

19 Interest, penalty, and late fee due (from Form 4U, line 17 or 26). If you annualized income on Form 4U, check (✓) the space after the arrow	<input type="checkbox"/> 19	<u>55812</u> .00
20 Tax due. If the total of lines 14 and 19 is larger than line 18, enter amount owed	20	<u>3040536</u> .00
21 Overpayment. If line 18 is larger than the total of lines 14 and 19, enter amount overpaid	21	<u> </u> .00
22 Enter amount of line 21 you want credited on 2011 estimated tax.	22	<u> </u> .00
23 Subtract line 22 from line 21. This is your refund	23	<u> </u> .00
24 Enter total company gross receipts from all activities (see instructions).	24	<u>395570000</u> .00
25 Enter total company assets from federal Form 1120	25	<u>3751608959</u> .00

26a If the corporation is the sole owner of any limited liability companies (LLCs), enter the names and FEINs of those LLCs below. Submit an additional schedule if necessary.

Name of LLC	FEIN

26b Did you include the income of the LLCs listed on line 26a on this return? Yes No

Additional Information Required

- 1 Person to contact concerning this return: JOE SMITH Phone #: 608-555-1212 Fax #: 608-555-1213
- 2 City and state where books and records are located for audit purposes: MADISON, WI
- 3 Did you purchase any taxable tangible personal property or taxable services for storage, use, or consumption in Wisconsin without payment of a state sales or use tax? Yes No If yes, you owe Wisconsin use tax. See instructions for how to report use tax.
- 4 Did any adjustments made by the Internal Revenue Service to your income for prior years become finalized during this year? Yes No If yes, see instructions and indicate years adjusted: _____

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer	Title <u>President</u>	Date <u>3-15-10</u>
Preparer's Signature	Preparer's Federal Employer ID Number <u>11-0000011</u>	Date <u>3-10-10</u>

You must file a copy of your federal return with Form 5, even if no Wisconsin activity.

If you are not filing your return electronically, make your check payable to and mail your return to: Wisconsin Department of Revenue
PO Box 8908
Madison, WI 53708-8908



Wisconsin Department of Revenue

Enclose with Wisconsin Form 1, 1NPR, 2, 4, 4T, or 5

Name: HELP FOR ALL INC Identifying Number: 11-0000001

Part I Credits for Individuals, Fiduciaries, and Corporations

Table with columns for credit type, line number, and amount. Includes sections A (Nonrefundable Credits), B (Nonrefundable Credits), and C (Refundable Credits). Total amount shown is .00.



Name HELP FOR ALL INC	Identifying number 11-0000001
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Part II Credits for Corporations Only

A. Nonrefundable Credits

28 Amount from Part I, line 5	28		.00
29 Amount from Part I, line 18	29		.00
30 Health insurance risk-sharing plan assessments credit (Schedule HI, line 6)	30		.00
31 Research expense credit (Schedule R, line 30)	31	1258	.00
32 Research expense credit for activities related to internal combustion engines (Schedule R-1, line 29)	32		.00
33 Research expense credit for activities related to certain energy efficient products (Schedule R-2, line 29)	33		.00
34 Development zones research credit carryforward	34		.00
35 Research facilities credit (Schedule R, line 34)	35		.00
36 Research facilities credit for activities related to internal combustion engines (Schedule R-1, line 33)	36		.00
37 Research facilities credit for activities related to certain energy efficient products (Schedule R-2, line 33)	37		.00
38 Community development finance credit	38		.00
39 Development zones jobs credit carryforward	39		.00
40 Development zones sales tax credit carryforward	40		.00
41 Development zones location credit carryforward	41		.00
42 Development zones day care credit carryforward	42		.00
43 Development zones environmental remediation credit carryforward	43		.00
44 Supplement to federal historic rehabilitation credit (Schedule HR, line 7)	44		.00
45 Add lines 28 through 44. Enter here and on line 15 of Form 4, line 9 of Form 4T, or line 9 of Form 5	45	1258	.00

