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**Short Form
Return of Organization Exempt From Income Tax**

2012

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, 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.

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,

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

C Name of organization
THE WAYNE-DUPAGE HUNT, INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 163
 City or town, state or country, and ZIP + 4
WAYNE IL 60184

D Employer identification number
36-6110020

E Telephone number
(630) 665-5201

F Group Exemption Number ▶

G Accounting Method. Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (7) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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

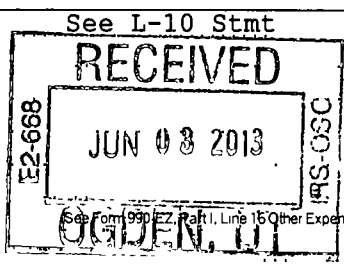
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **97,467.**

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	
	2 Program service revenue including government fees and contracts	2	1,370.
	3 Membership dues and assessments	3	65,958.
	4 Investment income	4	1,270.
	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	
b Gross income from fundraising events (not including \$ _____ 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	9,456.	
c Less: direct expenses from gaming and fundraising events	6c	0.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,456.	
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) See Form 990-EZ, Part I, Line 8 Other Revenue	8	19,413.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97,467.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	650.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	21,632.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	505.
	16 Other expenses (describe in Schedule O)	16	67,959.
	17 Total expenses. Add lines 10 through 16	17	90,746.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,721.	
NET 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	126,506.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	133,227.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

SCANNED



4

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

	Yes	No
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		X
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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
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		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?		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 tax year covered by this return?		X
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 65,958.	
b Gross receipts, included on line 9, for public use of club facilities	39b 0.	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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		
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 <input type="checkbox"/>		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
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		X
41 List the states with which a copy of this return is filed <input type="checkbox"/>		

42a The organization's books are in care of STEPHEN HUBER Telephone no (630) 497-9278
 Located at P.O. BOX 0758 WAYNE IL ZIP + 4 60184

	Yes	No
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. <input type="checkbox"/>	42b	X
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 <input type="checkbox"/>	42c	X

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

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**

	Yes	No
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization a section 527 organization?	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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

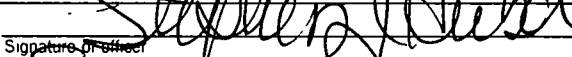
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

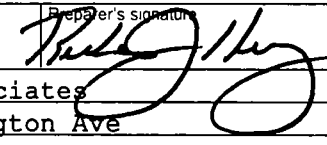
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

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.

Sign Here	Signature of officer:  Type or print name and title: STEPHEN J. HUBER TREASURER	Date: 5-28-30
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Paid Preparer Use Only	Print/Type preparer's name: RICHARD J. HEINZ Firm's name ▶ Heinz & Associates Firm's address ▶ 200 W Burlington Ave Clarendon Hills IL 60514	Preparer's signature:  Date: 05/23/13	Check <input checked="" type="checkbox"/> if self-employed	PTIN: P00655701 Firm's EIN ▶ _____ Phone no: (630) 986-0475
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May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

THE WAYNE-DUPAGE HUNT, INC.

36-6110020

990-EZ, LINE 8 OTHER REVENUE OF \$22,375 IS DETAILED IN SUPPLEMENTAL INFORMATION

990-EZ, LINE 16 OTHER EXPENSES OF \$100,279 ARE DETAILED IN SUPPLEMENTAL INFORMATION

990-EZ, LINE 24 OTHER EOY ASSETS OF \$15,121 ARE DETAILED IN SUPPLEMENTAL INFORMATION

990-EZ, LINE 26 TOTAL EOY LIABILITIES ARE DETAILED IN SUPPLEMENTAL INFORMATION

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

HORSE SHOW	10,545.
SOCIAL BREAKFASTS	6,285.
SOCIAL DINNERS	1,780.
TAX REFUND	803.
Total	<u>19,413.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

WORKMAN'S COMP INSURANCE	1,721.
INSURANCE	3,794.
EQUIPMENT MAINT.	4,220.
HOUNDS (INCLUDING FEED, SUPPLIES, VET)	20,977.
KENNELS	11,257.
LANDOWNERS AMBOY	700.
LANDOWNERS WAYNE	1,387.
MEETING EXPENSE	772.
PERMIT FEES	2,700.
TRAILER	170.
TRUCK EXPENSE	401.
HUNT BALL EXPENSES	1,973.
HUNT SOCIAL EVENTS	5,435.
EMPLOYER PAYROLL TAXES	1,772.
REAL ESTATE TAX	2,397.
IL CHARITY BUREAU FUND	0
BUTTONS	260.
DUES	0
DWRC RENT	100.
OFFICE EXPENSE	1,260.
FOREST PRESERVE DINNER	5,064.
POT LUCK DINNER	0
OPENING HUNT MEDALS	0
BANK FEES	25.
CREDIT CARD FEES	247.
MISCELLANEOUS EXPENSES	77.
MFHA EXPENSE	1,250.
Total	<u>67,959.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment <u>CHARITABLE DONATION</u>			
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CHARITABLE ORGANIZATION</u> 501 (c) 3	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>CHICAGO BASEBALL CANCER CHARITIES</u> <u>1321 BAILEY'S CROSSING DR.</u> <u>LEMONT IL 60439</u>	<u>CHARITABLE ORGANIZATION</u>	450.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment <u>CHARITABLE DONATION</u>			
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CHARITABLE ORGANIZATION</u> 501 (c) 3	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>EQUESTRIAN LAND CONSERVATION RESOURCE</u> <u>4037 IRON WORKS PARKWAY, SUITE 120</u> <u>LEXINGTON KY 40511</u>	<u>CHARITABLE DONATION</u>	100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment <u>CHARITABLE DONATION</u>			
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CHARITABLE ORGANIZATION</u> 501 (c) 3	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>MUSEUM OF HOUNDS & HUNTING NORTH AMERICA</u> <u>PO BOX 6228</u> <u>LEESBURG VA 20178-7433</u>	<u>CHARITABLE DONATION</u>	100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
2008 CHEVY C1500 MEDIUM DUTY TRUCK	15,121.	10,901.
Total	<u>15,121.</u>	<u>10,901.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
GMAC 5 YEAR FLEXIBLE FINANCE PLAN	15,121.	10,901.
IL STATE WITHHOLDING	955.	920.
Total	<u>16,076.</u>	<u>11,821.</u>

