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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
**POUGHKEEPSIE ARLINGTON ROTARY CLUB
C/O D'ARCANGELO & CO., LLP**
 Number and street (or P O box, if mail is not delivered to street address)
510 HAIGHT AVE SUITE 201 Room/suite
 City or town, state or country, and ZIP + 4
POUGHKEEPSIE NY 12603

D Employer identification number
14-6030576

E Telephone number
845-473-7774

F Group Exemption Number ► 0573

G Accounting Method Cash Accrual Other (specify) ►I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

80,276

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	13,810
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	10,519
	4 Investment income	4	
	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)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b Gross income from fundraising events (not including \$ 7,200 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	20,328
	c Less: direct expenses from gaming and fundraising events	6c	12,923
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,405
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	35,619
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67,353
	10 Grants and similar amounts paid (list in Schedule O)	10	18,620
Net Assets	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	394
	16 Other expenses (describe in Schedule O)	16	39,880
	17 Total expenses. Add lines 10 through 16	17	58,894
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,459
	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	22,730
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	42,909
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	74,098

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

DAA

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Form 990-EZ (2010)

POUGHKEEPSIE ARLINGTON ROTARY CLUB

14-6030576

Page 2

Part II

Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
	22,730	22	76,451
	0	23	
	0	24	
	22,730	25	76,451
	0	26	2,353
	22,730	27	74,098

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 COLLEGE SCHOLARSHIPS AWARDED LOCAL HIGH SCHOOL AND TRADE SCHOOL STUDENTS.
AWARDS FOR STUDENTS OF THE MONTH AT LOCAL HIGH SCHOOLS AND TRADE SCHOOLS.(Grants \$ 3,250) If this amount includes foreign grants, check here 28a 3,250

29 COMMUNITY SERVICE

(Grants \$ 9,625) If this amount includes foreign grants, check here 29a 53,980

30 INTERACT/ ROTARACT CLUBS FOR STUDENT COMMUNITY SERVICES

(Grants \$) If this amount includes foreign grants, check here 30a 1,404

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a32 Total program service expenses (add lines 28a through 31a) 32 58,634Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
F. NICOLE PELUSE PRIVATE	HYDE PARK NY 12538	PRESIDENT 5.00	0	0
RITA A BRANNEN PRIVATE	BEACON NY 12508	TREASURER 3.00	0	0
JAMES L BROWN PRIVATE	POUGHKEEPSIE NY 12601	SECRETARY 3.00	0	0
ELLIOT I SUSSIN PRIVATE	POUGHKEEPSIE NY 12601	SGRT AT ARMS 3.00	0	0
MARTIN CHARWAT PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 2.00	0	0
ROGER RISKO PRIVATE	NEWBURGH NY 12550	DIRECTOR 3.00	0	0
MARY LOUSIE VAN WINKLE PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
NEAL MARSH PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
RICK LEWIS PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
WILLIAM POLGREEN PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
LOUIS LEWIS PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
JOHN PELSUE PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0
DONALD DAVIS PRIVATE	POUGHKEEPSIE NY 12601	DIRECTOR 3.00	0	0

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Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V

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

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 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

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

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

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 tax year covered by this return? 38a

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

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

a Initiation fees and capital contributions included on line 9 39a

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____ 40a

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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

41 List the states with which a copy of this return is filed. ► **NONE**42a The organization's books are in care of ► **BRIAN DIFILIPPO**Telephone no ► **845-473-7774**

510 HAIGHT AVE SUITE 201

Located at ► **POUGHKEEPSIE**

NY

ZIP + 4

► **12603**

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.?

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 43

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

SCHEDULE G
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

 Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010Open To Public
Inspection
 Name of the organization **POUGHKEEPSIE ARLINGTON ROTARY CLUB
C/O D'ARCANGELO & CO., LLP**

 Employer identification number
14-6030576
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 FALL FUNDRAISER (event type)	(b) Event #2 OIL & VINEGAR (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	19,283	8,245		27,528
2 Less: Charitable contributions	7,200			7,200
3 Gross income (line 1 minus line 2)	12,083	8,245		20,328
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	8,195	4,728		12,923
10 Direct expense summary Add lines 4 through 9 in column (d)				12,923
11 Net income summary. Combine line 3, column (d), and line 10				7,405