B. Refundable Credits

46 Amount from Part I, line 27	46		.00
47 Farmland preservation credit. a Schedule FC, line 18	47a		.00
b Schedule FC-A, line 13	47b		.00
48 Add lines 46 and 47. Enter here and on line 23 of Form 4, line 28 of Form 4T, or line 17 of Form 5	48		.00



Schedule **R**

Wisconsin Research Credits

File with Wisconsin Form 4, 4T, or 5

2010

Wisconsin Department of Revenue

Read instructions before filling in this schedule

Name **HELP FOR ALL INC**

Federal Employer ID Number **11-0000001**

Part I Credit for Increasing Research Expenses

1	Enter Wisconsin research wage expenses	1	51500
2	Enter Wisconsin research supplies expenses	2	3400
3	Enter Wisconsin research computer rental expenses	3	
4	Enter applicable percentage of Wisconsin contract research expenses	4	
5	Enter expenses used to compute the federal orphan drug credit that qualify as Wisconsin research expenses	5	
6	Add lines 1 through 5	6	54900
7	Wages included on line 6 that qualify for the Wisconsin development zones credit	7	
8	Subtract line 7 from line 6. This is total Wisconsin research expenses	8	54900

Section A Regular Credit. Complete this section only if you are claiming the regular credit – see instructions.

(Skip this section and go to section B if you are electing the alternative incremental credit.)

Check (✓) if this is a one-time only change in election.

9	Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5	9	
10	Enter Wisconsin fixed-base percentage, but not more than 16% (0.16), from the Worksheet on page 2, line 19	10	_____ %
11	Multiply line 9 by the percentage on line 10. This is the base amount	11	
12	Subtract line 11 from line 8. If zero or less, enter zero (0).	12	
13	Multiply line 8 by 50% (0.50)	13	
14	Enter the smaller of line 12 or line 13.	14	
15	Multiply line 14 by 5% (0.05). This is the regular Wisconsin credit for increasing research expenses	15	

Section B Alternative Incremental Credit. Complete this section only if you are claiming the alternative credit – see instructions.

(Skip this section and go to line 29 if you completed section A.)

Check (✓) if this is a one-time only change in election.

16	Enter average annual Wisconsin gross receipts from the Worksheet on page 2, line 5	16	1750000
17	Multiply line 16 by 1% (0.01)	17	17500
18	Subtract line 17 from line 8. If zero or less, enter zero (0).	18	37400
19	Multiply line 16 by 1.5% (0.015)	19	26250
20	Subtract line 19 from line 8. If zero or less, enter zero (0).	20	28650
21	Subtract line 20 from line 18. If zero or less, enter zero (0).	21	8750
22	Multiply line 16 by 2% (0.02)	22	35000
23	Subtract line 22 from line 8. If zero or less, enter zero (0).	23	19900
24	Subtract line 23 from line 20. If zero or less, enter zero (0).	24	8750
25	Multiply line 21 by 2.65% (0.0265)	25	232
26	Multiply line 24 by 3.2% (0.032)	26	280
27	Multiply line 23 by 3.75% (0.0375)	27	746
28	Add lines 25, 26, and 27. This is the Wisconsin alternative incremental credit.	28	1258
29	Carryover of unused research expense credit	29	
30	Add line 15 <u>or</u> line 28 to line 29. This is the available research expense credit	30	1258

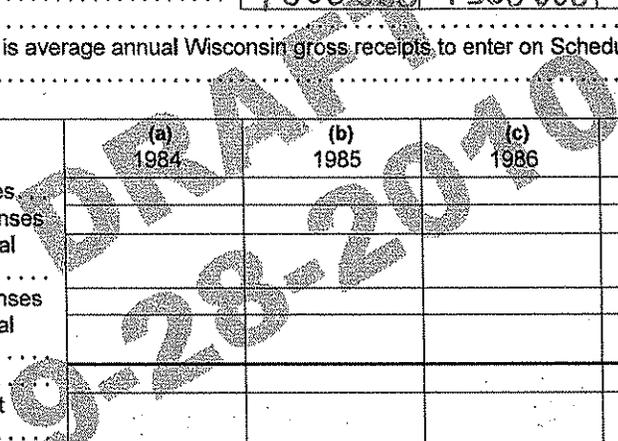
Part II Credit for Research Facilities

31	Total qualified research facility expenditures	31	
32	Multiply line 31 by 5% (0.05)	32	
33	Carryover of unused research facilities credit	33	
34	Add lines 32 and 33. This is the available research facilities credit	34	

