

# Blank Forms (Volume I)

*These forms are provided for congregational  
use and may be copied.*

## **Payroll**

Congregational Payroll Information  
Employment Eligibility Verification (Form I-9)  
Payroll Authorization Form  
Individual Payroll Record

## **Miscellaneous**

Minister's Estimate for Housing Allowance Expenses  
Request and Authorization for Inclusion in the LCMS  
Group Tax Exemption — RS12  
Form 5578 — Annual Certification of Racial  
Nondiscrimination for a Private School Exempt from  
Federal Income Tax  
Form 1098-C — Contributions of Motor Vehicles, Boats,  
and Airplanes (Copy B)  
Form 8282 — Donee Information Return  
Form 8283 — Noncash Charitable Contributions  
Form 8300 — Report of Cash Payments Over \$10,000  
Received in a Trade or Business

# CONGREGATIONAL PAYROLL INFORMATION

POSITION NAME	PAYROLL PERIOD	PER PAY PERIOD				MARITAL STATUS	NO. OF EXEMP.	PER PAY PERIOD				NET PAY	
		Gross Salary	Housing Allowance	Net Salary	Other			TSA	Federal WIH	State WIH	(6.20%) FICA		(1.45) Medicare



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)							
		If you check <b>Item Number 4.</b> , enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

# PAYROLL AUTHORIZATION FORM

NEW EMPLOYEE ☐ REVISION ☐ REMOVAL ☐ EFFECTIVE DATE \_\_\_\_\_  
NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SSN \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ EXEMPTIONS \_\_\_\_\_

POSITION \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_ DATE OF CHURCH COUNCIL ACTION \_\_\_\_\_  
STATUS \_\_\_\_\_ FULL TIME ☐ PART TIME ☐ NO. OF MONTHS/YEAR \_\_\_\_\_  
MINISTER OF THE GOSPEL? YES ☐ NO ☐ HOURS/WEEK \_\_\_\_\_

REMUNERATION	PER PAY PERIOD	ANNUALLY
SALARY	\$ _____	\$ _____
HOUSING ALLOWANCE	_____	_____
OTHER	_____	_____
TSA	_____	_____
TOTAL \$	_____	\$ _____

RATE: HOURLY \$ \_\_\_\_\_ WEEKLY \$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_

AUTO EXPENSES REIMBURSE \_\_\_\_\_ CENTS PER MILE or \_\_\_\_\_ MONTHLY ALLOWANCE

DEDUCTIONS PER PAY PERIOD (YES, NO OR AMOUNT)

FEDERAL INCOME TAX	_____
SOCIAL SECURITY TAX	_____
MEDICARE TAX	_____
STATE INCOME TAX	_____

TSA	_____
All-Cause Accident	_____
Local Income Tax	_____

## CONCORDIA PLANS OR OTHER HEALTH PLANS

ELIGIBLE YES ☐ NO ☐  
BASIS: RETIREMENT FULL ☐ REGULAR ☐  
HEALTH COVERAGE OPTION: \_\_\_\_\_  
SURVIVOR/DISABILITY FULL ☐ REGULAR ☐  
ENROLLED IN ALL-CAUSE ACCIDENT YES ☐ NO ☐

## FORMS COMPLETED

CONCORDIA PLAN SERVICES ENROLLMENT FORMS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
W-4 WITHHOLDING ALLOWANCE CERTIFICATES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I-9 EMPLOY. ELIGIBILITY VERIFICATION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NEW HIRE REPORTING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
STATEMENT TO EMPLOYEE THAT NO UNEMPLOYMENT INSURANCE IS AVAILABLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER	_____	

## PERMANENT MAILING ADDRESS

STREET \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

## IN CASE OF EMERGENCY

STREET \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

## COMPLETED BY:

SIGNED \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## APPROVED BY:

SIGNED \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## Year \_\_\_\_\_

Marital Status \_\_\_\_\_

Employee Name \_\_\_\_\_

	Yes	No
Exempt from federal income tax withholding?		