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?
 b If "No," explain:

9a Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

10a Yes No

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

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Inspection

Name of the organization	POUGHKEEPSIE ARLINGTON ROTARY CLUB C/O D'ARCANGELO & CO., LLP	Employer identification number 14-6030576
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FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
MEMBER WEEKLY LUNCHES	\$ 29,186
ROY DINNER	\$ 3,674
INSTALLATION DINNER	\$ 2,759
TOTAL	\$ 35,619

FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE	AMOUNT
ROTARY INTERNATIONAL		\$ 4,167
ROTARY DIST 7210		\$ 1,578

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
SUPPLIES	\$ 3,489
INTERACT	\$ 864
ROTERACT	\$ 540
MISC	\$ 938
DISTRICT CONFERENCE	\$ 318
ROSE PARADE	\$ 50
TRAINING	\$ 167
LUNCHES AND DINNERS	\$ 33,514
TOTAL	\$ 39,880

Schedule O (Form 990 or 990-EZ) (2010)

Page 2

Name of the organization	POUGHKEEPSIE ARLINGTON ROTARY CLUB	Employer identification number
		14-6030576

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION AMOUNT

MERGER WITH POUGHKEEPSIE CLUB \$ 42,909

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION BEG. OF YEAR END OF YEAR

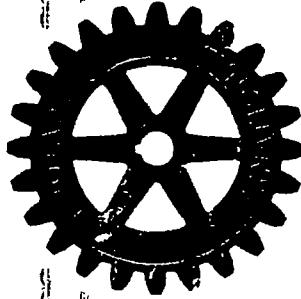
ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$ 0 \$ 2,353

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO PROVIDE SERVICE TO OTHERS, PROMOTE INTEGRITY, AND ADVANCE WORLD
 UNDERSTANDING, GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS,
 PROFESSIONAL, AND COMMUNITY LEADERS.

FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZATIONAL DOCUMENTS
 THE ORGANIZATION MERGED WITH THE POUGHKEEPSIE ROTARY CLUB AND CHANGED ITS
 NAME TO THE POUGHKEEPSIE-ARLINGTON ROTARY CLUB. AS A RESULT OF THE MERGER
 \$42,909 OF CASH WAS TRANSFERRED IN TO THE ORGANIZATION.

THIS ORGANIZATION IS GOVERNED BY THE RULES OF ROTARY INTERNATIONAL WHICH
 HAS A GROUP EXEMPTION WITH THE IRS. THIS CLUB IS NOT FORMALLY
 INCORPORATED, THUS AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE NOT
 APPLICABLE. ATTACHED IS THE CERTIFICATE FROM ROTARY INTERNATIONAL
 CERTIFYING THE MERGER AND THE NAME CHANGE.



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THE CHINESE MUSICAL WORKS INDEX

This Certifies that the Rotary Club of

McGough Keppie Arlington, New York, 1954

having been duly organized through the medium of the Royal Company of London

Arlington (Poughkeepsie) and Poughkeepsie, New York, USA

and having agreed, through its officers and members, to be bound by the Constitution and By-Laws of Rotary International, which agreement is evidenced by the acceptance of this certificate, as duly admitted, and is
hereby certified as a member of

Rotary International

In witness whereof the seal of Rotary International is hereto affixed and the signatures of its officers, being duly authorized, are subscribed hereto this 1 October 2010.

Ray Klingensmith

President, *Review International*



Form 8868
(Rev January 2011)Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► 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
- 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

► **COPY**

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions	POUGHKEEPSIE ARLINGTON ROTARY CLUB	14-6030576
	Number, street, and room or suite no. If a P O box, see instructions 62 BOARDMAN RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions POUGHKEEPSIE NY 12603	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRIAN DIFILIPPO
C/O D'ARCANGELO 510 HAIGHT AVE

NY 12603

• The books are in the care of ► **POUGHKEEPSIE**
Telephone No ► **845-473-7774** FAX No ► **845-454-8485**

►

• 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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year or
► tax year beginning **07/01/10**, and ending **06/30/11**

2 If this tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 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	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

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

For Paperwork Reduction Act Notice, see Instructions.
DAA

Form 8868 (Rev 1-2011)