

DEFAULT METHOD

Form

1041

Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

2012

OMB No. 1545-0092

Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

A Check all that apply: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input checked="" type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate—Ch. 7 <input type="checkbox"/> Bankruptcy estate—Ch. 11 <input type="checkbox"/> Pooled income fund		For calendar year 2012 or fiscal year beginning , 2012, and ending , 20 Name of estate or trust (If a grantor type trust, see the instructions.) DOE GRANTOR TRUST dated 12/31/12 Name and title of fiduciary JOHN C. DOE, Jr., TRUSTEE Number, street, and room or suite no. (If a P.O. box, see the instructions.) 1234 Any Street Any Town, FL 12345 City or town, state, and ZIP code		C Employer identification number 98-7654321 D Date entity created 12/31/12 E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions. <input type="checkbox"/> Described in sec. 4947(a)(1). Check here if not a private foundation . . . <input type="checkbox"/> <input type="checkbox"/> Described in sec. 4947(a)(2) <input type="checkbox"/> Change in trust's name <input type="checkbox"/> Change in fiduciary's address	
B Number of Schedules K-1 attached (see instructions) ▶		F Check applicable boxes: <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary <input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Change in fiduciary's address			
G Check here if the estate or filing trust made a section 645 election <input type="checkbox"/>					

Income	1	Interest income	1		
	2a	Total ordinary dividends	2a		
	b	Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust			
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3		
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4		
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5		
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6		
	7	Ordinary gain or (loss). Attach Form 4797 . . . "UNDER THE TERMS OF THE TRUST	7		
	8	Other income. List type and amount . . . INSTRUMENT. THIS IS A GRANTOR	8		
9	Total income. Combine lines 1, 2a, and 3 through 8 . . . TRUST. IN ACCORDANCE WITH . . . ▶	9			
Deductions	10	Interest. Check if Form 4952 is attached ▶ <input type="checkbox"/> SECTIONS 671-678 IRC, 1986, . .	10		
	11	Taxes ALL INCOME IS TAXABLE TO THE .	11		
	12	Fiduciary fees GRANTOR. STATEMENTS OF INCOME, .	12		
	13	Charitable deduction (from Schedule A, line 7) . DEDUCTIONS AND CREDITS ARE . .	13		
	14	Attorney, accountant, and return preparer fees . ATTACHED	14		
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a		
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b		
	16	Add lines 10 through 15b ▶	16		
	17	Adjusted total income or (loss). Subtract line 16 from line 9 . . . 17			
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18		
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20	Exemption	20			
21	Add lines 18 through 20 ▶	21			
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22		
	23	Total tax (from Schedule G, line 7)	23		
	24	Payments: a 2012 estimated tax payments and amount applied from 2011 return	24a		
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c	Subtract line 24b from line 24a	24c		
	d	Tax paid with Form 7004 (see instructions)	24d		
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	24e		
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h		
	25	Total payments. Add lines 24c through 24e, and 24h ▶	25		
	26	Estimated tax penalty (see instructions)	26		
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29	Amount of line 28 to be: a Credited to 2013 estimated tax ▶ ; b Refunded ▶	29			

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of fiduciary or officer representing fiduciary		Date	EIN of fiduciary if a financial institution	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Kenneth J. Crotty, Esq.				TO BE COMPLETED
	Firm's name ▶ Gassman Law Associates, P.A.	Firm's EIN ▶	TO BE COMPLETED		
	Firm's address ▶ 1234 Court Street, Suite 102, Clearwater, FL 33756	Phone no.	727-442-1200		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11370H

Form 1041 (2012)

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1		
2	Tax-exempt income allocable to charitable contributions (see instructions)	2		
3	Subtract line 2 from line 1	3		
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4		
5	Add lines 3 and 4	5		
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6		
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7		

Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions)	1		
2	Adjusted tax-exempt interest	2		
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see instructions)	3		
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4		
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5		
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6		
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7		
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8		
9	Income required to be distributed currently	9		
10	Other amounts paid, credited, or otherwise required to be distributed	10		
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11		
12	Enter the amount of tax-exempt income included on line 11	12		
13	Tentative income distribution deduction. Subtract line 12 from line 11	13		
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14		
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15		