WORKSHEET

Average Annual Wisconsin Gross Receipts	(a) 2006	(b) 2007	(c) 2008	(d) 2009
1 Total gross receipts	1 000 000	1 500 000	2 000 000	2 500 000
2 Out-of-state receipts included on line 1				
3 Subtract line 2 from line 1	1 000 000	1 500 000	2 000 000	2 500 000
4 Add line 3, columns a through d				7 000 000
5 Divide amount on line 4 by 4. This is average annual Wisconsin gross receipts to enter on Schedule R, line 9 or line 16				1 750 000

Wisconsin Fixed-Base Percentage	(a) 1984	(b) 1985	(c) 1986	(d) 1987	(e) 1988
6 Wisconsin research wage expenses					
7 Wisconsin research supplies expenses					
8 Wisconsin research computer rental expenses					
9 Wisconsin contract research expenses					
10 Qualifying expenses used in federal orphan drug credit					
11 Add lines 6 through 10					
12 Wages for Wisconsin development zones credit					
13 Subtract line 12 from line 11					
14 Add line 13, columns a through e					
15 Total gross receipts					
16 Out-of-state receipts on line 15					
17 Subtract line 16 from line 15					
18 Add line 17, columns a through e					
19 Divide line 14 by line 18. This is the Wisconsin fixed-base percentage to enter on Schedule R, line 10					



Wisconsin Additions to Federal Income

2010

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

HELP FOR ALL INC

Federal Employer ID Number

11-0000001

1	Interest income from state and municipal obligations	1	_____	.00
2	State taxes accrued or paid	2	<u>2100</u>	.00
3	Related entity expenses (from Schedule RT, Part I, Sch. 2K-1, and Sch. 3K-1)	3	_____	.00
4	Domestic production activities deduction	4	_____	.00
5	Expenses related to nontaxable income	5	_____	.00
6	Percentage depletion	6	_____	.00
7	Federal section 179 expense deduction in excess of Wisconsin deduction	7	_____	.00
8	Federal depreciation/amortization in excess of Wisconsin depreciation/amortization (attach schedule)	8	<u>1800</u>	.00
9	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis (attach schedule)	9	_____	.00
10	Additions for certain credits computed:			
	a. Community development finance credit (Sch. CR, line 38)			
	b. Dairy and livestock farm investment credit (Sch. DI, line 7)			
	c. Dairy manufacturing facility investment credit (Sch. DM, line 11)			
	d. Development zones credits (Sch. DC, lines 5, 13, and 21, or 5b, 13b, and 21b)			
	e. Economic development credit (Sch. ED, line 3 or 3b)			
	f. Enterprise zone jobs credit (Sch. EC, line 3 or 3b)			
	g. Ethanol and biodiesel fuel pump credit (Sch. EB, line 5 or 5b)			
	h. Farmland preservation credit (from prior Sch. FC, line 18)			
	i. Film production credits (Sch. FP, lines 3, 6, or 3b, 6b)			
	j. Health Insurance Risk-Sharing Plan assessments credit (Sch. HI, line 4)			
	k. Internet equipment credit (Sch. IE, line 3 or 3b)			
	l. Manufacturing investment credit (Sch. MI, line 4 or 4b)			
	m. Meat processing facility investment credit (Sch. MP, line 7)			
	n. Research credits (Sch. R, line 15 or 28 and line 32)			
	o. Additional research credits (Sch. R-1 and R-2, line 14 or 27 and line 31)			
	p. Technology zone credit (Sch. TC, line 6)			
	q. Food processing plant and food warehouse investment credit			
	r. Jobs tax credit			
	s. Postsecondary education credit			
	t. Woody biomass harvesting and processing credit			
	u. Water consumption credit			
	Total additions for credits computed	10	<u>1258</u>	.00
11	Special additions for insurance companies (from Schedule 41, line 4)	11	_____	.00
12	Other (list):			
	a _____	12a	_____	.00
	b _____	12b	_____	.00
	c _____	12c	_____	.00
	d _____	12d	_____	.00
	Add lines 12a through 12d	12	_____	.00
13	Total (enter on Form 4 or 5, page 1, line 2)	13	<u>5158</u>	.00

