all classes of stock of the corporation? If "Yes,"

a Enter percentage owned ▶ ....

b Enter owner's country ▶ ....

c The corporation may have to file Form 5472. Enter number of Forms 5472 attached ▶ ....

11 Check this box if the corporation issued publicly offered debt instruments with original issue discount . ▶ ☐

If so, the corporation may have to file Form 8281.

12 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ ....

13 If there were 35 or fewer shareholders at the end of the tax year, enter the number ▶ ....

14 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ ☐

15 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ $

Schedule L Balance Sheets per Books

	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to stockholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach schedule)				
15 Total assets				
Liabilities and Stockholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach schedule)				
19 Loans from stockholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach schedule)				
22 Capital stock: **a** Preferred stock				
b Common stock				
23 Paid-in or capital surplus				
24 Retained earnings—Appropriated (attach schedule)				
25 Retained earnings—Unappropriated				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and stockholders' equity				

Note: *You are not required to complete Schedules M-1 and M-2 below if the total assets on line 15, column (d) of Schedule L are less than $25,000.*

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (See page 18 of instructions.)

1 Net income (loss) per books		7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest $	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):		8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation $	
a Depreciation $		b Contributions carryover $	
b Contributions carryover $			
c Travel and entertainment $		9 Add lines 7 and 8	
6 Add lines 1 through 5		10 Income (line 28, page 1)—line 6 less line 9	

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year		5 Distributions: **a** Cash	
2 Net income (loss) per books		**b** Stock	
3 Other increases (itemize):		**c** Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3		8 Balance at end of year (line 4 less line 7)	

Form **1120-A**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Short-Form Income Tax Return

See separate instructions to make sure the corporation qualifies to file Form 1120-A.

For calendar year 1996 or tax year beginning ...., 1996, ending ...., 19 ....

OMB No. 1545-0890

1996

A Check this box if the corp. is a personal service corp. (as defined in Temporary Regs. section 1.441-4T—see instructions) ▶ ☐

Use IRS label. Otherwise, print or type.

Name

Number, street, and room or suite no. (If a P.O. box, see page 6 of instructions.)

City or town, state, and ZIP code

B Employer identification number

C Date incorporated

D Total assets (see page 6 of instructions)

$

E Check applicable boxes: **(1)** ☐ Initial return **(2)** ☐ Change of address

F Check method of accounting: **(1)** ☐ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify) . . ▶

Income

1a	Gross receipts or sales ______ **b** Less returns and allowances ______ **c** Balance ▶	**1c**	
2	Cost of goods sold (see page 12 of instructions)	**2**	
3	Gross profit. Subtract line 2 from line 1c	**3**	
4	Domestic corporation dividends subject to the 70% deduction	**4**	
5	Interest	**5**	
6	Gross rents	**6**	
7	Gross royalties	**7**	
8	Capital gain net income (attach Schedule D (Form 1120))	**8**	
9	Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)	**9**	
10	Other income (see page 7 of instructions)	**10**	
11	**Total income.** Add lines 3 through 10 ▶	**11**	

Deductions (See instructions for limitations on deductions.)

12	Compensation of officers (see page 8 of instructions)	**12**	
13	Salaries and wages (less employment credits)	**13**	
14	Repairs and maintenance	**14**	
15	Bad debts	**15**	
16	Rents	**16**	
17	Taxes and licenses	**17**	
18	Interest	**18**	
19	Charitable contributions (see page 9 of instructions for 10% limitation)	**19**	
20	Depreciation (attach Form 4562) **20** ______		
21	Less depreciation claimed elsewhere on return **21a** ______	**21b**	
22	Other deductions (attach schedule)	**22**	
23	**Total deductions.** Add lines 12 through 22 ▶	**23**	
24	Taxable income before net operating loss deduction and special deductions. Subtract line 23 from line 11	**24**	
25	**Less: a** Net operating loss deduction (see page 11 of instructions) **25a** ______ **b** Special deductions (see page 11 of instructions) **25b** ______	**25c**	

