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Form **990-EZ**

Change of Accounting Period

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax**2009**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► 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 \$500,000 and total assets less than \$1,250,000 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

Department of the Treasury
Internal Revenue Service**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning 6/01, 2009, and ending 6/30, 2010

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 Please use IRS label or print or type. See Specific Instructions. AMERICAN LEGION, DEPARTMENT OF WYOMING 1320 HUGUR AVENUE CHEYENNE, WY 82001	D Employer identification number 83-0102565
		E Telephone number 307-634-3035
		F Group Exemption Number ► 0925

• 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.wylegion.org**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☒ 501(c) (19) ◀ (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 7,967.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	7,315.
	2 Program service revenue including government fees and contracts	2	66.
	3 Membership dues and assessments	3	
	4 Investment income	4	318.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b Less direct expenses other than fundraising expenses	6b		
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a	268.	
7b Less cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	268.	
8 Other revenue (describe ► _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	7,967.	
EXPENSES	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	6,017.
	13 Professional fees and other payments to independent contractors	13	180.
	14 Occupancy, rent, utilities, and maintenance	14	200.
	15 Printing, publications, postage, and shipping	15	907.
	16 Other expenses (describe ► See Statement 1)	16	2,561.
	17 Total expenses. Add lines 10 through 16	17	9,865.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,898.	
ASSETS	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	192,856.
	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	190,958.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	144,947.	148,493.
23 Land and buildings	63,925.	63,677.
24 Other assets (describe ► See Statement 2)	1,129.	1,111.
25 Total assets	210,001.	213,281.
26 Total liabilities (describe ► See Statement 3)	17,145.	22,323.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	192,856.	190,958.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED SEP 29 2009

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Part V Other Information (Note the statement requirements in the instrs for Part V.)

See Statement 6

	Yes	No
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? 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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 outstanding at the end 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	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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	40e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ JULIE RUST Telephone no. ▶ 307-634-3035
 Located at ▶ 1320 HUGUR AVE CHEYENNE WY ZIP + 4 ▶ 82001

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: ▶ _____

	Yes	No
42b		X
42c		X

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

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If '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 ▶ ☐ N/A

▶ **43** N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

45 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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

- 50 Complete this table for the organization's 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.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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 officer) is based on all information of which preparer has any knowledge.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Signature of officer Julie A. Rust</p> <p>DATE 14 Aug 2010</p> </div> <div style="width: 45%; text-align: right;"> <p>DEPT ADJUTANT</p> </div> </div>			
Paid Preparer's Use Only	Preparer's signature Amy J Fenimore		Date 8/16/10	
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed <input type="checkbox"/>	
	ALL ACCOUNTED FOR 1505 E 16TH ST CHEYENNE, WY 82001-4939		Preparer's Identifying Number (See instructions) P00978948	
			EIN 83-0335237 Phone no 307-635-8456	

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

☒ Yes ☐ No

BAA Form 990-EZ (2009)

AMERICAN LEGION, DEPARTMENT OF WYOMING

83-0102565

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$	287.
Depreciation		266.
EQUIP REPAIRS		166.
MISC EXPENSE		9.
Office Expenses		880.
PROGRAM SERVICES		20.
PROGRAM SUPPLIES		443.
Travel		490.
Total	\$	<u>2,561.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 1,129.	\$ 1,111.
Total	<u>\$ 1,129.</u>	<u>\$ 1,111.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 17,145.	\$ 22,323.
Total	<u>\$ 17,145.</u>	<u>\$ 22,323.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

- 1) TO UPHOLD & DEFEND THE CONSTITUTION OF THE UNITED STATES
- 2) TO PROMOTE PEACE & GOOD WILL AMONG THE PEOPLES OF THE UNITED STATES & ALL THE NATIONS OF THE EARTH
- 3) TO PRESERVE THE MEMORIES & INCIDENTS OF THE WORLD WARS & THE OTHER GREAT HOSTILITIES FOUGHT TO UPHOLD DEMOCRACY
- 4) TO CEMENT THE TIES & COMRADESHIP BORN OF SERVICE &
- 5) TO CONSECRATE THE EFFORTS OF ITS MEMBERS TO MUTUAL HELPFULNESS & SERVICE TO THEIR COUNTRY