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income (see instructions)	1a			1d
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c			
	d Total. Add lines 1a through 1c				
2a	Foreign tax credit. Attach Form 1116	2a			3
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
3	Total credits. Add lines 2a through 2d				4
4	Subtract line 3 from line 1d. If zero or less, enter -0-				5
5	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611				6
6	Household employment taxes. Attach Schedule H (Form 1040)				7
7	Total tax. Add lines 4 through 6. Enter here and on page 1, line 23				

Other Information

	Yes	No
1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ► \$		✓
2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		✓
3 At any time during calendar year 2012, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►		✓
4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		✓
5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		✓
6 If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ► <input type="checkbox"/>		
7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ► <input type="checkbox"/>		
8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ► <input type="checkbox"/>		
9 Are any present or future trust beneficiaries skip persons? See instructions		✓

GRANTOR LETTER
JOHN C. DOE, Jr., TRUSTEE
1234 ANY STREET
ANY TOWN, FL 12345

Tax Year Ending: 12/31/12

Grantor Name & Address JOHN C. DOE, Sr. 1600 Pennsylvania Ave. Washington, DC 20006 Social Security Number: 123-45-6789	Name of Trust DOE GRANTOR TRUST dtd 12/31/12 Employer ID Number: 98-7654321
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**THE FOLLOWING INCOME, DEDUCTIONS AND CREDITS
ARE TO BE REPORTED ON THE FEDERAL INCOME TAX RETURN OF THE
ABOVE NAMED GRANTOR, IF REQUIRED.**

FEDERAL INFORMATION	
INCOME	
INTEREST INCOME	1.
(ENTER ON FROM 1040, SCHEDULE B, PART I, LINE 1)	
TOTAL ORDINARY DIVIDEND INCOME	411.
(ENTER ON FROM 1040, SCHEDULE B, PART II, LINE 5)	
QUALIFIED DIVIDEND INCOME INCLUDED ABOVE	392.
(ENTER ON FORM 1040, LINE 9B)	
LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPS. & TRUSTS	17.
(ENTER ON FROM 1040, SCHEDULE D, PART II)	
DEDUCTIONS	
OTHER DEDUCTIONS SUBJECT TO 2 PERCENT LIMITATION	
(ENTER ON FORM 1040, SCHEDULE A, LINE 23)	
DIRECT - DOE FAMILY, LP	31.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Your social security number

DOE GRANTOR TRUST dated 12/31/12

98-7654321

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A		A			
B		B			
C		C			

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions.	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest.	13			
14 Repairs.	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities.	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21			
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26			0.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 11344L

Schedule E (Form 1040) 2012

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

DOE GRANTOR TRUST dated 12/31/12

98-7654321

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** **Note.** If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (e) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ **Yes** ☐ **No**

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	DOE FAMILY, LP	P	<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss				Nonpassive Income and Loss			
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1			
A	0.						
B							
C							
D							
29a Totals							
b Totals							
30	Add columns (g) and (j) of line 29a				30		
31	Add columns (f), (h), and (i) of line 29b				31	()	
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32		

Part III Income or Loss From Estates and Trusts

	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss				Nonpassive Income and Loss			
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1				
A							
B							
34a Totals							
b Totals							
35	Add columns (d) and (f) of line 34a				35		
36	Add columns (c) and (e) of line 34b				36	()	
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37		

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38				
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below			

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	0.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

DOE GRANTOR TRUST dated 12/31/12

98-7654321

FORM 1041	INTEREST INCOME	STATEMENT 1
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<u>DESCRIPTION</u>	<u>U.S. INTEREST</u>	<u>OTHER TAXABLE INTEREST</u>
DOE FAMILY, LP - ORDINARY INTEREST		1.
SUBTOTALS		1.
TOTAL TO GRANTOR LETTER		1.