DRAFT
9-23-2010



Wisconsin Subtractions From Federal Income

2010

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

HELP FOR ALL INC

Federal Employer ID Number

11-0000001

1	Wisconsin subtraction modification for dividends (from Sch. Y, line 4)	1	5000	.00
2	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1)	2		.00
3	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	3		.00
4	Subpart F income	4		.00
5	Gross-up of foreign dividend income	5		.00
6	Nontaxable income (attach schedule)	6		.00
7	Foreign taxes (do not include deemed taxes)	7		.00
8	Cost depletion	8		.00
9	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule)	9		.00
10	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule)	10		.00
11	Federal work opportunity credit wages	11		.00
12	Federal research credit expenses	12		.00
13	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)			
	a	13a		.00
	b	13b		.00
	c	13c		.00
	d	13d		.00
	e	13e		.00
	f	13f		.00
	g	13g		.00
	h	13h		.00
	Add lines 13a through 13h	13		.00
14	Nontaxable income from life insurance operations (from Schedule 41, line 13)	14		.00
15	Total (enter on Form 4 or 5, page 1, line 4)	15	5000	.00



Schedule **Y**

Wisconsin Subtraction Modification for Dividends

2010

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

HELP FOR ALL INC

Federal Employer ID Number

11-0000001

Dividends Received

1a	Name of Payer Corporation MONEY FOR ALL INC	Date Acquired by Payee 06 30 1994 M M D D Y Y Y Y	
	Name of Payee Corporation HELP FOR ALL INC	Payee's Ownership of Payer (check (√) one) <input checked="" type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	5000 .00
1b	Name of Payer Corporation	Date Acquired by Payee M M D D Y Y Y Y	
	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1b .00
1c	Name of Payer Corporation	Date Acquired by Payee M M D D Y Y Y Y	
	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1c .00
1d	Name of Payer Corporation	Date Acquired by Payee M M D D Y Y Y Y	
	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1d .00
1e	Name of Payer Corporation	Date Acquired by Payee M M D D Y Y Y Y	
	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1e .00
1f	Name of Payer Corporation	Date Acquired by Payee M M D D Y Y Y Y	
	Name of Payee Corporation	Payee's Ownership of Payer (check (√) one) <input type="checkbox"/> > 70% <input type="checkbox"/> > 50% but < or = 70%	1f .00
1g	Add lines 1a through 1f		5000 .00
1h	Total of line 1g from additional Schedules Y (see instructions)00
2	Add lines 1g and 1h		5000 .00
3	Enter foreign taxes paid on dividends included on line 200
4	Subtract line 3 from line 2. Enter this amount on Schedule W, line 1		5000 .00



