

**Return of Organization Exempt From Income Tax**

**2003**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2003 calendar year, or tax year beginning October 1, 2002, and ending September 30, 2003**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization**  
**Autism International Association, Inc**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1816 West Houston Ave.**

City or town, state or country, and ZIP + 4  
**Fullerton, CA 92833-4423**

**D Employer identification number**  
**61 : 1429687**

**E Telephone number**  
**( 714 ) 680-0792**

**F Accounting method**  Cash  Accrual  
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ **www.autismone.org**

**J Organization type** (check only one) ▶  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here ▶  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

**I** Group Exemption Number ▶

**M** Check ▶  if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **104,807.08**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>6,000.00</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>6,000.00</b> noncash \$ <b>0</b> )	<b>1d</b>			<b>6,000.00</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>98,807.08</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on U.S. government temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b>6,000.00</b> of contributions reported on line 1a)	<b>9a</b>	<b>98,807.08</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>104,807.08</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>93,165.39</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>5,555.60</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>500.00</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		<b>0</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>99,220.99</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>5,586.09</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>0</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>5,586.09</b>

SCANNED JUN 10 2004

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. . . . .	32,187.06	28,187.06	4000.00	
26	Other salaries and wages . . . . .	830.00	500.00	330.00	
27	Pension plan contributions . . . . .				
28	Other employee benefits . . . . .				
29	Payroll taxes . . . . .	3060.00	2670.00	390.00	
30	Professional fundraising fees . . . . .	500.00			500.00
31	Accounting fees . . . . .	40.33		40.33	
32	Legal fees . . . . .	620.00		620.00	
33	Supplies . . . . .	175.27		175.27	
34	Telephone . . . . .	1,310.00	1,310.00		
35	Postage and shipping . . . . .	16.64	16.64		
36	Occupancy . . . . .				
37	Equipment rental and maintenance . . . . .				
38	Printing and publications . . . . .	11,969.70	11,969.70		
39	Travel . . . . .	4,375.82	4,375.82		
40	Conferences, conventions, and meetings . . . . .				
41	Interest . . . . .	35.67	35.67		
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize) a . . . . .				
b	Internet/Web site management	10,006.75	10,006.75		
c	Conference management services	22,135.70	22,135.70		
d	Speaker expense reimbursement	11,958.05	11,958.05		
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .	99,220.99	93,165.39	5,555.60	500.00

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <b>Participate in fight against autism</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a <b>Conducted Autism One conference at Loyola University Chicago, May 2-4, 2003. Brought together 80 world-renown speakers on a variety of autism-related topics. Conference paid attendance totalled 420. This annual conference is the primary focus of the Corporation.</b> (Grants and allocations \$ _____)	93,165.39
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	<b>93,165.39</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b> 9,137.03
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	<b>47c</b>
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	<b>48c</b>
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b> 1,100.00
	<b>51a</b> Other notes and loans receivable (attach schedule). . . . .	<b>51a</b>	<b>51c</b>
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>
	<b>54</b> Investments—securities (attach schedule). . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b>	<b>55c</b>
	<b>b</b> Less: accumulated depreciation (attach schedule). . . . .	<b>55b</b>	<b>55c</b>
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>	<b>57c</b>	
<b>b</b> Less: accumulated depreciation (attach schedule). . . . .	<b>57b</b>	<b>57c</b>	
<b>58</b> Other assets (describe ► _____ )		<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		<b>59</b> 10,237.03	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b> 501.95
	<b>61</b> Grants payable . . . . .		<b>61</b>
	<b>62</b> Deferred revenue . . . . .		<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule). . . . .		<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>
	<b>65</b> Other liabilities (describe ► <b>Payroll liabilities</b> _____ )		<b>65</b> 4,048.99
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		<b>66</b> 4,550.99	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		<b>67</b>
	<b>67</b> Unrestricted . . . . .		<b>67</b>
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>
	<b>69</b> Permanently restricted . . . . .		<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.		<b>70</b>
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b> 5,686.09
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21). . . . .		<b>73</b>	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		<b>74</b> 10,237.03	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
	(1) Net unrealized gains on investments . . . \$ _____		
	(2) Donated services and use of facilities \$ _____		
	(3) Recoveries of prior year grants . . . \$ _____		
	(4) Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . ▶	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
	(1) Donated services and use of facilities \$ _____		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ _____		
	(3) Losses reported on line 20, Form 990 . . . \$ _____		
	(4) Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>Edmund Arranga</b> 1816 W. Houston Ave. Fullerton, CA 92833	President/Trustee (50)	24,687.06		
<b>Wilson Price</b> 1827 Bear Claw Circle, Draper, UT 84020	CFO/Sec/Trustee (10)	7,500.00		
<b>Albert Gietzen</b> 2140 Alessandro Trail, Vista, CA 92084	Trustee	0		
<b>Herbert Rebun</b>	Trustee	0		
<b>Belinda Alambar</b> 16457 San Jacinto St, Fountain Valley, CA 90708	Trustee	0		

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

Form with rows 76-92 containing questions and answers. Includes checkboxes for 'Yes' and 'No', and input fields for amounts and names. Row 92 includes a checkbox for Form 1041 filing.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <u>Conference</u>					98,807.08
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .					
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					98,807.08

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	The AutismOne conference at Loyola University Chicago brought together experts in the treatment of autism and parents of autistic children to further the study into the causes and cures of autism.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, and the information provided hereon, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

**Please Sign Here**

Signature of officer: Wilson T. Price

Wilson T. Price, CFO

Type or print name and title

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**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_



Form 990

Autism International Association, Inc.

Attachment

Part IV, Line 50.

Loan of \$1,100 at interest rate of 6% per annum made to Wilson Price, CFO.

Note: Loan plus interest has since been repaid.

mailed 3/15/04

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return See instructions.	Name of Exempt Organization <b>AUTISM INTERNATIONAL ASSOCIATION INC</b>	Employer identification number <b>61: 1429687</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1816 WEST HOUSTON AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FULLERTON, CA 92833</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 6/1, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20... or

▶  tax year beginning OCTOBER, 1, 2002, and ending SEPTEMBER 31, 2003.

2 If this tax year 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 \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

#### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶  Title ▶ **SECRETARY** Date ▶ 3/15/04

For Paperwork Reduction Act Notice, see Instruction

Cat. No. 27916D

Form **8868** (12-2000)