FORM 1041	DIVIDEND INCOME	STATEMENT 2
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<u>DESCRIPTION</u>	<u>U.S. INTEREST</u>	<u>QUALIFYING DIVIDENDS</u>	<u>ORDINARY DIVIDENDS</u>
DOE FAMILY, LP		392.	19.
SUBTOTALS		392.	19.
TOTAL TO GRANTOR LETTER			411.

FORM 1041	MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR LIMITATION	STATEMENT 3
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<u>DESCRIPTION</u>	<u>DIRECT AMOUNT</u>	<u>INDIRECT AMOUNT</u>
DIRECT - DOE FAMILY, LP	31.	
TOTAL TO GRANTOR LETTER		31.

STATEMENT(S) 1, 2, 3

IRS e-file Signature Authorization for Form 1041

OMB No. 1545-0967

2012Department of the Treasury
Internal Revenue Service

For calendar year 2012, or fiscal year beginning _____, 2012, ending _____, 20 _____.

▶ **Do not send to the IRS. Keep for your records.**

Name of estate or trust

Employer identification number

DOE GRANTOR TRUST dated 12/31/12**98-7654321**

Name and title of fiduciary

JOHN C. DOE, Jr., TRUSTEE**Part I Tax Return Information (Whole Dollars Only)**

1	Total income (Form 1041, line 9)	1	
2	Income distribution deduction (Form 1041, line 18)	2	
3	Taxable income (Form 1041, line 22)	3	
4	Total tax (Form 1041, line 23)	4	
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	0.

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2012 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☒ I authorize Gassman Law Associates, P.A. to enter my PIN

1	2	3	4	5
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 as my signature
ERO firm name
do not enter all zeros
on the estate's or trust's 2012 electronically filed income tax return.

☐ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2012 electronically filed income tax return.

Signature of
fiduciary or officer
representing
the fiduciary ▶

Date ▶

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

9	1	8	2	7	3	6	4	5	5	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 1437, Procedures for the Form 1041 e-file Program, U.S. Income Tax Returns for Estates and Trusts for Tax Year 2012.

ERO's signature ▶

Date ▶

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

JOHN C. DOE, Sr.

Business name/disregarded entity name, if different from above

DOE GRANTOR TRUST dated 12/31/12

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☒ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

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

1234 Any Street

City, state, and ZIP code

Any Town, FL 12345

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

1	2	3	-	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Employer identification number

9	8	-	7	6	5	4	3	2	1
---	---	---	---	---	---	---	---	---	---

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

GRANTOR LETTER
JOHN C. DOE, Jr., TRUSTEE
1234 ANY STREET
ANY TOWN, FL 12345

Tax Year Ending: 12/31/12

Grantor Name & Address JOHN C. DOE, Sr. 1600 Pennsylvania Ave. Washington, DC 20006 Social Security Number: 123-45-6789	Name of Trust DOE GRANTOR TRUST dtd 12/31/12 Employer ID Number: 98-7654321
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**THE FOLLOWING INCOME, DEDUCTIONS AND CREDITS
ARE TO BE REPORTED ON THE FEDERAL INCOME TAX RETURN OF THE
ABOVE NAMED GRANTOR, IF REQUIRED.**

FEDERAL INFORMATION	
INCOME	
INTEREST INCOME	1.
(ENTER ON FROM 1040, SCHEDULE B, PART I, LINE 1)	
TOTAL ORDINARY DIVIDEND INCOME	411.
(ENTER ON FROM 1040, SCHEDULE B, PART II, LINE 5)	
QUALIFIED DIVIDEND INCOME INCLUDED ABOVE	392.
(ENTER ON FORM 1040, LINE 9B)	
LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPS. & TRUSTS	17.
(ENTER ON FROM 1040, SCHEDULE D, PART II)	
DEDUCTIONS	
OTHER DEDUCTIONS SUBJECT TO 2 PERCENT LIMITATION (ENTER ON FORM 1040, SCHEDULE A, LINE 23)	
DIRECT - DOE FAMILY, LP	31.

