Exempt Organization Business Income Tax Return OMB No. 1545-0047 Form **990-T** (and proxy tax under section 6033(e)) 2019 For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 9/30► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed Check box if name changed and see instructions.) Employer identification number (Employees' trust, see instructions.) ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL Print **B** Exempt under section DOING BUSINESS AS: KLRN X 501(C)(3) 74-2461534 501 BROADWAY ST. Type Unrelated business activity code (See instructions.) 408(e) 220(e) SAN ANTONIO, TX 78215-1820 408A 530(a) 529(a) 515100 532000 C Book value of all assets at end of year F Group exemption number (See instructions.)► G Check organization type..... ► X 501(c) corporation 501(c) trust 401(a) trust Other trust 7,065,356. H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ► CONTRACT PRODUCTION SERVICES & ADVERTISING . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... If 'Yes,' enter the name and identifying number of the parent corporation... The books are in care of ► PATRICK LOPEZ Telephone number► 210 270-9000 **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales . . **b** Less returns and allowances . . . 1 c 2 Cost of goods sold (Schedule A, line 7)..... 2 3 3 Gross profit. Subtract line 2 from line 1c..... 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4с Income (loss) from a partnership or an S corporation 5 (attach statement)..... 6 78,575. 13,770. 64,805 Unrelated debt-financed income (Schedule E)..... 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . 10 Exploited exempt activity income (Schedule I)..... 10 Advertising income (Schedule J)..... 11 Other income (See instructions; attach schedule)..... SEE STATEMENT 1 12 120,735 120,735 13 Total. Combine lines 3 through 12..... 13 199,310. 13,770 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)..... 11,335. Salaries and wages. 15 34,717. Repairs and maintenance..... 16 1,272. 17 Bad debts. 17 18 Interest (attach schedule) (see instructions)...... 19 Taxes and licenses..... Depreciation (attach Form 4562)..... 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21 b 22 Contributions to deferred compensation plans..... 23 24 Employee benefit programs..... 24 3,199. 25 Excess exempt expenses (Schedule I)..... 25 26 Excess readership costs (Schedule J)..... 26 Other deductions (attach schedule) SEE STATEMENT 2 27 27 44,572 28 Total deductions. Add lines 14 through 27. 95,095. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13...... 90,445. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)..... Unrelated business taxable income. Subtract line 30 from line 29..... 90,445.

Pai	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions).	32	90,445
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	00 445
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).	36	90,445.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	90,445.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	30	
	enter the smaller of zero or line 37	39	89,445.
Action Additional Prints	t IV Tax Computation		
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	18,783.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	41	
42	on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41 42	2000
42 43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions.	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	18,783.
Par	t V Tax and Payments		
34500 KEASSI	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46 a		
	Other credits (see instructions)		
	General business credit. Attach Form 3800 (see instructions)	_	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	46 e	0
	Subtract line 46e from line 45	47	0. 18,783.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		10,703.
	Other (attach schedule)	48	
	Total tax. Add lines 47 and 48 (see instructions)	49	18,783.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments: A 2018 overpayment credited to 2019 51 a 3,148.		
	2019 estimated tax payments		
	Tax deposited with Form 8868		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ► 51 g		
52	Total payments. Add lines 51a through 51g	52	38,148.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53	74.
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	10 001
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	19,291. 491.
	Statements Regarding Certain Activities and Other Information (see instructions)	30	491.
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority ov	er a	Yes No
3,	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN		
	Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here		_ X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?	
	If 'Yes,' see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ 0.		
C:	Under penalties of perjury / declare that I have examined this return, including accompanying schedules and statements, and to the best of belief, it is true, correct, and complete. Declaration of preparer (other than paxpayer) is based on all information of which preparer has any	f my knowledge and knowledge.	
Sign Here	D//4/ O/ EXECUTIVE VP & CFO	May the IRS discuss the preparer shown	s this return with below (see
11010	Signature of office Date Title	instructions)?	Yes No
	Print/Type preparer's name	PTIN	
Paid Pre-	W. MARTIN SCHUH, JR.	P000118	327
pare	CACHDITI DANIBUDIC C CCUMI DC		
Use	Firm's address ► 7800 W IH 10 STE 630		
Only	SAN ANTONIO, TX 78230 Phone no.	210-979-	
BAA	TEEA0202L 02/21/20	Form	990-T (2019)

