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Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public
Inspection► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements.A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDIANA VETERINARY MEDICAL ASSOCIATION Number and street (or P.O. box, if mail is not delivered to street address) 201 S. CAPITOL AVENUE City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46225	D Employer identification number 35-6032108
	Number and street (or P.O. box, if mail is not delivered to street address) 201 S. CAPITOL AVENUE City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46225	E Room/suite 405 F Telephone number 317-974-0888
		F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►I Website: ► **WWW.INVMA.ORG**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Organization type (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527
K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 459,238.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 215,080.
4 Investment income	4 10,693.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b
b Less: direct expenses other than fundraising expenses	6c
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
7a Gross sales of inventory, less returns and allowances	7b
b Less: cost of goods sold	7c
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
8 Other revenue (describe ► PROGRAM SERVICE REVENUE)	8 233,465.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 459,238.
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 126,513.
13 Professional fees and other payments to independent contractors	13 12,751.
14 Occupancy, rent, utilities, and maintenance	14 34,156.
15 Printing, publications, postage, and shipping	15 47,688.
16 Other expenses (describe ► PROGRAM SERVICE REVENUE)	16 249,632.
17 Total expenses. Add lines 10 through 16	17 470,740.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -11,502.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 443,810.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 432,308.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,594.	22 65,252.
23 Land and buildings		23
24 Other assets (describe ► INVESTMENTS - PUBLICLY TRADED)	412,207.	24 369,353.
25 Total assets	445,801.	25 434,605.
26 Total liabilities (describe ► PAYROLL TAX LIABILITIES)	1,991.	26 2,297.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	443,810.	27 432,308.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b X

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 21,975.

b Did the organization file Form 1120-POL for this year? 37b X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b N/A

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40c 0.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d 0.

d Enter amount of tax on line 40c reimbursed by the organization 40e X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f 0.

41 List the states with which a copy of this return is filed. ► IN42 a The books are in care of ► LISA A. PERIUS Telephone no. ► 317-974-0888
Located at ► 201 S. CAPITOL AVE, STE 405, INDIANAPOLIS, IN ZIP + 4 ► 46225

b At any time during the calendar year, did the organization 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)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c XIf "Yes," enter the name of the foreign country: ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X

Form 990-EZ (2008)

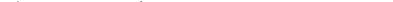
Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization(s) a section 527 organization?	49a	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

Total number of other independent contractors each receiving over \$100,000

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

my knowledge and belief,

LISA A. PERI

Paid Preparer's Use Only	Preparer's signature 	Date 11/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTON GUNDERSON LLP 2 E. MAIN STREET, SUITE 120, P.O. BOX 16 DANVILLE, IL 61834-0016		EIN <input type="checkbox"/>	Phone <input type="checkbox"/> no. (217) 442-1643

May the IRS discuss this return with the preparer shown above? See instructions.

▶ Yes No

Form 990-EZ (2008)

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768
(election under section 501(h)). See the instructions for Schedule C for details.**
A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c Enter -0- if line f is more than line c															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

1 Dues, assessments and similar amounts from members	1	215,080.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	21,975.
b Carryover from last year	2b	-1,680.
c Total	2c	20,295.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	32,262.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	-11,967.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

THE INDIANA VETERINARY MEDICAL ASSOCIATION SUPPORTS POLITICAL CANDIDATES

THAT ENCOURAGE POLITICAL PHILOSOPHIES CONSISTENT WITH ADVANCING THE

VETERINARY MEDICAL PROFESSION AND THE SCIENCE OF VETERINARY MEDICINE IN

INDIANA.