Tax and Payments

26	**Taxable income.** Subtract line 25c from line 24	**26**	
27	**Total tax** (from page 2, Part I, line 7)	**27**	
28	**Payments:**		
a	1995 overpayment credited to 1996 **28a** ______		
b	1996 estimated tax payments **28b** ______		
c	Less 1996 refund applied for on Form 4466 **28c** ( ) **Bal** ▶ **28d** ______		
e	Tax deposited with Form 7004 **28e** ______		
f	Credit from regulated investment companies (attach Form 2439) **28f** ______		
g	Credit for Federal tax on fuels (attach Form 4136). See instructions **28g** ______		
h	**Total payments.** Add lines 28d through 28g	**28h**	
29	Estimated tax penalty (see page 12 of instructions). Check if Form 2220 is attached ▶ ☐	**29**	
30	**Tax due.** If line 28h is smaller than the total of lines 27 and 29, enter amount owed	**30**	
31	**Overpayment.** If line 28h is larger than the total of lines 27 and 29, enter amount overpaid	**31**	
32	Enter amount of line 31 you want: **Credited to 1997 estimated tax** ▶ | **Refunded** ▶	**32**	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's social security number

Firm's name (or yours if self-employed) and address ▶ | EIN ▶ | ZIP code ▶

Part I Tax Computation (See page 14 of instructions.)

1 Income tax. If the corporation is a qualified personal service corporation (see page 15), check here ▶ ☐	1	
2a General business credit. Check if from Form(s): ☐ 3800 ☐ 3468 ☐ 5884 ☐ 6478 ☐ 6765 ☐ 8586 ☐ 8830 ☐ 8826 ☐ 8835 ☐ 8844 ☐ 8845 ☐ 8846 ☐ 8820 ☐ 8847 — 2a		
b Credit for prior year minimum tax (attach Form 8827) — 2b		
3 **Total credits.** Add lines 2a and 2b	3	
4 Subtract line 3 from line 1	4	
5 Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611	5	
6 Alternative minimum tax (attach Form 4626)	6	
7 **Total tax.** Add lines 4 through 6. Enter here and on line 27, page 1	7	

Part II Other Information (See page 17 of instructions.)

1 See page 19 of the instructions and state the principal:
- **a** Business activity code no. ▶ ____________
- **b** Business activity ▶ ____________
- **c** Product or service ▶ ____________

2 Did any individual, partnership, estate, or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) ☐ Yes ☐ No

If "Yes," attach a schedule showing name and identifying number.

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $

4 Enter amount of cash distributions and the book value of property (other than cash) distributions made in this tax year ▶ $

5a If an amount is entered on line 2, page 1, see the worksheet on page 12 for amounts to enter below:

(1) Purchases		
(2) Additional sec. 263A costs (attach schedule)		
(3) Other costs (attach schedule)		

b If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☐ No

6 At any time during the 1996 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? ☐ Yes ☐ No

If "Yes," the corporation may have to file Form TD F 90-22.1

If "Yes," enter the name of the foreign country ▶ ____________

Part III Balance Sheets per Books

		(a) Beginning of tax year	(b) End of tax year
Assets	**1** Cash		
	2a Trade notes and accounts receivable		
	b Less allowance for bad debts	( )	( )
	3 Inventories		
	4 U.S. government obligations		
	5 Tax-exempt securities (see instructions)		
	6 Other current assets (attach schedule)		
	7 Loans to stockholders		
	8 Mortgage and real estate loans		
	9a Depreciable, depletable, and intangible assets		
	b Less accumulated depreciation, depletion, and amortization	( )	( )
	10 Land (net of any amortization)		
	11 Other assets (attach schedule)		
	12 Total assets		
Liabilities and Stockholders' Equity	**13** Accounts payable		
	14 Other current liabilities (attach schedule)		
	15 Loans from stockholders		
	16 Mortgages, notes, bonds payable		
	17 Other liabilities (attach schedule)		
	18 Capital stock (preferred and common stock)		
	19 Paid-in or capital surplus		
	20 Retained earnings		
	21 Less cost of treasury stock	( )	( )
	22 Total liabilities and stockholders' equity		

Part IV Reconciliation of Income (Loss) per Books With Income per Return *(You are not required to complete Part IV if the total assets on line 12, column (b), Part III are less than $25,000.)*

1 Net income (loss) per books		**6** Income recorded on books this year not included on this return (itemize) ____________	
2 Federal income tax		**7** Deductions on this return not charged against book income this year (itemize) ____________	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize) ____________			
5 Expenses recorded on books this year not deducted on this return (itemize)		**8** Income (line 24, page 1). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

► **Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.**

► **See separate instructions.**

OMB No. 1545-0130

1996

For calendar year 1996, or tax year beginning , 1996, and ending , 19

A Date of election as an S corporation	**Use IRS label. Otherwise, please print or type.** Name	**C Employer identification number**
	Number, street, and room or suite no. (If a P.O. box, see page 9 of the instructions.)	**D** Date incorporated
B Business code no. (see Specific Instructions)	City or town, state, and ZIP code	**E** Total assets (see Specific Instructions) $

F Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Change in address (4) ☐ Amended return

G Check this box if this S corporation is subject to the consolidated audit procedures of sections 6241 through 6245 (see instructions before checking this box) . ► ☐

H Enter number of shareholders in the corporation at end of the tax year . . . ►

Caution: *Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.*

Income

1a	Gross receipts or sales ___ **b** Less returns and allowances ___ **c** Bal ►	**1c**	
2	Cost of goods sold (Schedule A, line 8)	**2**	
3	Gross profit. Subtract line 2 from line 1c	**3**	
4	Net gain (loss) from Form 4797, Part II, line 20 *(attach Form 4797)*	**4**	
5	Other income (loss) *(attach schedule)*	**5**	
6	**Total income (loss).** Combine lines 3 through 5 ►	**6**	

Deductions (see page 10 of the instructions for limitations)

7	Compensation of officers	**7**	
8	Salaries and wages (less employment credits)	**8**	
9	Repairs and maintenance	**9**	
10	Bad debts	**10**	
11	Rents	**11**	
12	Taxes and licenses	**12**	
13	Interest	**13**	
14a	Depreciation *(if required, attach Form 4562)* **14a**		
b	Depreciation claimed on Schedule A and elsewhere on return **14b**		
c	Subtract line 14b from line 14a	**14c**	
15	Depletion **(Do not deduct oil and gas depletion.)**	**15**	
16	Advertising	**16**	
17	Pension, profit-sharing, etc., plans	**17**	
18	Employee benefit programs	**18**	
19	Other deductions *(attach schedule)*	**19**	
20	**Total deductions.** Add the amounts shown in the far right column for lines 7 through 19 ►	**20**	
21	Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6	**21**	

Tax and Payments

22	**Tax: a** Excess net passive income tax *(attach schedule)* **22a**		
b	Tax from Schedule D (Form 1120S) **22b**		
c	Add lines 22a and 22b (see page 13 of the instructions for additional taxes)	**22c**	
23	**Payments: a** 1996 estimated tax payments and amount applied from 1995 return **23a**		
b	Tax deposited with Form 7004 **23b**		
c	Credit for Federal tax paid on fuels *(attach Form 4136)* **23c**		
d	Add lines 23a through 23c	**23d**	
24	Estimated tax penalty. Check if Form 2220 is attached ► ☐	**24**	
25	**Tax due.** If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See page 3 of the instructions for depositary method of payment ►	**25**	
26	**Overpayment.** If line 23d is larger than the total of lines 22c and 24, enter amount overpaid ►	**26**	
27	Enter amount of line 26 you want: **Credited to 1997 estimated tax** ► **Refunded** ►	**27**	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Signature of officer | Date | ► Title

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed ► ☐	Preparer's social security number
Firm's name (or yours if self-employed) and address ►		EIN ►	
		ZIP code ►	

Schedule A Cost of Goods Sold (see page 14 of the instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs *(attach schedule)*	4	
5	Other costs *(attach schedule)*	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost as described in Regulations section 1.471-3

(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4

(iii) ☐ Other (specify method used and attach explanation) ▶ ....

b Check if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods *(if checked, attach Form 970)* ▶ ☐

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO | 9d | |

e Do the rules of section 263A (for property produced or acquired for resale) apply to the corporation? ☐ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation.

Schedule B Other Information

		Yes	No
1	Check method of accounting: **(a)** ☐ Cash **(b)** ☐ Accrual **(c)** ☐ Other (specify) ▶		
2	Refer to the list on page 24 of the instructions and state the corporation's principal: **(a)** Business activity ▶ .... **(b)** Product or service ▶		
3	Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: **(a)** name, address, and employer identification number and **(b)** percentage owned.		
4	Was the corporation a member of a controlled group subject to the provisions of section 1561?		
5	At any time during calendar year 1996, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 14 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.) If "Yes," enter the name of the foreign country ▶		
6	Was the corporation the grantor of, or transferor to, a foreign trust that existed during the current tax year, whether or not the corporation had any beneficial interest in it? If "Yes," the corporation may have to file Forms 3520, 3520-A, or 926		
7	Check this box if the corporation has filed or is required to file **Form 8264,** Application for Registration of a Tax Shelter ▶ ☐		
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If so, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
9	If the corporation: **(a)** filed its election to be an S corporation after 1986, **(b)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and **(c)** has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see page 14 of the instructions) ▶ $		
10	Check this box if the corporation had subchapter C earnings and profits at the close of the tax year (see page 15 of the instructions) ▶ ☐		

Designation of Tax Matters Person (see page 15 of the instructions)

Enter below the shareholder designated as the tax matters person (TMP) for the tax year of this return:

Name of designated TMP ▶ Identifying number of TMP ▶

Address of designated TMP ▶

Schedule K Shareholders' Shares of Income, Credits, Deductions, etc.