Schedule A — Cost of God	o ds Sold. Ent	er method of inv	entory valuation	▶					
1 Inventory at beginning of y	ear	1	6	Invento	ory at	end of year	6		
2 Purchases		2	7			ds sold. Subtract			
3 Cost of labor		3			ine 6 from line 5. Enter here and in Part I, line 2				
4 a Additional section 263A costs (atta	nch schedule)			anu m	raili	, iiile 2 [7		Vaa Na
		4 a		D 11		6 11 0504 (11			Yes No
b Other costs (attach sch)		4 b	8			of section 263A (with duced or acquired for			
5 Total. Add lines 1 through		5				zation?			X
Schedule C — Rent Incom	e (From Rea	l Property an	d Personal Pr	operty	Leas	sed With Real Pr	oper	ty) (see i	instructions)
1 Description of property									
(1) TOWER LEASE									
(2)									
(3)									
(4)									
	2 Rent receive	ed or accrued							
(a) From personal pro	perty .	(b) From r	eal and personal	property	٧.	(a) Deductions the income in	colun	tly connec	cted with and 2(b)
(if the percentage of rent for property is more than 10%	r personal	(if the perce	entage of rent fo ceeds 50% or if	r person:	al ic	(attach schedule)			114 2(2)
more than 50%)	o but not	based	on profit or inco	me)	13	SEE STATEMEN	T 3		
(1)				78,575.			13,770.		
(2)									
(3)									
(4)									
Total		Total		78,	575.				
(c) Total income. Add totals of co					575.	(b) Total deductions. En here and on page 1, Part I, line 6, column (B)			13,770.
Schedule E — Unrelated D	ebt-Finance	d Income (see	instructions)						
1 Description of deb	t financed area	ortu	2 Gross income		3 De	eductions directly con debt-financ	necte	d with or roperty	allocable to
i Description of deb	т-шапсец ргор	erty	or allocable to debt- financed property depr		(a) Straight line preciation (attach sch)		(b) Other deductions (attach schedule)		
(1)			h						***************************************
(2)									-
(3)		-							
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis or allocable to debt-finant property (attach schedule)		o debt-financed			7 Gross income reportable (column 2 x column 6)		column 6:	deductions x total of) and 3(b))	
(1)				%					
(2)			- a - 1,0000	%			T		
(3)				%			t^-		
(4)				%			t^-		
					Enter Part	here and on page 1, line 7, column (A).	Ente Part	r here and I, line 7,	d on page 1, column (B).
Totals				>			<u> </u>		
Total dividends-received deduct BAA	ions included in		EA0203L 09/19/19					Form	990-T (2019)

Schedule F – Interest, A	nnuities, Roy	alties, a	and Re	ents Fro	om	Controlled	Orgai	nizations	(see in	struction	ns)	
				ntrolled O								
1 Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in in		
(1)			****									
(2)												
(3)												
(4)								.,		_		
Nonexempt Controlled Organiz					_r -							
7 Taxable Income	8 Net unrelat income (los (see instruction	s)	Total o	of specifie nts made	:d	10 Part of included in organizatio	n the c	ontrolling		connect	uctions directly ed with income column 10	
(1)												
(2)					_						-	
(3)												
(4)					4				 			
Totals							page 1, lumn (, Part I, line A).	here	and on 8, c	ns 6 and 11. Enter page 1, Part I, line olumn (B).	
Schedule G - Investmen	it Income of a	Section	า 501(c)(7), (9), o	r (17) Orga	nizati	on (see ins	structior	ns)		
1 Description of income	2 Amo	unt of inc	of income direct		ctly					set-	5 Total deductions and set-asides (column 3 plus column 4)	
(1)												
(2)										*****		
(3)												
(4)												
Totals	Part I, lin	e and on p e 9, colur	nage 1, nn (A).							Enter h Part I,	ere and on page 1 line 9, column (B)	
Schedule I – Exploited E		v Incom	ie. Otl	ner Thai	n A	dvertisina l	Incon	1e (see ins	tructions	5)		
1 Description of exploited a	ctivity 2 G unre bus incom trad	ross elated iness ne from de or iness	3 Exper conne pro of u	nses directly ected with duction nrelated ess income	4 N from or b 2 m	et income (loss) n unrelated trade usiness (column inus column 3). a gain, compute mns 5 through 7.	5 Gross activit unrela	s income from by that is not ted business income	6 Exp attribu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).	
(1)												
(2)].				
(3)												
(4)					10000-000						0202	
Totale	on p	nere and age 1, line 10, nn (A).	on p Part l	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 25.	
Schedule J — Advertisin	a Incomo (aca	inatrustia	20)			<u>ili nasina</u>						
				ncolida	tod	Pacie						
Part I Income From Pe		ross		Direct		dvertising gain or	E Oi	lation	6 Doo	dorabin	7 Fusees readership	
1 Name of periodical	adve	rtising ome	adve	ertising osts	(lo	ss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7.		rculation come		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).	
(1)						anough /.				_		
(2)]							
(3)]							
(4)												
Totals (carry to Part II, line (5))) ⊳											