AMERICAN LEGION, DEPARTMENT OF WYOMING

83-0102565

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
JULIE RUST 1501 E 22ND ST CHEYENNE, WY 82001	DEPT ADJUTANT 30.00	\$ 2,200.	\$ 0.	\$ 391.
STEPHAN RENNELLS PO BOX 308 LA BARGE, WY 83123	DIST 1 CMDR 35.00	0.	0.	0.
RICHARD BURCHELL 206 BROKEN CIRCLE DR EVANTSTON, WY 82930	DIST 1 PST CMDR 20.00	0.	0.	0.
NELS LOFGREN 385 CONRAD BUFFALO, WY 82834	PAST DEPT CMDR 35.00	0.	0.	0.
HUGO LENZ 707 CIRCLE DR WHEATLAND, WY 82201	DEPT COMMANDER 35.00	0.	0.	0.
GL "JAKE" JACOBS 2334 EAST A ST TORRINGTON, WY 82240	NTL EXEC CMTMN 20.00	0.	0.	0.
PAUL WOESSNER PO BOX 2316 GILLETTE, WY 82717	DIST 5 CMDR 35.00	0.	0.	0.
JOHN SWIFT 309 10TH ST WHEATLAND, WY 82201	DIST 2 PST CMDR 35.00	0.	0.	0.
STAN LOWE 97 PRIMROSE CASPER, WY 82604	DIST 3 CMDR 35.00	0.	0.	0.
PATRICIA MILLER 124 E MONROE POWELL, WY 82435	DIST 4 CMDR 35.00	0.	0.	0.
RON WOOD 215 FOX ST SHERIDAN, WY 82801	DEPT 1ST V CMDR 35.00	0.	0.	0.
BILL FRYE 2016 VAN LENNEN AVE CHEYENNE, WY 82001	DIST 6 PST CMDR 35.00	0.	0.	0.

AMERICAN LEGION, DEPARTMENT OF WYOMING

83-0102565

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
MARVIN WOHLTZ PO BOX 1925 GLEN ROCK, WY 82637	DIST 2 CMDR 15.00	\$ 0.	\$ 0.	\$ 0.
RANDY REED 622 SAGEBRUSH DR WORLAND, WY 82401	DIST 4 PST CMDR 15.00	0.	0.	0.
BARRY GASDEK 1969 JEFFERSON ST LARAMIE, WY 82070	DIST 3 PST CMDR 15.00	0.	0.	0.
KEITH DAVIDSON PO BOX 540 SHERIDAN, WY 82801	DEPT 2ND V CMDR 15.00	0.	0.	0.
TERRY MILLER PO BOX 1493 GILLETTE, WY 82717	DIST 5 PST CMDR 35.00	0.	0.	0.
CHERYL SHANNON 1720 W HILL RD LARAMIE, WY 82072	DIST 6 CMDR 15.00	0.	0.	0.
	Total	\$ 2,200.	\$ 0.	\$ 391.

Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

Application To Adopt, Change, or Retain a Tax Year

OMB No. 1545-0134

Attachment
Sequence No **148**

► See separate instructions.

Part I General Information*Important: All filers must complete Part I and sign below. See instructions.*

Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
AMERICAN LEGION DEPARTMENT OF WYOMING	83-0102565
Number, street, and room or suite no. (if a P.O. box, see instructions)	Service Center where income tax return will be filed
1320 HUGUR AVENUE	OGDENT, UT
City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
CHEYENNE WY 82001	(307) 634-3035 / (307) 635-7093
Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number
JULIE RUST	(307) 634-3035 / (307) 635-7093

1 Check the appropriate box(es) to indicate the type of applicant (see instructions).

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (sec. 1381(a)) | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec. 1297) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957) | <input type="checkbox"/> Other foreign corporation |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization |
| <input type="checkbox"/> Domestic corporation | <input type="checkbox"/> Specified foreign corporation (SFC) (sec. 898) | <input type="checkbox"/> Homeowners Association (sec. 528) |
| <input type="checkbox"/> S corporation | <input type="checkbox"/> 10/50 corporation (sec. 904(d)(2)(E)) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust | (Specify entity and applicable Code section) |

2a Approval is requested to (check one) (see instructions):

- ☐ Adopt a tax year ending ► _____ (Partnerships and PSCs: Go to Part III after completing Part I.)
- ☒ Change to a tax year ending ► **JUNE 30** ☐ Retain a tax year ending ► _____

b If changing a tax year, indicate the date the present tax year ends. ► **MAY 31****c** If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ► **JUNE 1**, 20 **10**, and ending ► **JUNE 30**, 20 **10****3** Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ► ☒ **Yes** ☐ **No**

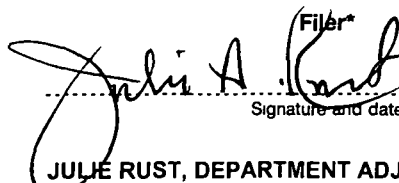
If "No," attach an explanation.