Underpayment of Estimated Tax by Corporations

File with Wisconsin Form 4, 4T, 5, or 5S

2010

Wisconsin Department of Revenue

Corporation or Designated Agent Name

HELP FOR ALL INC

Federal Employer ID Number

11-0000001

Part I Computation of Underpayment and Interest Due on Underpayment

1 a	Enter 2010 tax before the surcharge plus the recycling surcharge (see instructions)	10984724		
b	Enter 2010 refundable credits (excluding estimated tax and surcharge paid)			
c	Subtract line 1b from line 1a. This is 2010 net tax and surcharge. If less than \$500, enter zero and go to Part II, if applicable	10984724		
2	Enter 90% of line 1c	9886252		
3 a	Enter 2009 tax before the surcharge plus the recycling surcharge, if applicable (see instructions)	14000		
b	Enter 2009 refundable credits (excluding estimated tax and surcharge paid)			
c	Subtract line 3b from line 3a. This is 2009 net tax and surcharge	14000		
4	If 2010 net income is less than \$250,000 and 2009 return covered 12 months, enter smaller of line 2 or 3c; otherwise, enter line 2	9886252		
5	Enter installment due dates (the 15th day of the 3rd, 6th, 9th, and 12th months of your taxable year)	(a)	(b)	(c)
6	Divide line 4 by 4 and enter the result in each column or, if you use the annualized income installment method for any period, first fill in Part III and enter the amounts from line 47	2471563	2471563	2471563
7	Estimated tax and surcharge paid	8000000		
8	If line 7 is less than line 6, subtract line 7 from line 6. This is your underpayment		2471563	2471563
9	If line 7 is more than line 6, subtract line 6 from line 7. This is your overpayment	5528437		
10	Carryback of overpayment or late payment			
11	Carryforward of overpayment		2471563	2471563
12	Subtract the total of lines 10 and 11 from line 8. This is your net underpayment			1886252
13	Number of days from the due date of the installment to the date carryback on line 10 was paid			
14	Number of days from the due date of the installment to the date balance due on return was paid or unextended due date of return, whichever is earlier 12-15-10 - 3-15-11			90
15	Interest: 12% per year on amount on line 10 for the number of days on line 13			
16	Interest: 12% per year on amount on line 12 for the number of days on line 14 $90/365 \times .12 \times 1886252$			55812
17	Add all of the amounts on lines 15 and 16 and enter the total. If your return is filed after the unextended due date and shows a tax due, enter the total on Part II, line 22. Otherwise, enter the total on the line provided on your tax return			55812

Part II Computation of Total Amount Due

Complete this part only if your return is not filed by the unextended due date and shows a tax due.

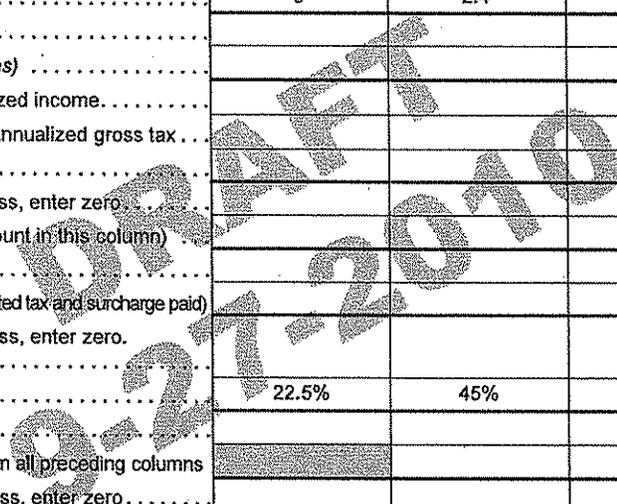
	(a) Interest at 18% per year	(b) Interest at 12% per year	(c) Total
18	If return filed late without an extension, enter net tax (including surcharge)		
19	If return filed with extended due date and shows –	(90%)	(10%)
a	Net tax (including surcharge) of \$500 or more, enter portion of net tax indicated		
b	Net tax (including surcharge) of less than \$500, enter net tax		
20	Enter payments made (apply first to 18% per year column)		
21	Subtract line 20 from line 18 or 19a or 19b. This is amount due 15th day of 3rd month after end of taxable year		
22	Interest on underpayment from Part I, line 17		
23	Add lines 21 and 22		
24	Interest on amounts on line 23 to _____ (date return filed)	(18% per year)	(12% per year) *
25	If your return is filed late without an extension or after the extended due date –		
a	Enter penalty of 5% of net tax due on your return for each month or fraction thereof that your return is late, but not more than 25%		
b	Enter a \$150 late fee		
26	Add lines 22, 24, 25a, and 25b. Enter the total on the line provided on your return and increase the "Amount Due"		

* Note: See the instructions for line 24.

Part III Annualized Income Installment Method Worksheet

Fill in this worksheet only if computing required installments using the annualized income installment method. Complete one column through line 47 before completing the next column. Form 4T filers see instructions to figure lines 27 and 29.