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

	2 Gross advertising	3 Direct advertising	4 Advertising gain or (loss) (col. 2 minus	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus
1 Name of periodical	income	costs	col. 3). If a gain, compute cols. 5 through 7.	iricome	COSIS	col. 5, but not more than col. 4).
(1)						
(3)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1− 5)						

Schedule K — Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
ARTHUR ROJAS EMERSON	PRESIDENT & CEO	.5 %	858.		
PETER GONZALEZ	VP ENGINEERING	5 %	4,955.		
PATRICK LOPEZ	EXEC VP & CFO	3.5 %	5,522.		
		%			
Total. Enter here and on page 1, Part II, line 14		· · · · · · · · · · · · · · · · · · ·	11,335.		
BAA	TEEA0204 L 09/19/19		Form 990-T (2019)		

Form 2220

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

2019

DOING BUSINESS AS: KLRN 74-2461534 Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220. Part I Required Annual Payment 1 18,783. 1 Total tax (see instructions)..... 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1..... 2 a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income 2 b forecast method..... 2 c c Credit for federal tax paid on fuels (see instructions)..... d Total. Add lines 2a through 2c. 2 d Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 3 18,783. does not owe the penalty..... Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5. 4 46,815. Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3..... 18,783. Reasons for Filing — Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method. 7 The corporation is using the annualized income installment method. 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Figuring the Underpayment (c) (d) (a) (b) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (*Form 990-PF filers:* Use 5th month), 6th, 9th, and 12th months of the corporation's 9 6/15/20 9/15/20 tax year..... 1/15/20 3/15/20 Required installments. If the box on line 6 and/or line A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column..... 10 4,695 4,696 4,696 4,696. Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on 11 3,148 20,000 15,000. Complete lines 12 through 18 of one column before going to the next column. 12 9,061. 12 Enter amount, if any, from line 18 of the preceding column....... **13** Add lines 11 and 12..... 13 20,000 24,061. 1.547 6,243 Add amounts on lines 16 and 17 of the preceding column..... 14 Subtract line 14 from line 13. If zero or less, enter -0-.... 15 13,757 24,061 3,148 0 If the amount on line 15 is zero, subtract line 13 from 16 1,547 0 line 14. Otherwise, enter -0-..... Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

17

18

9,061

the next column. Otherwise, go to line 18.....

Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the

next column.