	(a) Pro rata share items		(b) Total amount
Income (Loss)	1 Ordinary income (loss) from trade or business activities (page 1, line 21)	1	
	2 Net income (loss) from rental real estate activities *(attach Form 8825)*	2	
	3a Gross income from other rental activities — 3a		
	b Expenses from other rental activities *(attach schedule)* — 3b		
	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c	
	4 Portfolio income (loss):		
	a Interest income	4a	
	b Dividend income	4b	
	c Royalty income	4c	
	d Net short-term capital gain (loss) *(attach Schedule D (Form 1120S))*	4d	
	e Net long-term capital gain (loss) *(attach Schedule D (Form 1120S))*	4e	
	f Other portfolio income (loss) *(attach schedule)*	4f	
	5 Net gain (loss) under section 1231 (other than due to casualty or theft) *(attach Form 4797)*	5	
	6 Other income (loss) *(attach schedule)*	6	
Deductions	7 Charitable contributions *(attach schedule)*	7	
	8 Section 179 expense deduction *(attach Form 4562)*	8	
	9 Deductions related to portfolio income (loss) (itemize)	9	
	10 Other deductions *(attach schedule)*	10	
Investment Interest	11a Interest expense on investment debts	11a	
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	11b(1)	
	(2) Investment expenses included on line 9 above	11b(2)	
Credits	12a Credit for alcohol used as a fuel *(attach Form 6478)*	12a	
	b Low-income housing credit:		
	(1) From partnerships to which section 42(j)(5) applies for property placed in service before 1990	12b(1)	
	(2) Other than on line 12b(1) for property placed in service before 1990	12b(2)	
	(3) From partnerships to which section 42(j)(5) applies for property placed in service after 1989	12b(3)	
	(4) Other than on line 12b(3) for property placed in service after 1989	12b(4)	
	c Qualified rehabilitation expenditures related to rental real estate activities *(attach Form 3468)*	12c	
	d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	12d	
	e Credits related to other rental activities	12e	
	13 Other credits	13	
Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a	
	b Adjusted gain or loss	14b	
	c Depletion (other than oil and gas)	14c	
	d (1) Gross income from oil, gas, or geothermal properties	14d(1)	
	(2) Deductions allocable to oil, gas, or geothermal properties	14d(2)	
	e Other adjustments and tax preference items *(attach schedule)*	14e	
Foreign Taxes	15a Type of income ▶		
	b Name of foreign country or U.S. possession ▶		
	c Total gross income from sources outside the United States *(attach schedule)*	15c	
	d Total applicable deductions and losses *(attach schedule)*	15d	
	e Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	15e	
	f Reduction in taxes available for credit *(attach schedule)*	15f	
	g Other foreign tax information *(attach schedule)*	15g	
Other	16 Section 59(e)(2) expenditures: **a** Type ▶		
	b Amount	16b	
	17 Tax-exempt interest income	17	
	18 Other tax-exempt income	18	
	19 Nondeductible expenses	19	
	20 Total property distributions (including cash) other than dividends reported on line 22 below	20	
	21 Other items and amounts required to be reported separately to shareholders *(attach schedule)*		
	22 Total dividend distributions paid from accumulated earnings and profits	22	
	23 **Income (loss).** (Required only if Schedule M-1 must be completed.) Combine lines 1 through 6 in column (b). From the result, subtract the sum of lines 7 through 11a, 15e, and 16b	23	

Schedule L Balance Sheets

	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. Government obligations				
5 Tax-exempt securities				
6 Other current assets *(attach schedule)*				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments *(attach schedule)*				
10a Buildings and other depreciable assets				
b Less accumulated depreciation				
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets *(attach schedule)*				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities *(attach schedule)*				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities *(attach schedule)*				
22 Capital stock				
23 Paid-in or capital surplus				
24 Retained earnings				
25 Less cost of treasury stock		( )		( )
26 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

(You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than $25,000.)

