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 4 Total tax. Add lines 2 and 3f (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 	4					4							

Form 99									Page 2
Part	III ·	Tax and Payments (continued)							
5	Curre	nt net 965 tax liability paid from Form	n 965-A, Part II, column (k)	·			5		
6a	Paym	ents: Preceding year's overpayment	credited to the current year	. 6	a				
b	Curre	nt year's estimated tax payments.	Check if section 643(g) elec	ction					
	applie	es			ib				
С	Tax d	eposited with Form 8868		. 6	ic				
d	Forei	gn organizations: Tax paid or withheld	d at source (see instructions) .	. 6	d				
е	Back	up withholding (see instructions).		. 6	ie				
f	Credi	t for small employer health insurance	premiums (attach Form 8941) .	. 6	ôf				
g	Electi	ve payment election amount from Fo	rm 3800	. 6	g				
h	Paym	ent from Form 2439		. 6	ih				
i	Credi	t from Form 4136		. (Bi 🛛				
j		(see instructions)			6j				
7	Total	payments. Add lines 6a through 6j					7		
8		ated tax penalty (see instructions). Cl					8		
9		lue. If line 7 is smaller than the total o					9		
10		payment. If line 7 is larger than the to		ount ove	•		10		
11		the amount of line 10 you want: Cred				nded	11		
Part	V	Statements Regarding Certain	Activities and Other Informa	ation (se	e instructions)			
1		y time during the 2024 calendar year,							No
		a financial account (bank, securities,							
		N Form 114, Report of Foreign Bank	and Financial Accounts. If "Yes	s," enter	the name of t	he for	eign cou	ntry	
	here								<u> </u>
2	-	g the tax year, did the organization recei		grantor o	of, or transferor	to, a	foreign tr	ust?	
		s," see instructions for other forms th	•						
3		the amount of tax-exempt interest re							
4		available pre-2018 NOL carryovers h		include	any post-201	7 NOI	_ carryo	/er	
		n on Schedule A (Form 990-T). Don' , line 6.	t reduce the NOL carryover sho	own nere	e by any dedu	ICTION	reported	non	
_					7 NOL		D 1		
5		2017 NOL carryovers. Enter the Busir nounts shown below by any NOL clair							
	the ar		• • • • •		-				
		Business Activity	/ Code	Availa	ble post-2017	NOL	. carryov	er	
				\$					
				\$					
			\$						
-				\$					
		ved for future use				• •		·	
		rved for future use	<u> </u>					•	
Part		Supplemental Information							
Provid	e any	additional information. See instruction	18.						
	Under	r penalties of perium. I dealars that I have even	ained this return, including accompanying		and statements	and to	the best -	f my knowles	
	belief.	r penalties of perjury, I declare that I have exan , it is true, correct, and complete. Declaration of							ige and
Sign			F. F. J. (1997)					-	
Here								IS discuss this reparer shown	
		ature of officer	Date Title					ctions)? Yes	
	Sign				Data			DTIN	
Paid		Print/Type preparer's name	Preparer's signature		Date		k 🛄 if employed	PTIN	
Prep	arer	F	Firm's EIN						
Use (Firm's name							
	-	Firm's address				Phone	e no.		

Form **990-T** (2024)