4,696

1,547

Pa	rt IV Figuring the Penalty					
19	Enter the date of payment or the 15th day of the 4th		(a)	(b)	(c)	(d)
13	month after the close of the tax year, whichever is earlier. (<i>C corporations with tax years ending June 30 and S corporations:</i> Use 3rd month instead of 4th month. <i>Form 990-PF and Form 990-T filers:</i> Use 5th month instead of 4th month.) See instructions	19	5/26/20	5/26/20		
20	Number of days from due date of installment on line 9 to the date shown on line 19	20	132	72		
21	Number of days on line 20 after 4/15/2019 and		132	12		
22	Underpayment on line 17 Underpayment on line 27 Number of days on line 21 × 6% (0.06)	21				
	Number of days on line 20 after 6/30/2019 and before 10/1/2019	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24				
25	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25				
26	Underpayment on line 17 Number of days on line 25 365 × 5% (0.05)	26				
	Number of days on line 20 after 12/31/2019 and before 4/1/2020.	27	76	16		
28	Underpayment on line 17	28	16.06	10.26		
29	Number of days on line 20 after 3/31/2020 and before 7/1/2020.	29	56	56		
30	Underpayment on line 17 Number of days on line 29 x 5 *%	30	11.83	35.93		
31	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31				
32	Underpayment on line 17 Number of days on line 31 x ***	32				
33	Number of days on line 20 after 9/30/2020 and before 1/1/2021.	33				
34	Underpayment on line 17 Number of days on line 33 x ***	34				
35	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35				
36	Underpayment on line 17 Number of days on line 35 x ***	36				
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	27.89	46.19		
38	Penalty. Add columns (a) through (d) of line 37. Enter the comparable line for other income tax returns	ne total	here and on Form	1120, line 34; or th	ne 38	74

^{*}Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

2019	FEDERAL STATEMENTS	PAGE
CLIENT 11311	ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL DOING BUSINESS AS: KLRN	74-246153
STATEMENT 1 FORM 990-T, PART OTHER INCOME MISCELLANEOUS IN PROGRAM SERVICE	I, LINE 12 NCOME \$ REVENUE TOTAL \$	35,315. 85,420. 120,735.
STATEMENT 2 FORM 990-T, PART OTHER DEDUCTION	II, LINE 27 NS	
AUTO EXPENSE CATERING COMPUTER MAINTEN CONTRACT LABOR DUES & SUBSCRIPT INSURANCE JANITORIAL MEALS AND ENTERT OFFICE EXPENSES PAYROLL TAXES POSTAGE PRODUCTION SUPPL RENT RETIREMENT SCENERY/PROPS SECURITY TELEPHONE	TAINMENT. JIES	469. 639. 293. 21,872. 36. 824. 1,128. 1,370. 226. 2,569. 65. 1,331. 7,958. 1,216. 1,351. 22. 601. 3,034.
	TOTAL <u>\$</u>	44,572.
TOWER LEASE REPAIRS	DULE C, LINE 3 CTLY CONNECTED WITH INCOME TOTAL	\$ 5,754. 8,016. \$ 13,770.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only sub	mit origin	nal (no copies needed).						
	ions required to file an income tax return other to 004 to request an extension of time to file incom Name of exempt organization or other filer, see instructions.			ips, REMICs, and to					
Type or print	ALAMO PUBLIC TELECOMMUNICATIO DOING BUSINESS AS: KLRN	74-2461534							
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 501 BROADWAY ST. City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	SAN ANTONIO, TX 78215-1820								
Enter the Re	eturn Code for the return that this application is f	for (file a se	parate application for each return)		07				
Application Is For		Return Code	Application Is For		Return Code				
	Form 990-EZ	01	Form 990-T (corporation)		07				
Form 990-BL		02	Form 1041-A		08				
Form 4720 (i		03	Form 4720 (other than individual)		09				
Form 990-PF		.04	Form 5227		10				
	(section 401(a) or 408(a) trust) (trust other than above)	05	Form 6069 Form 8870		11				
If the orgIf this is the check thing	e No. > 210 270-9000 anization does not have an office or place of but for a Group Return, enter the organization's four s box >	digit Group	e United States, check this box Exemption Number (GEN)	this is for the who	le group,				
	nsion is for.								
for the ► □ ► X	at an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 or tax year beginning $10/01$, 20 19	the organiz , and endir	ng <u>9/30</u> , ²⁰ <u>20</u> .						
Cha	ax year entered in line 1 is for less than 12 mont ange in accounting period			nal return					
nonrefu	application is for Forms 990-BL, 990-PF, 990-T, 4 undable credits. See instructions			3a\$	18,820.				
tax pay	application is for Forms 990-PF, 990-T, 4720, or ments made. Include any prior year overpaymen	nt allowed a	s a credit	3 b \$	38,148.				
EFTPS	e due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instructions		3 c \$	0.				
Caution: If you payment inst	ou are going to make an electronic funds withdra tructions.	awal (direct	debit) with this Form 8868, see Form 84	153-EO and Form 8	879-EO for				

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)