

Profit Sharing/Money Purchase Pension Plan Distribution Form

Instructions:

- The Plan Administrator is generally the Employer that maintains the Plan. If the payment is pursuant to a “qualified domestic relations order” the Administrator must complete items 3 through 5 but neither item 7 nor 8 needs to be completed.
- If there is more than one beneficiary or alternate payee, a separate form should be completed for each. In the event the Participant, Beneficiary or alternate payee does not complete the form on a timely basis, the Plan Administrator must complete items 3 through 5 as appropriate under the circumstances.
- Return all executed forms to **AllianceBernstein Investor Services, Inc., P.O. Box 786003, San Antonio, TX 78278-6003;** for overnight delivery, send to **AllianceBernstein Investor Services, Inc., 8000 IH 10W, 13th Floor, San Antonio, TX 78230.**
- Both this form and the included IRS Form W-4R must be completed and signed.
- For help filling out this form, please call Client Services at (800) 221 5672, 8:30 a.m. to 6:30 p.m. ET.

1. Participant Information

| | | |
|-----------------------------|------------|----------------------|
| _____ | _____ | _____ |
| Last Name | First Name | MI |
| _____ | | _____ |
| Social Security Number | | Daytime Phone Number |
| _____ | | |
| Mutual Fund Account Numbers | | |

2. Requestor Information

Please provide your name and daytime phone number and check the appropriate box indicating the capacity in which you are acting. If not listed, please check “Other” and specify your capacity.

| | | |
|---|--|---|
| _____ | _____ | _____ |
| Last Name | First Name | MI |
| _____ | | |
| Daytime Phone Number | | |
| <input type="checkbox"/> Plan Administrator | <input type="checkbox"/> Participant | <input type="checkbox"/> Attorney-in-fact |
| <input type="checkbox"/> Executor(trix) | <input type="checkbox"/> Former Spouse | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Custodian for a Minor Beneficiary | <input type="checkbox"/> Executor(trix) for Beneficiary |
| <input type="checkbox"/> Other _____ | | |



3. Plan Administrator's Direction

Name of Plan

Name of Employer

Address

City

State

ZIP Code

The undersigned Plan Administrator of the above-named plan (the "Plan") hereby directs that a payment or payments be made as set forth below from the above referenced account (the "Account") to the following payee (check one box):

- The Participant
- The Participant's spouse or other Beneficiary due to the participant's death as indicated in Section 4.
- "Alternate Payee" pursuant to a qualified domestic relations order (Please provide a certified copy of the divorce decree or other appropriate document as indicated in Section 4.)
- Third Party as indicated in Section 4

4. Payee

Last Name

First Name

MI

Payee's Social Security Number

Mailing Address

City

State

ZIP Code

5. Reason for Distribution

Please choose one of the following:

- The Participant's retirement, termination of employment or termination of plan
- The Participant's attainment of age 70½ (age 72 if born on or after July 1, 1949)
- Withdrawal of voluntary employee contributions made by the Participant (give date and amount in Section 6A)
- The Participant's death (Note: an AllianceBernstein Application must be attached for any spousal Beneficiary who would like to establish a new account. If not, a check will be issued. Each Beneficiary must complete a distribution form and return it together with all other required paperwork. Distribution options may vary for Beneficiaries. Consult your tax/financial advisor for options.)
- The Participant's permanent disability (Note: proof of disability should be provided to the plan administrator).
- Transfer to an "alternate payee" incident to a "qualified domestic relations order"
- Direct Rollover to an IRA or Qualified Plan (Note: For direct rollover of a distribution to an employer-maintained retirement plan or IRA custodian/trustee, please contact the administrator/custodian to confirm that they will accept the rollover). Please indicate the payee in Section 6.

6. Rollover Distribution Option*

A. Eligible Rollover Distribution

Complete only if all or a portion of this distribution is an "eligible rollover distribution." Generally, all distributions are eligible for rollover treatment except life expectancy payments made in substantially equal installments, payments made for a period of ten years, required minimum distributions to participants who have reached age 70½ (age 72 if born on or after July 1, 1949) and payments to non-spouse beneficiaries of deceased Participants.

\$ _____ : All of this amount is an eligible rollover distribution.

All of this amount except \$ _____ is an eligible rollover distribution

Withdrawal of voluntary employee contributions in the following amount: \$ _____

Indicate payment instructions if the distribution includes an eligible rollover amount. Check one:

Pay entire amount to payee as indicated in section 4 (eligible rollover amount is subject to automatic 20% withholding).

Pay \$ _____ (or _____%) to payee as indicated in Section 4 and the remaining amount to the eligible retirement plan(s) designated below. If no dollar amount or percentage is indicated, the entire amount will be paid.

Direct rollover of an eligible rollover distribution

I. If you would like to directly roll over your distribution from this Plan to a retirement account maintained at AllianceBernstein, complete this portion of the form.