	Annualization Period			
	(a) First 2 months	(b) First 5 months	(c) First 8 months	(d) First 11 months
27 Enter Wisconsin net income for each period (see instructions)				
28 Annualization factor	6	2.4	1.5	1.091
29 Multiply line 27 by line 28				
30 Adjustments (NBLs, etc. - see instructions)				
31 Combine lines 29 and 30. This is annualized income				
32 Multiply line 31 by 7.9% (0.079). This is annualized gross tax				
33 Enter your nonrefundable credits				
34 Subtract line 33 from line 32. If zero or less, enter zero				
35 Enter recycling surcharge (based on amount in this column)				
36 Add lines 34 and 35				
37 Enter your refundable credits (excluding estimated tax and surcharge paid)				
38 Subtract line 37 from line 36. If zero or less, enter zero. This is annualized net tax				
39 Applicable percentage	22.5%	45%	67.5%	90%
40 Multiply line 38 by line 39				
41 Enter the combined amounts of line 47 from all preceding columns				
42 Subtract line 41 from line 40. If zero or less, enter zero				
43 Divide Part 1, line 4, by 4 and enter the result in each column				
44 Enter the amount from line 46 for the preceding column				
45 Add lines 43 and 44 and enter the total				
46 If line 45 is more than line 42, subtract line 42 from line 45. Otherwise, enter zero				
47 Enter the smaller of line 42 or 45 here and on Part 1, line 6				



A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/>		Name HELP FOR ALL INC Number, street, and room or suite no. If a P.O. box, see instructions. 31 ANY ST City or town, state, and ZIP code ANYTOWN, MD 20901	B Employer identification number 11-0000001 C Date incorporated 5/30/1983 D Total assets (see instructions) \$ 3,751,608,959
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a Gross receipts or sales	684525	b Less returns and allowances		c Bal ▶	1c	684525
	2 Cost of goods sold (Schedule A, line 8)					2	219245
	3 Gross profit. Subtract line 2 from line 1c					3	465280
	4 Dividends (Schedule C, line 19)					4	
	5 Interest					5	8018387
	6 Gross rents					6	265386
	7 Gross royalties					7	
	8 Capital gain net income (attach Schedule D (Form 1120))					8	11802202
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9	
	10 Other income (see instructions—attach schedule)					10	375018745
	11 Total income. Add lines 3 through 10.					11	395570000

Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (Schedule E, line 4)		12	1000000
	13 Salaries and wages (less employment credits)		13	6753221
	14 Repairs and maintenance		14	225729
	15 Bad debts		15	
	16 Rents		16	
	17 Taxes and licenses		17	7621914
	18 Interest		18	2716219
	19 Charitable contributions		19	
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)		20	8961357
	21 Depletion		21	
	22 Advertising		22	
	23 Pension, profit-sharing, etc., plans		23	25701
	24 Employee benefit programs		24	5149
	25 Domestic production activities deduction (attach Form 8903)		25	
	26 Other deductions (attach schedule)		26	229321851
	27 Total deductions. Add lines 12 through 26.		27	256631141
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.		28	138938859
29 Less: a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 20)	29b			
29c				

Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)		30	138938859
	31 Total tax (Schedule J, line 10)		31	48611751
	32a 2009 overpayment credited to 2010	32a		
	b 2010 estimated tax payments	32b	48650000	
	c 2010 refund applied for on Form 4466	32c		
	d Bal ▶	32d	48650000	
	e Tax deposited with Form 7004	32e		
	f Credits: (1) Form 2439 (2) Form 4136	32f		
	g Refundable credits from Form 3800, line 19c, and Form 8827, line 8c	32g		
	32h		48650000	
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached		33		
34 Amount owed. 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	35249	
36 Enter amount from line 35 you want: Credited to 2011 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 _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN 999-06-0007
	Firm's name ▶ ELECTRONIC TAX FILERS INC	Firm's EIN ▶ 11-0000011			
	Firm's address ▶ 100 EFILE DR, ANYTOWN TX 77287	Phone no. 512-555-1212			