Address

Rate: Hourly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

[illegible]

## Minister's Estimate of Expenses for Housing Allowance

Item	Amount
1. Rent on home	\$ _____
2. Garage rental	_____
3. Down payment, legal, loan and title fees; on purchase of home	_____
4. Mortgage payments (principal and interest)	_____
5. Real estate taxes on home	_____
6. Property insurance (homeowner's and renter's)	_____
7. Utilities: Gas	_____
Electricity	_____
Water	_____
Heat	_____
Telephone (basic service)	_____
Trash Pick-up	_____
Storm Drainage	_____
8. Furnishing and appliances (purchase and repair)	_____
9. Structural repairs and remodeling	_____
10. Lawn care and landscaping	_____
11. Maintenance items (household cleaners, light bulbs, pest control)	_____
12. Other allowable expenses (specify)	_____
13. Home Owner's Association Dues	_____
TOTAL	\$ _____

# Request and Authorization for Inclusion in the LCMS Group Tax Exemption

RS12

The undersigned representative of the \_\_\_\_\_

(Select and type one or any combination of the following: Daycare, Preschool, or School, i.e., early childhood center, elementary school, middle school, junior high school, high school) \_\_\_\_\_

\_\_\_\_\_ hereby certifies that it has articles of incorporation and bylaws which have been reviewed by its own legal council to verify that said organization—

i) is controlled by the \_\_\_\_\_

\_\_\_\_\_ congregations(s) of the Lutheran Church—Missouri Synod, and that such control is authorized and evidenced by inclusion in said organization's articles of incorporation and/or bylaws of a provision to the effect that the authority to appoint and remove all of or a majority of the directors of this organization is vested in the above-referenced congregations(s) voters' assembly or some other official board or committee of the congregation(s), and

ii) has Articles of Incorporation and Bylaws that are in accordance with all the provisions of Internal Revenue Code Section 501(c)(3), i.e. specific provision required by the Internal Revenue Service to be included in Articles of Incorporation and Bylaws. Two such examples include 1) specific provisions regarding its purpose—religious, educational and charitable, and 2) what would occur in the event of its dissolution—that all assets remaining after all liabilities and other obligations have been paid shall be transferred to the parent congregation or congregations.

Having met the requirements of i) and ii), the undersigned herewith authorizes and requests inclusion in the Federal income tax group exemption ruling of the Internal Revenue Service issued to the Synod covering its components parts, member congregations and their schools. The undersigned further agrees to report to the Synod:

- 1) any changes in its name,
- 2) any changes in its mailing address, and
- 3) any changes in its operations which would have an effect upon its right to continue to be exempt from income tax.

Organization's Name \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State

ZIP

Employer Identification Number (EIN) \_\_\_\_\_

Officer \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Annual Certification of Racial Nondiscrimination  
for a Private School Exempt From Federal Income Tax**

(for use by organizations that do not file Form 990 or Form 990-EZ)

► Go to [www.irs.gov/Form5578](http://www.irs.gov/Form5578) for the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

**For IRS Use Only**

For the period beginning _____, 20____ and ending _____, 20____	
<b>1a</b> Name of organization that operates, supervises, and/or controls school(s).	
<b>1b</b> Employer identification number	
Address (number and street or P.O. box no., if mail is not delivered to street address) _____ Room/suite _____	
City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) _____	
<b>2a</b> Name of central organization holding group exemption letter covering the school(s). (If same as 1a above, write "Same" and complete 2c.) If the organization in 1a holds an individual exemption letter, write "Not Applicable."	
<b>2b</b> Employer identification number	
Address (number and street or P.O. box no., if mail is not delivered to street address) _____ Room/suite _____	
<b>2c</b> Group exemption number (see instructions under <i>Definitions</i> )	
City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) _____	
<b>3a</b> Name of school. (If more than one school, write "See Attached" and attach a list of the names, complete addresses, including postal codes, and employer identification numbers of the schools.) If same as 1a, write "Same."	
<b>3b</b> Employer identification number, if any	
Address (number and street or P.O. box no., if mail is not delivered to street address) _____ Room/suite _____	
City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) _____	

Under penalties of perjury, I hereby certify that I am authorized to take official action on behalf of the above school(s) and that to the best of my knowledge and belief the school(s) has (have) satisfied the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, for the period covered by this certification.