DOE GRANTOR TRUST dated 12/31/12

98-7654321

FORM 1041	INTEREST INCOME	STATEMENT 1
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<u>DESCRIPTION</u>	<u>U.S. INTEREST</u>	<u>OTHER TAXABLE INTEREST</u>
DOE FAMILY, LP - ORDINARY INTEREST		1.
SUBTOTALS		1.
TOTAL TO GRANTOR LETTER		1.

FORM 1041	DIVIDEND INCOME	STATEMENT 2
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<u>DESCRIPTION</u>	<u>U.S. INTEREST</u>	<u>QUALIFYING DIVIDENDS</u>	<u>ORDINARY DIVIDENDS</u>
DOE FAMILY, LP		392.	19.
SUBTOTALS		392.	19.
TOTAL TO GRANTOR LETTER			411.

FORM 1041	MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR LIMITATION	STATEMENT 3
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<u>DESCRIPTION</u>	<u>DIRECT AMOUNT</u>	<u>INDIRECT AMOUNT</u>
DIRECT - DOE FAMILY, LP	31.	
TOTAL TO GRANTOR LETTER		31.

STATEMENT(S) 1, 2, 3

GRANTOR LETTER
JOHN C. DOE, Jr., TRUSTEE
1234 ANY STREET
ANY TOWN, FL 12345

Tax Year Ending: 12/31/12

Grantor Name & Address JOHN C. DOE, Sr. 1600 Pennsylvania Ave. Washington, DC 20006 Social Security Number: 123-45-6789	Name of Trust DOE GRANTOR TRUST dtd 12/31/12 Employer ID Number: 98-7654321
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**THE FOLLOWING INCOME, DEDUCTIONS AND CREDITS
 ARE TO BE REPORTED ON THE FEDERAL INCOME TAX RETURN OF THE
 ABOVE NAMED GRANTOR, IF REQUIRED.**

FEDERAL INFORMATION	
INCOME	
INTEREST INCOME	1.
(ENTER ON FROM 1040, SCHEDULE B, PART I, LINE 1)	
TOTAL ORDINARY DIVIDEND INCOME	411.
(ENTER ON FROM 1040, SCHEDULE B, PART II, LINE 5)	
QUALIFIED DIVIDEND INCOME INCLUDED ABOVE	392.
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LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPS. & TRUSTS	17.
(ENTER ON FROM 1040, SCHEDULE D, PART II)	
DEDUCTIONS	
OTHER DEDUCTIONS SUBJECT TO 2 PERCENT LIMITATION	
(ENTER ON FORM 1040, SCHEDULE A, LINE 23)	
DIRECT - DOE FAMILY, LP	31.

DOE GRANTOR TRUST dated 12/31/12

98-7654321

FORM 1041	INTEREST INCOME	STATEMENT 1
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<u>DESCRIPTION</u>	<u>U.S. INTEREST</u>	<u>OTHER TAXABLE INTEREST</u>
DOE FAMILY, LP - ORDINARY INTEREST		1.
SUBTOTALS		1.
TOTAL TO GRANTOR LETTER		1.


FORM 1041	DIVIDEND INCOME	STATEMENT 2
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<u>DESCRIPTION</u>	<u>U.S. INTEREST</u>	<u>QUALIFYING DIVIDENDS</u>	<u>ORDINARY DIVIDENDS</u>
DOE FAMILY, LP		392.	19.
SUBTOTALS		392.	19.
TOTAL TO GRANTOR LETTER			411.

FORM 1041	MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR LIMITATION	STATEMENT 3
-----------	---	-------------

<u>DESCRIPTION</u>	<u>DIRECT AMOUNT</u>	<u>INDIRECT AMOUNT</u>
DIRECT - DOE FAMILY, LP	31.	
TOTAL TO GRANTOR LETTER		31.

