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|--|--------------------------------|
| Name of withholding agent | Employer identification number |
| Number, street, and room or suite no. | For Foreign Persons Only |
| City or town, state or province, country, and ZIP or foreign postal code | Tax year |

SECTION 1 - CLASSIFICATION OF WITHHOLDING AGENT

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|---|---|
| <input type="checkbox"/> Individual / Sole Proprietor | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust or Estate |
| <input type="checkbox"/> Qualified Intermediary | <input type="checkbox"/> Other (specify below) _____ |

SECTION 2 - RECORD OF FEDERAL TAX LIABILITY

| No. | Tax Liability Period | Tax Liability (USD) |
|-----|--|---------------------|
| 1 | First Quarter Total Liability | |
| 2 | Second Quarter Total Liability | |
| 3 | Third Quarter Total Liability | |
| 4 | Fourth Quarter Total Liability | |
| 5 | Total Tax Liability for Year (Sum of lines 1 through 4) | |
| 6 | Total Federal Tax Deposited | |
| 7 | Balance Due (Line 5 minus Line 6) | |
| 8 | Overpayment (Line 6 minus Line 5) | |

SECTION 3 - SIGNATURES AND DECLARATION

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 withholding agent) is based on all information of which preparer has any knowledge.

| | | |
|--|------|-------|
| Signature of Withholding Agent / Authorized Representative | Date | Title |
| Signature of Preparer (other than withholding agent) | Date | PTIN |