_____ (Signature)	_____ (Type or print name and title.)	_____ (Date)
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**For Paperwork Reduction Act Notice, see instructions.** Cat. No. 42658A Form **5578** (Rev. 11-2019)



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7878

☐ VOID☐ CORRECTED

DONEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Date of contribution		OMB No. 1545-1959 Form <b>1098-C</b> (Rev. November 2019)	
		2a Odometer mileage		For calendar year 20 _____	
		2b Year	2c Make	2d Model	
DONEE'S TIN	DONOR'S TIN	3 Vehicle or other identification number			
DONOR'S name		4a <input type="checkbox"/> Donee certifies that vehicle was sold in arm's length transaction to unrelated party			
Street address (including apt. no.)		4b Date of sale			
City or town, state or province, country, and ZIP or foreign postal code		4c Gross proceeds from sale (see instructions) \$			
5a <input type="checkbox"/> Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvements or significant intervening use					
5b <input type="checkbox"/> Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose					
5c Donee certifies the following detailed description of material improvements or significant intervening use and duration of use					
6a Did you provide goods or services in exchange for the vehicle? . . . . . ► Yes <input type="checkbox"/> No <input type="checkbox"/>					
6b Value of goods and services provided in exchange for the vehicle \$					
6c Describe the goods and services, if any, that were provided. If this box is checked, donee certifies that the goods and services consisted solely of intangible religious benefits . . . . . ► <input type="checkbox"/>					
7 Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked . . . . . ► <input type="checkbox"/>					

# Contributions of Motor Vehicles, Boats, and Airplanes

## Copy A

For Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

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**Donee Information Return**  
(Sale, Exchange, or Other Disposition of Donated Property)  
► Go to [www.irs.gov/Form8282](http://www.irs.gov/Form8282) for latest information.

OMB No. 1545-0047

**Give a Copy to Donor**

**Parts To Complete**

- If the organization is an **original donee**, complete *Identifying Information*, Part I (lines 1a–1d and, if applicable, lines 2a–2d), and Part III.
- If the organization is a **successor donee**, complete *Identifying Information*, Part I, Part II, and Part III.

**Identifying Information**

<b>Print or Type</b>	Name of charitable organization (donee)	Employer identification number
	Address (number, street, and room or suite no.) (or P.O. box no. if mail is not delivered to the street address)	
	City or town, state, and ZIP code	

**Part I** Information on **ORIGINAL DONOR** and **SUCCESSOR DONEE** Receiving the Property

<b>1a</b> Name of original donor of the property	<b>1b</b> Identifying number(s)
<b>1c</b> Address (number, street, and room or suite no.) (P.O. box no. if mail is not delivered to the street address)	
<b>1d</b> City or town, state, and ZIP code	

**Note.** Complete lines 2a–2d only if the organization gave this property to another charitable organization (successor donee).

<b>2a</b> Name of charitable organization	<b>2b</b> Employer identification number
<b>2c</b> Address (number, street, and room or suite no.) (or P.O. box no. if mail is not delivered to the street address)	
<b>2d</b> City or town, state, and ZIP code	

**Part II** Information on **PREVIOUS DONEES**. Complete this part only if the organization was not the first donee to receive the property. See the instructions before completing lines 3a through 4d.

<b>3a</b> Name of original donee	<b>3b</b> Employer identification number
<b>3c</b> Address (number, street, and room or suite no.) (or P.O. box no. if mail is not delivered to the street address)	
<b>3d</b> City or town, state, and ZIP code	
<b>4a</b> Name of preceding donee	<b>4b</b> Employer identification number
<b>4c</b> Address (number, street, and room or suite no.) (or P.O. box no. if mail is not delivered to the street address)	
<b>4d</b> City or town, state, and ZIP code	

For Paperwork Reduction Act Notice, see Instructions for Form 990.

Cat. No. 62307Y

Form **8282** (Rev. 10-2021)

**Part III Information on DONATED PROPERTY**

	1. Description of the donated property sold, exchanged, or otherwise disposed of and how the organization used the property. (If you need more space, attach a separate statement.)	2. Did the disposition involve the organization's entire interest in the property?		3. Was the use related to the organization's exempt purpose or function?		4. Information on use of property.  • If you answered "Yes" to question 3 and the property was tangible personal property, describe how the organization's use of the property furthered its exempt purpose or function. Also complete Part IV below.  • If you answered "No" to question 3 and the property was tangible personal property, describe the organization's intended use (if any) at the time of the contribution. Also complete Part IV below, if the intended use at the time of the contribution was related to the organization's exempt purpose or function and it became impossible or infeasible to implement.
		Yes	No	Yes	No	
<b>A</b>						
<b>B</b>						
<b>C</b>						
<b>D</b>						