1 Net income (loss) per books		5 Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize): a Depreciation $ b Travel and entertainment $		6 Deductions included on Schedule K, lines 1 through 11a, 15e, and 16b, not charged against book income this year (itemize): a Depreciation $	
		7 Add lines 5 and 6	
4 Add lines 1 through 3		8 Income (loss) (Schedule K, line 23). Line 4 less line 7	

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed

(see page 22 of the instructions)

	(a) Accumulated adjustments account	**(b)** Other adjustments account	**(c)** Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year			
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	( )		
5 Other reductions	( )	( )	
6 Combine lines 1 through 5			
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6			

SCHEDULE K-1 (Form 1120S)

Department of the Treasury
Internal Revenue Service

Shareholder's Share of Income, Credits, Deductions, etc.

► See separate instructions.

For calendar year 1996 or tax year beginning , 1996, and ending , 19

OMB No. 1545-0130

1996

Shareholder's identifying number ► | **Corporation's identifying number ►**

Shareholder's name, address, and ZIP code

Corporation's name, address, and ZIP code

A Shareholder's percentage of stock ownership for tax year (see Instructions for Schedule K-1) . . . . ► .... %

B Internal Revenue Service Center where corporation filed its return ► ....

C Tax shelter registration number (see Instructions for Schedule K-1) . . . . ► ....

D Check applicable boxes: **(1)** ☐ Final K-1 **(2)** ☐ Amended K-1

		(a) Pro rata share items		**(b)** Amount	**(c)** Form 1040 filers enter the amount in column (b) on:
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1		See pages 4 and 5 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).
	2	Net income (loss) from rental real estate activities	2		
	3	Net income (loss) from other rental activities	3		
	4	Portfolio income (loss):			
	a	Interest	4a		Sch. B, Part I, line 1
	b	Dividends	4b		Sch. B, Part II, line 5
	c	Royalties	4c		Sch. E, Part I, line 4
	d	Net short-term capital gain (loss)	4d		Sch. D, line 5, col. (f) or (g)
	e	Net long-term capital gain (loss)	4e		Sch. D, line 13, col. (f) or (g)
	f	Other portfolio income (loss) *(attach schedule)*	4f		(Enter on applicable line of your return.)
	5	Net gain (loss) under section 1231 (other than due to casualty or theft)	5		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	6	Other income (loss) *(attach schedule)*	6		(Enter on applicable line of your return.)
Deductions	7	Charitable contributions *(attach schedule)*	7		Sch. A, line 15 or 16
	8	Section 179 expense deduction	8		See page 6 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).
	9	Deductions related to portfolio income (loss) *(attach schedule)*	9		
	10	Other deductions *(attach schedule)*	10		
Investment Interest	11a	Interest expense on investment debts	11a		Form 4952, line 1
	b	**(1)** Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)		See Shareholder's Instructions for Schedule K-1 (Form 1120S).
		(2) Investment expenses included on line 9 above	b(2)		
Credits	12a	Credit for alcohol used as fuel	12a		Form 6478, line 10
	b	Low-income housing credit:			
		(1) From section 42(j)(5) partnerships for property placed in service before 1990	b(1)		Form 8586, line 5
		(2) Other than on line 12b(1) for property placed in service before 1990	b(2)		
		(3) From section 42(j)(5) partnerships for property placed in service after 1989	b(3)		
		(4) Other than on line 12b(3) for property placed in service after 1989	b(4)		
	c	Qualified rehabilitation expenditures related to rental real estate activities	12c		See page 7 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).
	d	Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities	12d		
	e	Credits related to other rental activities	12e		
	13	Other credits	13		
Adjustments and Tax Preference Items	14a	Depreciation adjustment on property placed in service after 1986	14a		See page 7 of the Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251
	b	Adjusted gain or loss	14b		
	c	Depletion (other than oil and gas)	14c		
	d	**(1)** Gross income from oil, gas, or geothermal properties	d(1)		
		(2) Deductions allocable to oil, gas, or geothermal properties	d(2)		
	e	Other adjustments and tax preference items *(attach schedule)*	14e		

