

U.S. Income Tax Return for Settlement Funds (Under Section 468B)

For tax year beginning , 19 , and ending , 19 .

Please Type or Print	Name of fund	Employer identification number of fund (see instructions)
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	
	City or town, state, and ZIP code	
	Name and address of administrator (see instructions)	

Check applicable boxes: (1) Final return (2) Change of address (3) Amended return

Part I Income and Deductions (see instructions)

Income	1 Taxable interest	1		
	2 Dividends	2		
	3 Capital gain net income (attach Schedule D (Form 1120))	3		
	4 Items of income or gain from a partnership interest	4		
	5 Other income (attach schedule)	5		
	6 Gross income. Add lines 1 through 5	6		
Deductions	7 Trustee/administrator fees	7		
	8 Taxes	8		
	9 Accounting and legal services (attach schedule)	9		
	10 Notification of claimants and claim processing expenses	10		
	11 Items of loss, deduction, or credit from a partnership interest	11		
	12 Other deductions (attach schedule)	12		
	13 Net operating loss deduction	13		
	14 Total deductions. Add lines 7 through 13	14		

Part II Tax Computation

15 Modified gross income. Subtract line 14 from line 6	15		
16 Total tax —Enter 39.6% of line 15	16		
17 Credits and payments:			
a Overpayment from prior year allowed as a credit	17a		
b Current year estimated tax payments	17b		
c Refund of overpaid estimated tax applied for on Form 4466	17c		
d Subtract line 17c from the total of lines 17a and 17b	17d		
e Tax deposited with Form 7004	17e		
f Total credits and payments (add lines 17d and 17e)	17f		
18 Estimated tax penalty (see page 4 of instructions). Check if Form 2220 is attached <input type="checkbox"/>	18		
19 Tax due —If the total of lines 16 and 18 is more than line 17f, enter amount owed	19		
20 Overpayment —If line 17f is more than the total of lines 16 and 18, enter amount overpaid	20		
21 Enter amount of line 20 you want: Credited to next year's estimated tax ▶ _____	21		
Refunded			

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

Please Sign Here	Signature of person filing return	Date	Title	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number
Paid Preparer's Use Only	Firm's name (or yours if self-employed) and address	E.I. No.		
		ZIP code		

Schedule L Balance Sheets		Beginning of year	End of year
Assets			
1	Cash	1	
2	U.S. Government obligations	2	
3	State and local government obligations	3	
4	Other investments (attach schedule)	4	
5	Other assets (attach schedule)	5	
6	Total assets. Add lines 1 through 5	6	
Liabilities and Fund Balance			
7	Liabilities	7	
8	Fund balance	8	
9	Total. Add lines 7 and 8	9	

Additional Information	Yes	No
1a Enter the amount of cash and the fair market value of property, valued at the date of the transfer, transferred to the fund during the tax year \$ _____		
b For transfers of property included on line 1a, attach a copy of each qualified appraisal and the statements received from a transferor under Regulations sections 1.468B-3(b) and 1.468B-3(e).		
c Were amounts transferred to the fund during the tax year by a person other than a transferor? ▶		
2 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
3a Were direct and indirect distributions made to claimants during the tax year? ▶		
b If "Yes," enter the amount of the total distributions \$ _____		
4a Did the fund make any distributions (including deemed distributions) to a transferor or related party during the tax year? ▶		
b If "Yes," enter the amount of the total distributions and attach a statement showing the name, identifying number, and the amount of distributions to each transferor or related party . . \$ _____		
5a Check the type of liability (or liabilities) for which the fund was established.		
<input type="checkbox"/> Tort		
<input type="checkbox"/> Breach of Contract		
<input type="checkbox"/> Violation of Law		
<input type="checkbox"/> CERCLA		
<input type="checkbox"/> Other		
b If "Other" is checked, enter the percent (by value) of the assets of the fund that are allocated to the "Other" liability. ▶ _____ % Attach a statement describing the type of liability (or liabilities).		
6 If the fund was established by a court order, enter the Court Order Number under which the fund was established _____		