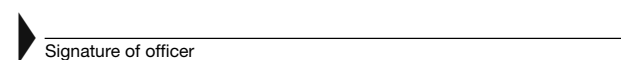
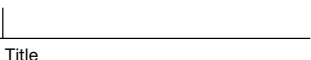
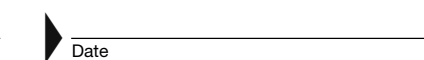
		Donated Property			
		A	B	C	D
<b>5</b>	Date the organization received the donated property (MM/DD/YY)	/ /	/ /	/ /	/ /
<b>6</b>	Date the original donee received the property (MM/DD/YY)	/ /	/ /	/ /	/ /
<b>7</b>	Date the property was sold, exchanged, or otherwise disposed of (MM/DD/YY)	/ /	/ /	/ /	/ /
<b>8</b>	Amount received upon disposition	\$	\$	\$	\$

**Part IV Certification**

You must sign the certification below if any property described in Part III above is tangible personal property and:




- You answered "Yes" to question 3 above, or
- You answered "No" to question 3 above and the intended use of the property became impossible or infeasible to implement.

Under penalties of perjury and the penalty under section 6720B, I certify that either: (1) the use of the property that meets the above requirements, and is described above in Part III, was substantial and related to the donee organization's exempt purpose or function; or (2) the donee organization intended to use the property for its exempt purpose or function, but the intended use has become impossible or infeasible to implement.

		
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**Sign Here**

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.

## Noncash Charitable Contributions

Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

Go to [www.irs.gov/Form8283](http://www.irs.gov/Form8283) for instructions and the latest information.

OMB No. 1545-0074

Attachment  
Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

Enter the entity name and identifying number from the tax return where the noncash charitable contribution was originally reported, if different from above.

Name: \_\_\_\_\_ Identifying number: \_\_\_\_\_

Check this box if a family pass-through entity made the noncash charitable contribution. See instructions . . . . . ☐

**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section **only** an item (or a group of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000. If you need more space, attach a statement. See instructions.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A		<input type="checkbox"/> [Grid]	
B		<input type="checkbox"/> [Grid]	
C		<input type="checkbox"/> [Grid]	
D		<input type="checkbox"/> [Grid]	

**Note:** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						

**Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory Reportable in Section A)**—Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is required for items reportable in Section B and in certain cases must be attached. See instructions.

**Part I Information on Donated Property**

**2** Check the box that describes the type of property donated. See instructions for definitions.

- |  |   |  |
|--|---|--|
| <b>a</b> <input type="checkbox"/> Art (contribution of \$20,000 or more)         | <b>d</b> <input type="checkbox"/> Other real estate     | <b>i</b> <input type="checkbox"/> Vehicles                     |
| <b>b</b> <input type="checkbox"/> Qualified conservation contribution            | <b>e</b> <input type="checkbox"/> Equipment             | <b>j</b> <input type="checkbox"/> Clothing and household items |
| <b>b(1)</b> <input type="checkbox"/> Certified historic structure<br>NPS # _____ | <b>f</b> <input type="checkbox"/> Securities            | <b>k</b> <input type="checkbox"/> Digital assets               |
| <b>c</b> <input type="checkbox"/> Art (contribution of less than \$20,000)       | <b>g</b> <input type="checkbox"/> Collectibles          | <b>l</b> <input type="checkbox"/> Other                        |
|  | <b>h</b> <input type="checkbox"/> Intellectual property |  |

3	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If any tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift.	(c) Appraised fair market value
A			
B			
C			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	(h) Qualified conservation contribution relevant basis (see instructions)	(i) Amount claimed as a deduction (see instructions)
A						
B						
C						

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 62299J

Form **8283** (Rev. 12-2023)

Name(s) shown on your income tax return

Identifying number

**Part II Partial Interests and Restricted Use Property (Other Than Qualified Conservation Contributions)—**

Complete lines 4a through 4e if you gave less than an entire interest in a property listed in Section B, Part I. Complete lines 5a through 5c if conditions were placed on a contribution listed in Section B, Part I; also attach the required statement. See instructions.

- 4a** Enter the letter from Section B, Part I that identifies the property for which you gave less than an entire interest \_\_\_\_\_  
If Section B, Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Section B, Part I: **(1)** For this tax year . . . \_\_\_\_\_  
**(2)** For any prior tax years \_\_\_\_\_
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization in Section B, Part V, below):  
Name of charitable organization (donee) \_\_\_\_\_

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

- d** For tangible property, enter the place where the property is located or kept \_\_\_\_\_
- e** Name of any person, other than the donee organization, having actual possession of the property \_\_\_\_\_

- 5a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? \_\_\_\_\_
- b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . . \_\_\_\_\_
- c** Is there a restriction limiting the donated property for a particular use? . . . . . \_\_\_\_\_

Yes	No

**Part III Taxpayer (Donor) Statement—**List each item included in Section B, Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Section B, Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Section B, Part I and describe the specific item. See instructions.