	(a) Pro rata share items		(b) Amount	(c) Form 1040 filers enter the amount in column (b) on:
Foreign Taxes	**15a** Type of income ▶			Form 1116, Check boxes
	b Name of foreign country or U.S. possession ▶			
	c Total gross income from sources outside the United States *(attach schedule)*	**15c**		Form 1116, Part I
	d Total applicable deductions and losses *(attach schedule)*	**15d**		
	e Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	**15e**		Form 1116, Part II
	f Reduction in taxes available for credit *(attach schedule)*	**15f**		Form 1116, Part III
	g Other foreign tax information *(attach schedule)*	**15g**		See Instructions for Form 1116
Other	**16** Section 59(e)(2) expenditures: **a** Type ▶			See Shareholder's Instructions for Schedule K-1 (Form 1120S).
	b Amount	**16b**		
	17 Tax-exempt interest income	**17**		Form 1040, line 8b
	18 Other tax-exempt income	**18**		See page 7 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).
	19 Nondeductible expenses	**19**		
	20 Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV	**20**		
	21 Amount of loan repayments for "Loans From Shareholders"	**21**		
	22 Recapture of low-income housing credit:			
	a From section 42(j)(5) partnerships	**22a**		Form 8611, line 8
	b Other than on line 22a	**22b**		

Supplemental Information

23 Supplemental information required to be reported separately to each shareholder *(attach additional schedules if more space is needed)*:

Form **4626**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Corporations

► **See separate instructions.**
► **Attach to the corporation's tax return.**

OMB No. 1545-0175

1996

Name | **Employer identification number**

1	Taxable income or (loss) before net operating loss deduction			1	
2	**Adjustments and preferences:**				
a	Depreciation of post-1986 property	2a			
b	Amortization of certified pollution control facilities	2b			
c	Amortization of mining exploration and development costs	2c			
d	Amortization of circulation expenditures (personal holding companies only)	2d			
e	Adjusted gain or loss	2e			
f	Long-term contracts	2f			
g	Installment sales	2g			
h	Merchant marine capital construction funds	2h			
i	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2i			
j	Tax shelter farm activities (personal service corporations only)	2j			
k	Passive activities (closely held corporations and personal service corporations only)	2k			
l	Loss limitations	2l			
m	Depletion	2m			
n	Tax-exempt interest from specified private activity bonds	2n			
o	Charitable contributions	2o			
p	Intangible drilling costs	2p			
q	Accelerated depreciation of real property (pre-1987)	2q			
r	Accelerated depreciation of leased personal property (pre-1987) (personal holding companies only)	2r			
s	Other adjustments	2s			
t	Combine lines 2a through 2s			2t	
3	Preadjustment alternative minimum taxable income (AMTI). Combine lines 1 and 2t			3	
4	**Adjusted current earnings (ACE) adjustment:**				
a	Enter the corporation's ACE from line 10 of the worksheet on page 8 of the instructions	4a			
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see page 4 of the instructions for examples)	4b			
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c			
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see page 5 of the instructions). **Note:** *You* ***must*** *enter an amount on line 4d (even if line 4b is positive)*	4d			
e	ACE adjustment: • If you entered a positive number or zero on line 4b, enter the amount from line 4c here as a positive amount. • If you entered a negative number on line 4b, enter the smaller of line 4c or line 4d here as a negative amount.			4e	
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe alternative minimum tax			5	
6	Alternative tax net operating loss deduction (see page 5 of the instructions)			6	
7	**Alternative minimum taxable income.** Subtract line 6 from line 5			7	

8	Enter the amount from line 7 (alternative minimum taxable income)		8	
9	**Exemption phase-out computation** (if line 8 is $310,000 or more, skip lines 9a and 9b and enter -0- on line 9c):			
a	Subtract $150,000 from line 8 (if you are completing this line for a member of a controlled group, see page 5 of the instructions). If zero or less, enter -0-	9a		
b	Multiply line 9a by 25% (.25)	9b		
c	Exemption. Subtract line 9b from $40,000 (if you are completing this line for a member of a controlled group, see page 5 of the instructions). If zero or less, enter -0-		9c	
10	Subtract line 9c from line 8. If zero or less, enter -0-		10	
11	Multiply line 10 by 20% (.20)		11	
12	Alternative minimum tax foreign tax credit. See page 5 of the instructions for limitations		12	
13	Tentative minimum tax. Subtract line 12 from line 11		13	
14	Regular tax liability before all credits except the foreign tax credit and possessions tax credit		14	
15	**Alternative minimum tax.** Subtract line 14 from line 13. Enter the result on the appropriate line of the corporation's income tax return (e.g., Form 1120, Schedule J, line 9a). If zero or less, enter -0-		15	