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ANNUAL MEETING		150,678.
SCHOLARSHIP AWARDS AND DONATIONS		10,930.
CONTINUING EDUCATION CONFERENCE		6,171.
MISCELLANEOUS		13,525.
OFFICERS' EXPENSE		12,108.
SERVICE CHARGES AND INVESTMENT FEES		10,680.
TRAVEL		8,212.
BOARD MEETINGS		2,419.
EQUIPMENT		1,161.
LOBBYING EXPENSE		21,975.
COMMITTEE EXPENSE		11,773.
TOTAL TO FORM 990-EZ, LINE 16		249,632.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. PETE BILL	PRESIDENT 1.00	0.	0.	0.
DR. STEVE SUNBURY	PRESIDENT - ELECT 1.00	0.	0.	0.
DR. LORI THOMPSON	VICE PRESIDENT 1.00	0.	0.	0.
DR. ROSS CLAYTON	TREASURER 1.00	0.	0.	0.
DR. TONY RUMSCHLAG	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
LISA PERIUS	EXECUTIVE DIRECTOR 40.00	89,581.	0.	0.
DR. GREG KEEKER	DISTRICT 1 1.00	0.	0.	0.
DR. MIMI ARIGHT	DISTRICT 2 1.00	0.	0.	0.
DR. RICHARD BRUNGARDT	DISTRICT 3 1.00	0.	0.	0.
DR. PAUL CLEMENTE	DISTRICT 4 1.00	0.	0.	0.
DR. DAN QUINTAN	DISTRICT 5 1.00	0.	0.	0.
KIMBERLY ANDERSON	DISTRICT 6 1.00	0.	0.	0.
MICHAEL MANN	DISTRICT 6 1.00	0.	0.	0.
DR. GAYLAND JONES	DISTRICT 7 1.00	0.	0.	0.

INDIANA VETERINARY MEDICAL ASSOCIATION

35-6032108

DR. JOHN FEUTZ	DISTRICT 8 1.00	0.	0.	0.
DR. PAUL STAHLY	DISTRICT 9 1.00	0.	0.	0.
DR. NATHAN RICH	DISTRICT 10 1.00	0.	0.	0.
DR. PHILIP BORST	DISTRICT 11 1.00	0.	0.	0.
DR. JAMES HOLLIS	DISTRICT 12 1.00	0.	0.	0.
DR. LARRY STAUFFER	DISTRICT 13 1.00	0.	0.	0.
DR. ROGER BEAM	DISTRICT 14 1.00	0.	0.	0.
DR. AMY LANUM	DISTRICT 15 1.00	0.	0.	0.
DR. BRET MARSH	STATE VETERINARIAN 1.00	0.	0.	0.
DR. JOHN SCHNARR	2012 AVMA DELEGATE 1.00	0.	0.	0.
DR. BILL HUMPHREY	2010 AVMA DELEGATE 1.00	0.	0.	0.
DR. WILLIE REED	DEAN 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV	<hr/> 89,581. <hr/> <hr/>	0.	0.	

TO ADVANCE THE SCIENCE OF VETERINARY MEDICINE THROUGH EDUCATION AND PUBLIC INFORMATION.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	INDIANA VETERINARY MEDICAL ASSOCIATION	35-6032108
	Number, street, and room or suite no. If a P O box, see instructions.	
	201 S. CAPITOL AVENUE, NO. 405	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	INDIANAPOLIS, IN 46225	

Check type of return to be filed (file a separate application for each return):

Form 990
 Form 990-BL
 Form 990-EZ
 Form 990-PF

Form 990-T (corporation)
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 990-T (trust other than above)
 Form 1041-A

Form 4720
 Form 5227
 Form 6069
 Form 8870

LISA A. PERIUS

- The books are in the care of ► 201 S. CAPITOL AVE, STE 405 - INDIANAPOLIS, IN 46225
Telephone No ► 317-974-0888 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until <u>FEBRUARY 15, 2010</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► <input type="checkbox"/> calendar year _____ or ► <input checked="" type="checkbox"/> tax year beginning <u>JUL 1, 2008</u> , and ending <u>JUN 30, 2009</u> .
2	If this tax year is for less than 12 months, check reason. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. <input type="checkbox"/> \$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. <input type="checkbox"/> \$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. <input type="checkbox"/> \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)