Signature of  
taxpayer (donor)

Date

**Part IV Declaration of Appraiser—**See instructions.

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

**Sign  
Here**

Appraiser signature

Date

Appraiser name

Title

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

**Part V Donee Acknowledgment—**See instructions.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date \_\_\_\_\_

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? . . . . . ☐ **Yes** ☐ **No**

Name of charitable organization (donee)

Employer identification number

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

Authorized signature

Title

Date

## Report of Cash Payments Over \$10,000 Received in a Trade or Business

**See instructions for definition of cash.**

**Use this form for transactions occurring after December 31, 2023. Do not use prior versions after this date.**

**For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

**1** Check appropriate box(es) if:      **a** ☐ Amends prior report;      **b** ☐ Suspicious transaction.

Part I	Identity of Individual From Whom the Cash Was Received
1	1
2	2
3	3
4	4
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96	96
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98	98
99	99
100	100

**2** If more than one individual is involved, check here and see instructions . . . . . ☐

<b>3</b>	Last name	<b>4</b>	First name	<b>5</b>	M.I.	<b>6</b>	Taxpayer identification number 
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7 Address (number, street, and apt. or suite no.)	8 Date of birth (see instructions)	M	M	D	D	Y	Y	Y	Y
		:	:	:	:	:	:	:	:

<b>9</b>	City	<b>10</b>	State	<b>11</b>	ZIP code	<b>12</b>	Country (if not U.S.)	<b>13</b>	Occupation, profession, or business
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14	Identifying document (ID)	a Describe ID	b Issued by
		c Number	

Part II	Person on Whose Behalf This Transaction Was Conducted

**15** If this transaction was conducted on behalf of more than one person, check here and see instructions . . . . . ☐

<b>16</b>	Individual's last name or organization's name	<b>17</b>	First name	<b>18</b>	M.I.	<b>19</b>	Taxpayer identification number           
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20	Doing business as (DBA) name (see instructions)	Employer identification number
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<b>21</b>	Address (number, street, and apt. or suite no.)	<b>22</b>	Occupation, profession, or business
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<b>23</b>	City	<b>24</b>	State	<b>25</b>	ZIP code	<b>26</b>	Country (if not U.S.)
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27	Alien identification (ID)	a Describe ID	b Issued by
		c Number	

<b>Part III</b>	<b>Description of Transaction and Method of Payment</b>
	(This area contains information about the transaction and how it was paid for.)

<b>28</b>	Date cash received	<b>29</b>	Total cash received	<b>30</b>	If cash was received in more than one payment, check here <input type="checkbox"/>	<b>31</b>	Total price if different from item 29
	M M D D Y Y Y Y		\$ .00				\$ .00

<b>32</b>	Amount of cash received (in U.S. dollar equivalent) (must equal item 29) (see instructions):		
<b>a</b>	U.S. currency	\$ <u>          .00          </u>	(Amount in \$100 bills or higher \$ <u>                                  .00          </u> )
<b>b</b>	Foreign currency	\$ <u>          .00          </u>	(Country <u>                                  </u> )
<b>c</b>	Cashier's check(s)	\$ <u>          .00          </u>	Issuer's name(s) and serial number(s) of the monetary instrument(s) ----- ----- -----
<b>d</b>	Money order(s)	\$ <u>          .00          </u>	
<b>e</b>	Bank draft(s)	\$ <u>          .00          </u>	
<b>f</b>	Traveler's check(s)	\$ <u>          .00          </u>	

