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| FORM 966-D | CORPORATE LIQUIDATION AND DISSOLUTION DISTRIBUTION RETURN | Calendar/Fiscal Year <hr/> |
|---------------------------------|--|-------------------------------|

| 1. CORPORATE IDENTIFICATION DETAILS | | |
|--|-------|--------------------------------------|
| Name of Corporation | | Employer Identification Number (EIN) |
| Number, Street, and Room or Suite Number | | Date of Incorporation |
| City or Town | State | State of Incorporation |

| 2. DISSOLUTION AND LIQUIDATION INFORMATION |
|---|
| 1. Date resolution or plan of dissolution or liquidation was adopted <hr/> |
| 2. Action taken by <input type="checkbox"/> Board of Directors <input type="checkbox"/> Shareholders <hr/> |
| 3. Date of final dissolution / filing of Articles of Dissolution <hr/> |
| 4. Section of the Internal Revenue Code / Statutory Law under which Corporation is liquidating <hr/> |
| 5. Total number of shares of common stock outstanding at time of dissolution adoption <hr/> |
| 6. Total number of shares of preferred stock outstanding at time of dissolution adoption <hr/> |

| 3. SCHEDULE OF DISTRIBUTIONS & LIQUIDATING DIVIDENDS | | | |
|--|--|---|------------------|
| Date of Distribution | Description of Assets / Property Distributed | Fair Market Value on Date of Distribution | Cash Distributed |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals: | | | |

| 4. SHAREHOLDERS RECEIVING LIQUIDATING DISTRIBUTIONS | | | | |
|---|-----------|----------------|------------------|-------------------------|
| Shareholder Name & Address | TIN / SSN | Class of Stock | Number of Shares | Total Value Distributed |
| | | | | |
| | | | | |

| Shareholder Name & Address | TIN / SSN | Class of Stock | Number of Shares | Total Value Distributed |
|----------------------------|-----------|----------------|------------------|-------------------------|
| | | | | |

5. CORPORATE OFFICER SIGNATURE & CERTIFICATION

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.

Signature of Officer

Title of Officer

Date

Please attach a certified copy of the resolution or plan, together with all amendments or supplements not previously filed.