4 Indicate the applicant's present overall method of accounting.

- ☒ Cash receipts and disbursements method ☐ Accrual method
- ☐ Other method (specify) ► _____

5 State the nature of the applicant's business or principal source of income.**MEMBERSHIP****Signature—All Filers (See Who Must Sign in the instructions.)**

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

(Filer)

 Signature and date
JULIE RUST, DEPARTMENT ADJUTANT
 Name and title (print or type)

Preparer (other than filer)

Signature of individual preparing the application and date

Name of individual preparing the application

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions

Name of firm preparing the application

Part II Automatic Approval Request (see instructions)

- Identify the revenue procedure under which this automatic approval request is filed ▶ 85-58

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

	Yes	No
1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) ▶		
2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.		
3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶		

Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

	Yes	No
4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ▶		
5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶		
6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) ▶		
7 Is the S corporation requesting an ownership tax year? (see instructions) ▶		
8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) ▶		

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

	Yes	No
9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ▶		

Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

	Yes	No
10 Is the applicant a tax-exempt organization requesting a change? ▶	✓	

Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)**Section A—General Information**

	Yes	No
1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? ▶ If "Yes," see the instructions for information that must be included on an attached explanation.		
2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? ▶ If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		
3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? ▶ If "Yes," attach an explanation.		
4a Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)? ▶ If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).		
b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box. <input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)		
5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period. Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		

		Yes	No												
6 Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:															
	<table border="0"> <tr> <td></td> <td>Generated</td> <td>Expiring</td> </tr> <tr> <td>Net operating loss</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Capital loss</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Unused credits</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>		Generated	Expiring	Net operating loss	\$ _____	\$ _____	Capital loss	\$ _____	\$ _____	Unused credits	\$ _____	\$ _____		
	Generated	Expiring													
Net operating loss	\$ _____	\$ _____													
Capital loss	\$ _____	\$ _____													
Unused credits	\$ _____	\$ _____													
7 Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor) ▶ \$ _____															
8a Is the applicant a U.S. shareholder in a CFC? ▶ If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.															
b Will each CFC concurrently change its tax year? ▶ If "Yes" to line 8b, go to Part II, line 3. If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.															
9a Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? ▶ If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant.															
b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? ▶															
10a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? ▶ If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.															
b Will any partnership concurrently change its tax year to conform with the tax year requested? ▶															
c If "Yes" to line 10b, has any Form 1128 been filed for such partnership? ▶															
11 Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office? ▶ If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.															
12 Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? ▶															
13 Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application? ▶															
14 Enter amount of user fee attached to this application (see instructions) ▶ \$ _____															
Section B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)															
15 Enter the date of incorporation. ▶															
16a Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? ▶		Yes	No												
b If "Yes," will the corporation be going to a permitted S corporation tax year? ▶ If "No" to line 16b, attach an explanation.															
17 Is the corporation a member of an affiliated group filing a consolidated return? ▶ If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.															
18a Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.															
b If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) * <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))															

Section C—S Corporations (see instructions)

	Yes	No
19 Enter the date of the S corporation election. ▶		
20 Is any shareholder applying for a corresponding change in tax year? ▶ If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
21 If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		
22 Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		

Section D—Partnerships (see instructions)

	Yes	No
23 Enter the date the partnership's business began. ▶		
24 Is any partner applying for a corresponding change in tax year? ▶		
25 Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26 Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? ▶ If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27 If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		

Section E—Controlled Foreign Corporations (CFC)

28 Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
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Section F—Tax-Exempt Organizations

	Yes	No
29 Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶		
30 Date of organization. ▶		
31 Code section under which the organization is exempt. ▶		
32 Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶		
33 Enter the date the tax exemption was granted. ▶ Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34 If the organization is a private foundation, is the foundation terminating its status under section 507? . . ▶		

Section G—Estates

35 Enter the date the estate was created. ▶	
36a Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate.	
b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period.	

Section H—Passive Foreign Investment Companies

37 If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.	
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