<p><b>33</b> Type of transaction</p> <table border="0"> <tr> <td><b>a</b> <input type="checkbox"/> Personal property purchased</td> <td><b>f</b> <input type="checkbox"/> Debt obligations paid</td> </tr> <tr> <td><b>b</b> <input type="checkbox"/> Real property purchased</td> <td><b>g</b> <input type="checkbox"/> Exchange of cash</td> </tr> <tr> <td><b>c</b> <input type="checkbox"/> Personal services provided</td> <td><b>h</b> <input type="checkbox"/> Escrow or trust funds</td> </tr> <tr> <td><b>d</b> <input type="checkbox"/> Business services provided</td> <td><b>i</b> <input type="checkbox"/> Bail received by court clerks</td> </tr> <tr> <td><b>e</b> <input type="checkbox"/> Intangible property purchased</td> <td><b>j</b> <input type="checkbox"/> Other (specify in item 34)</td> </tr> </table>	<b>a</b> <input type="checkbox"/> Personal property purchased	<b>f</b> <input type="checkbox"/> Debt obligations paid	<b>b</b> <input type="checkbox"/> Real property purchased	<b>g</b> <input type="checkbox"/> Exchange of cash	<b>c</b> <input type="checkbox"/> Personal services provided	<b>h</b> <input type="checkbox"/> Escrow or trust funds	<b>d</b> <input type="checkbox"/> Business services provided	<b>i</b> <input type="checkbox"/> Bail received by court clerks	<b>e</b> <input type="checkbox"/> Intangible property purchased	<b>j</b> <input type="checkbox"/> Other (specify in item 34)	<p><b>34</b> Specific description of property or service shown in 33. Give serial or registration number, address, docket number, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>a</b> <input type="checkbox"/> Personal property purchased	<b>f</b> <input type="checkbox"/> Debt obligations paid										
<b>b</b> <input type="checkbox"/> Real property purchased	<b>g</b> <input type="checkbox"/> Exchange of cash										
<b>c</b> <input type="checkbox"/> Personal services provided	<b>h</b> <input type="checkbox"/> Escrow or trust funds										
<b>d</b> <input type="checkbox"/> Business services provided	<b>i</b> <input type="checkbox"/> Bail received by court clerks										
<b>e</b> <input type="checkbox"/> Intangible property purchased	<b>j</b> <input type="checkbox"/> Other (specify in item 34)										

## Part IV Business That Received Cash

<b>35</b>	Name of business that received cash	<b>36</b>	Employer identification number
			<div style="display: flex; justify-content: space-between;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>5</span> <span>6</span> <span>7</span> <span>8</span> <span>9</span> <span>0</span> </div>

<b>37</b>	Address (number, street, and apt. or suite no.)	Social security number 
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<b>38</b> City	<b>39</b> State	<b>40</b> ZIP code	<b>41</b> Nature of your business
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42 Under penalties of perjury, I declare that to the best of my knowledge the information I have furnished above is true, correct, and complete.

Signature	Title
_____	_____

[illegible]



## Multiple Parties

(Complete applicable parts below if box 2 or 15 on page 1 is checked.)

**Part I** Continued—Complete if box 2 on page 1 is checked

3 Last name			4 First name			5 M.I.		6 Taxpayer identification number : : : : : : : : : : : : : : : :					
7 Address (number, street, and apt. or suite no.)						8 Date of birth (see instructions)		M M D D Y Y Y Y : : : : : : : : : :					
9 City			10 State :	11 ZIP code		12 Country (if not U.S.)		13 Occupation, profession, or business					
14 Identifying document (ID)		a Describe ID c Number -----						b Issued by -----					

3 Last name				4 First name				5 M.I.		6 Taxpayer identification number : : : : : : : :			
7 Address (number, street, and apt. or suite no.)								8 Date of birth (see instructions)		M M D D Y Y Y Y : : : : : : : :			
9 City				10 State :		11 ZIP code		12 Country (if not U.S.)		13 Occupation, profession, or business			
14 Identifying document (ID)		a Describe ID c Number -----								b Issued by -----			

**Part II** Continued—Complete if box 15 on page 1 is checked

<b>16</b>	Individual's last name or organization's name	<b>17</b>	First name	<b>18</b>	M.I.	<b>19</b>	Taxpayer identification number : : :
<b>20</b>	Doing business as (DBA) name (see instructions)					Employer identification number : : :	
<b>21</b>	Address (number, street, and apt. or suite no.)				<b>22</b> Occupation, profession, or business		
<b>23</b>	City	<b>24</b>	State :	<b>25</b>	ZIP code	<b>26</b> Country (if not U.S.)	
<b>27</b>	Alien identification (ID)	<b>a Describe ID</b> _____ <b>c Number</b> _____				<b>b Issued by</b> _____	

16	Individual's last name or organization's name				17	First name		18	M.I.	19	Taxpayer identification number : :   : :   : :   : :	
20	Doing business as (DBA) name (see instructions)									Employer identification number : :   : :   : :   : :		
21	Address (number, street, and apt. or suite no.)							22			Occupation, profession, or business	
23	City			24	State :	25	ZIP code	26				Country (if not U.S.)
27	Alien identification (ID)	<b>a Describe ID</b> _____ <b>c Number</b> _____							<b>b Issued by</b> _____			

**Comments** – Please use the lines provided below to comment on or clarify any information you entered on any line in Parts I, II, III, and IV

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