Direct the eligible rollover amount to a:

AllianceBernstein IRA

Qualified Retirement Plan Account

| Fund Number | Account Number | Redeem (Check One) (A: All Shares; D: Dollar Amount; S: Shares) |
|--|---|---|
| 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S |
| 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S |
| 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> A <input type="checkbox"/> D \$ <input type="checkbox"/> S |

Note: In order to accommodate this request, an AllianceBernstein Retirement Plan, Roth IRA or Traditional IRA Account must be established or an AllianceBernstein Traditional/Roth application must be attached to this form if one does not already exist.

II. If you would like to directly roll over your distribution from this plan to a retirement account maintained at another institution, complete this portion of the form.

Direct the eligible rollover amount to a:

Traditional or Roth IRA

Qualified Retirement Plan Account

Other Eligible Retirement Plan

(Note: The signature of the plan participant with a Medallion Signature Guarantee is required in Section 8).

*Withdrawal of mutual funds may be subject to a Contingent Deferred Sales Charge fee. See prospectus for details or call Client Services at (800) 221 5672.

Name of Custodian or Trustee

Address of Custodian or Trustee

City

State

ZIP Code

Account Number(s)

The check will be sent directly to the successor organization.

Complete dollar amount \$ _____ (or _____ %) of amount to be directly rolled over. If no dollar amount or percentage is indicated, the entire amount will be paid. If the direct rollover is in the form of AllianceBernstein Mutual Funds, please list below the name of the mutual fund and the number of shares. (Include additional mutual funds on a separate sheet if needed.)

1. Name of Mutual Fund

Number of Shares

2. Name of Mutual Fund

Number of Shares

B. Non-Eligible Rollover Distribution Option

Payment is to be made in the following form:

- I. If you would like to directly roll over your distribution from this Plan to a retirement account maintained at AllianceBernstein, complete this portion of the form.

\$ _____ in cash _____ Shares of _____ fund(s)

Please indicate frequency of installment payments:

Monthly Quarterly Semi-annually Annually

Note: If installments are made on a periodic basis, checks will be issued the month following the month of receipt.

Payments to be made, according to the following methods:

- Using the Single Life Expectancy Table (from IRS Regulations)
 Using the Uniform Lifetime Distribution Period Table (from IRS Regulations)
 For a specified time of _____ years.

II. Other _____

7. Tax Withholding

Note: If you are changing or updating the withholding rate on an existing periodic installment payment plan, also complete the appropriate information in Section 6.

Please complete and sign the attached IRS Form W-4R to make your withholding election if you are electing a withholding rate other than 10%. The W-4R allows you to elect a withholding rate between 0% and 100%.

If no withholding election is made or the form is otherwise incomplete, federal income tax will be withheld at a rate of 10% from all distributions.

If your distribution is being mailed to a P.O. Box or outside the U.S. and its territories, federal income tax will be withheld at a rate of 10% unless you choose a greater rate of withholding.

Caution: If you elect no withholding apply to your distribution, or you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution from all IRAs you own. You may also be subject to penalties under the estimated tax rules if your payments of estimated tax and withholding, if any, are insufficient. Please consult your tax advisor if you have questions about withholding federal tax from your distribution.

8. Participant's Direction

By signing below, you certify that you are eligible to engage in the transactions listed on this form and are acting in the capacity indicated in Section 2 of this form.

Note: Please ensure the appropriate signature appears on the enclosed IRS Form W-4R in addition to on the signature line below.

I hereby direct the Plan Administrator to instruct the Trustee to make a payment from the Account as indicated above. I understand that (a) the effectiveness of the direction is conditioned of my having furnished or obtained all necessary consents described in Section 5 of the Plan and (b) that if installment payments have been directed, the amount thereof is subject to such adjustment as the Plan Administrator deemed necessary to comply with the minimum distribution requirements of the Plan. I certify that each eligible retirement plan that I have designated above is represented to be an Individual Retirement Account, Individual Retirement Annuity, Qualified Plan under Section 401(a) of the Internal Revenue Code, or other plan described in Section 402(c) of the Internal Revenue Code, and that it will accept the direct rollovers for my benefit.

If you are signing this request as the Plan Participant, you are also certifying, under the penalty of perjury, that the Social Security number or Taxpayer Identification Number you have provided in Section 1 of this form is the correct Social Security number or Taxpayer Identification Number and is not subject to backup withholding.

Affix Medallion Signature Guarantee Stamp Below*

Participant's Signature

Date

9. Beneficiary Direction

By signing below, you certify that you are eligible to engage in the transactions listed on this form and are acting in the capacity indicated in Section 2 of this form.

Note: Please ensure the appropriate signature appears on the enclosed IRS Form W-4R in addition to on the signature line below.

I hereby elect to have my interest in the Account paid to me in the form of payment specified above. I understand that if installment payments have been directed, the amount thereof is subject to such adjustment as the Plan Administrator deemed necessary to comply with the minimum distribution requirements of the Plan. I certify that each eligible retirement plan that I have designated above is represented to be an Individual Retirement Account (IRA), Individual Retirement Annuity, Qualified Plan under Section 401(a) of the Internal Revenue Code or other plan described in Section 402(c) of the Internal Revenue Code, and that it will accept direct rollovers for my benefit.