Supporting Statement of:

Other Assets & Liabilities: Form 990-EZ/Line 24 End of Year-1

Description	Amount
	15,121.
LESS AMOUNT PAID IN 2012	-4,220.
Total	<u>10,901.</u>

Supporting Statement of:

Other Assets & Liabilities: Form 990-EZ/Line 26 End of Year-1

Description	Amount
	15,121.
LESS AMOUNT PAID IN 2012	-4,220.
Total	<u>10,901.</u>

Wayne DuPage Hunt & Wayne Area Conservancy
2012 Board of Directors

Average
hrs/week

OFFICERS:	NAME	ADDRESS	HOME PHONE	WORK PHONE	FAX	EMAIL
President	Carol P. Hancock	P. O. Box 543 Wayne, IL 60184	630/584-5171		630/584-4819	plumvr@sbcglobal.net
2nd Vice President and Assistant Treasurer	James E. Bramsen	26 Ridge Rd. Barrington, IL 60010	847/381-1299	630/513-1122	847/381-0512	jbramsen@spray.com
Vice President & Treasurer	Stephen J. Huber	P.O. Box 0758 Wayne, IL 60184	630/497-9278		630/497-9277	shuber@mchutchison.com
Secretary	Patricia L. Spiroff	P.O. Box 127 Wayne, IL 60184	630/513-1452	630/580-7121		patriciaspiroff@att.net
DIRECTORS/COMMITTEES						
Social	Elizabeth C. Bramsen	26 Ridge Rd Barrington, IL 60010	847/381-1299	847/767-1299	847/381-0512	bbramsen@spray.com
Joint Master & Forest Preserve	James A. Brown	34W675 Army Trail Rd. Wayne, IL 60184	630/377-7141	847/717-3700	847/717-3710	jim@setfast.net
Country	John Carlisle	P.O. Box 1201 Wayne, IL 60184	630/762-0796	cell 630/605-7939	630/529-3626	cowboycarlisle@gmail.com
Community	Kathie Connolly	P.O. Box 143 Wayne, IL 60184	630/513-5570	630/875-1037 cell 630/661-7383	630/647-2437	k.connolly@Hennicksen.com
Master	Fred Iozzo	P.O. Box 354 Wayne, IL 60184	630/584-6515		630/762-9131	fredogden@sbcglobal.net
Membership (WDH) Park Board Liaison (WACF)	Marie Iozzo	P.O. Box 354 Wayne, IL 60184	630/584-6515		630/762-9131	fredogden@sbcglobal.net
Horse Show	Cathy Lorenz*	P.O. Box 182 Wayne, IL 60184	630/497-0072			knoxmarsh@sbcglobal.net
Village Liaison	Howard Levine	P.O. Box 754 Wayne, IL 60184	630/584-4563	630/482-3633 xt.120 cell 630/632-3708	630/584-3774	tonilevine@hotmail.com
Pony Club & Country	Kenneth Malm	6N419 Dunham Road Wayne, IL 60184	630/584-9410			tyra.malm@att.net
Grounds & Buildings	Michele Muenzenmay*	11N575 Rohrsen Road Elgin, IL 60120	847/695-9846	630-377-9895	847-289-4896	wmmuenz@aol.com
Joint Master	Nikki Reed	P.O. Box 452 Wayne, IL 60184	630/584-9397			Nikkireed2345@gmail.com
At Large/Fundraising	Pam Ruminski	4N781 Honey Hill Rd Wayne, IL 60184	630/513-6990	630/377-3131 cell 630/740-1447	same as home	rumrun58@aol.com
Events & Website & Volunteers	Patricia Wheaton*	3N434 Maple Court West Chicago, IL 60185	630/231-8764	cell 630/240-3228		foalsoftanjella@aol.com

* Ex Officio

FOR ALL OF THE OFFICERS SHOWN ABOVE

• COMPENSATION
• EMPLOYEE BENEFIT PLAN CONTRIBUTIONS
• EXPENSE

Attachment To
990 - PF
#36-3917215
PAGE 6, Part VIII
1a, b, c, d, + e

5/11/2013

Application for Extension of Time To File an Exempt Organization Return

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.

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.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions THE WAYNE-DUPAGE HUNT, INC.	Employer identification number (EIN) or 36-6110020
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P.O. box, see instructions P.O. BOX 163	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions WAYNE IL 60184	

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

- The books are in the care of ▶ STEPHEN HUBER -----

Telephone No. ▶ (630) 497-9278 ----- 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15 , 20 13 , to file the exempt organization return for the organization named above
The extension is for the organization's return for

▶ calendar year 20 12 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the 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	\$	0.
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	\$	0.
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	\$	0.

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