STATEMENT(S) 1, 2, 3

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2013															
FILER'S name DOE GRANTOR TRUST dated 12/31/12 Street address (including room or suite number) 1234 Any Street City or town, province or state, country, and ZIP or foreign postal code Any Town, FL 12345		For Official Use Only 															
Name of person to contact TO BE COMPLETED			Telephone number TO BE COMPLETED														
Email address TO BE COMPLETED			Fax number TO BE COMPLETED														
1 Employer identification number 98-7654321	2 Social security number		3 Total number of forms 1	4 Federal income tax withheld \$ 0.	5 Total amount reported with this Form 1096 \$ 1.												
6 Enter an "X" in only one box below to indicate the type of form being filed.										7 If this is your final return , enter an "X" here <input type="checkbox"/>							
W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-K 10	1099-LTC 93	1099-MISC 95	1099-OID 96
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after they were published, go to www.irs.gov/form1096.

Reminder. The only acceptable method of filing information returns with Internal Revenue Service/Information Returns Branch is electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220.

Caution. If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2013 General Instructions for Certain Information Returns.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2014.
- With Forms 5498, file by June 2, 2014.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

9292

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. DOE GRANTOR TRUST dated 12/31/12 1234 Any Street Any Town, FL 12345		Payer's RTN (optional)	OMB No. 1545-0112 2013 Form 1099-INT		Interest Income
		1 Interest income \$ 1	2 Early withdrawal penalty \$		
PAYER'S federal identification number 98-7654321	RECIPIENT'S identification number 123-45-6789	3 Interest on U.S. Savings Bonds and Treas. obligations \$		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.	
RECIPIENT'S name JOHN C. DOE, Sr.		4 Federal income tax withheld \$	5 Investment expenses \$		
Street address (including apt. no.) 1600 Pennsylvania Ave.		6 Foreign tax paid \$	7 Foreign country or U.S. possession		
City or town, province or state, country, and ZIP or foreign postal code Washington, DC 20006		8 Tax-exempt interest \$	9 Specified private activity bond interest \$		
		10 Tax-exempt bond CUSIP no.	11 State		12 State identification no.
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>			13 State tax withheld \$	


Form **1099-INT**

Cat. No. 14410K

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

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Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2013															
FILER'S name DOE GRANTOR TRUST dated 12/31/12 Street address (including room or suite number) 1234 Any Street City or town, province or state, country, and ZIP or foreign postal code Any Town, FL 12345		For Official Use Only 															
Name of person to contact TO BE COMPLETED			Telephone number TO BE COMPLETED														
Email address TO BE COMPLETED			Fax number TO BE COMPLETED														
1 Employer identification number 98-7654321	2 Social security number		3 Total number of forms 1	4 Federal income tax withheld \$ 0.	5 Total amount reported with this Form 1096 \$ 411.												
6 Enter an "X" in only one box below to indicate the type of form being filed.										7 If this is your final return , enter an "X" here <input type="checkbox"/>							
W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-K 10	1099-LTC 93	1099-MISC 95	1099-OID 96
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ►

Title ►

Date ►

Instructions

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Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

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- With Forms 5498, file by June 2, 2014.

Where To File

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If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301

9191

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. DOE GRANTOR TRUST dated 12/31/12 1234 Any Street Any Town, FL 12345		1a Total ordinary dividends \$ 411		OMB No. 1545-0110 2013 Form 1099-DIV	Dividends and Distributions Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
		1b Qualified dividends \$ 392			
		2a Total capital gain distr. \$			
PAYER'S federal identification number 98-7654321	RECIPIENT'S identification number 123-45-6789	2c Section 1202 gain \$	2d Collectibles (28%) gain \$		
RECIPIENT'S name JOHN C. DOE, Sr.		3 Nondividend distributions \$	4 Federal income tax withheld \$		
Street address (including apt. no.) 1600 Pennsylvania Ave.		5 Investment expenses \$	6 Foreign tax paid \$		
City or town, province or state, country, and ZIP or foreign postal code Washington, DC 20006		7 Foreign country or U.S. possession \$	8 Cash liquidation distributions \$		
Account number (see instructions)		9 Noncash liquidation distributions \$	10 Exempt-interest dividends \$		
		11 Specified private activity bond interest dividends \$	12 State \$		
2nd TIN not <input type="checkbox"/>		13 State identification no. -----	14 State tax withheld \$ -----		

Form **1099-DIV**

Cat. No. 14415N

www.irs.gov/form1099div

Department of the Treasury - Internal Revenue Service

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