If you are signing this request as a beneficiary of a deceased Plan Participant, you are also certifying, under the penalty of perjury, that the Social Security number or Taxpayer Identification Number you have provided in Section 1 of this form is the correct Social Security number or Taxpayer Identification Number and is not subject to backup withholding.

Affix Medallion Signature Guarantee Stamp Below*

Beneficiary's Signature

Date

*A Medallion Signature Guarantee is defined as a guarantee of signature as a warranty, with respect to the signature of an endorser of a security or an originator of an instruction regarding a security that, at the time of signing, guaranteed the signature was genuine; the signer was an appropriate person to sign, or, if the signature is by an agent, the agent had actual authority to act on behalf of the appropriate person; and the signer had legal capacity to sign.

10. Alternate Payee's Direction

By signing below, you certify that you are eligible to engage in the transactions listed on this form and are acting in the capacity indicated in Section 2 of this form.

Note: Please ensure the appropriate signature appears on the enclosed IRS Form W-4R in addition to on the signature line below.

I hereby elect pursuant to the applicable Section of the Plan to have my interest in the Account distributed in the form specified above.

I understand that if installment payments have been directed, the amount thereof is subject to such adjustment as the Plan Administrator

deemed necessary to comply with the minimum distribution requirements of the Plan. I certify that each eligible retirement plan that I have designated above is represented to be an Individual Retirement Account, Individual Retirement Annuity, Qualified Plan under Section 401(a) of the Internal Revenue Code, or other plan described in section 402(c) of the Internal Revenue Code, and that it will accept the direct rollover for my benefit.

If you are signing this request, you are also certifying, under the penalty of perjury, that the Social Security number or Taxpayer Identification Number you have provided in Section 4 of this form is the correct Social Security number or Taxpayer Identification Number and is not subject to backup withholding.

Affix Medallion Signature Guarantee Stamp Below*

Alternate Payee's Signature

Date

11. Plan Administrator's Certification and Direction

In the event the Plan Administrator's signature is unattainable, please contact AllianceBernstein at (800) 221 5672.

Note: Please ensure the appropriate signature appears on the enclosed IRS Form W-4R in addition to on the signature line below.

The Plan Administrator hereby certifies that (i) any notices, waivers or consents required, including those that may be required pursuant to Section 5 of the Plan (regarding consent to distribution of benefits in a lump sum or installments and payment of benefits in the normal form), have been provided or obtained and are being maintained with the records of the Plan, (ii) the distribution directed hereby complies with Section 5.05 of the Plan (regarding minimum distributions)

and, if and as relevant, will be reviewed at least annually until the entire balance of the Account is distributed to ensure compliance with such minimum distribution requirements. The Plan Administrator also hereby certifies that the percentage or amount of federal income tax to be withheld from the distribution directed hereby has been provided to the Custodian with this Distribution Form and directs the Custodian to withhold accordingly. The Plan Administrator certifies that he or she has provided the payee with a timely written explanation described in Section 402(f) of the Internal Revenue Code.

Affix Medallion Signature Guarantee Stamp Below*

Plan Administrator's Signature

Date

*A Medallion Signature Guarantee is defined as a guarantee of signature as a warranty, with respect to the signature of an endorser of a security or an originator of an instruction regarding a security that, at the time of signing, guaranteed the signature was genuine; the signer was an appropriate person to sign, or, if the signature is by an agent, the agent had actual authority to act on behalf of the appropriate person; and the signer had legal capacity to sign.

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Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2023

| | | |
|---|-----------|----------------------------------|
| 1a First name and middle initial | Last name | 1b Social security number |
|---|-----------|----------------------------------|

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

| | | |
|---|----------|---|
| 2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) | 2 | % |
|---|----------|---|

| | |
|------------------|--|
| Sign Here | <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> Your signature (This form is not valid unless you sign it.) Date </div> |
|------------------|--|

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

| Single or Married filing separately | | Married filing jointly or Qualifying surviving spouse | | Head of household | |
|--|---------------------------------------|--|---------------------------------------|---------------------------|---------------------------------------|
| <i>Total income over—</i> | Tax rate for every dollar more | <i>Total income over—</i> | Tax rate for every dollar more | <i>Total income over—</i> | Tax rate for every dollar more |
| \$0 | 0% | \$0 | 0% | \$0 | 0% |
| 13,850 | 10% | 27,700 | 10% | 20,800 | 10% |
| 24,850 | 12% | 49,700 | 12% | 36,500 | 12% |
| 58,575 | 22% | 117,150 | 22% | 80,650 | 22% |
| 109,225 | 24% | 218,450 | 24% | 116,150 | 24% |
| 195,950 | 32% | 391,900 | 32% | 202,900 | 32% |
| 245,100 | 35% | 490,200 | 35% | 252,050 | 35% |
| 591,975* | 37% | 721,450 | 37% | 598,900 | 37% |

* If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.