Form **3520-A** 

## Annual Information Return of Foreign Trust With a U.S. Owner

OMB No. 1545-0159

|               |                        | f the Treasury<br>nue Service                         | Go to w  | ww.irs.go                 | •                      | DA for instruction | • • • •     | he latest informat    | tion.    |                | 20             | ) <b>22</b>               |
|---------------|------------------------|---|--|---------------------------|------------------------|--------------------|-------------|-----------------------|----------|----------------|----------------|---------------------------|
| Note:         | All i                  | nformation  | must be in Engli                                     | sh. Shov                  | v all amour            | nts in U.S. do     | llars.      |                       |          |                | _              |                           |
|               |                        |   | tax year beginning                                   |                           |                        |                    | , 2022, ei  | nding                 |          |                |                | , 20 .                    |
| Check         | appr                   | opriate boxes   | : 🗌 Initial return                                   | ו <u>ו</u> ו              | -<br>inal return       | Amende             | d return    | Extension fil         | ed       | Sul            | ostitute Forn  | n 3520-A                  |
| Check         | if any                 | y excepted sp   | ecified foreign finar                                | ncial asset               | s are reporte          | ed on this form.   | See instru  | ctions                |          |                |                | 🗌                         |
| Part          |                        | General   | Information (se                                      | e instru                  | ctions)                |                    |             |                       |          |                |                |                           |
| 1a            | Nan                    | ne of foreign ti                                      | rust   |                           |                        |                    |             |                       | b        | Employer       | identificatior | n number (EIN)            |
| C             | Nun                    | nber, street, a                                       | nd room or suite no                                  | o. If a P.O.              | box, see ins           | structions.        |             |                       | d        | Date forei     | gn trust was   | s created                 |
| e             | City                   | or town   |  | f State                   | e or province          |                    | g ZIP o     | r foreign postal code | h        | Country        |                |                           |
| 2             | trus<br>If "Υ<br>If "Ν | t information?<br>(es," skip lines<br>No," you are re | ust appoint a U.S.<br>                               | d go to line<br>copy of a | e 3.<br>Il trust docur | nents as indicat   |             |                       |          | ave been a     | 🗌 Yes          | No<br>Form 3520-A<br>Year |
|               | Are                    | you attaching   | a copy of any of th                                  | ne followin               | ig?                    |                    |             | Yes                   |          |                | Previously     | Attached                  |
| а             | Sun                    | nmary of all w  | ritten and oral agre                                 | ements ar                 | nd understan           | dings relating to  | the trust   | 🛛                     |          |                |                |                           |
| b             | The                    | trust instrume  | ent  |                           |                        |                    |             | 🛛                     |          |                |                |                           |
| с             | Mer                    | moranda or let  | ters of wishes                                       |                           |                        |                    |             | 🛛                     |          |                |                |                           |
| d             | Sub                    | sequent varia   | nces to original tru                                 | st docume                 | ents                   |                    |             | 🛛                     |          |                |                |                           |
| е             |                        | •   | art and other trust                                  |                           |                        |                    |             | 🛛                     |          |                |                |                           |
| 3a            | Nan                    | ne of U.S. age  | nt   |                           |                        |                    |             |                       | b        | Taxpayer       | identificatior | n number (TIN)            |
| c             | Nun                    | nber, street, a                                       | nd room or suite no                                  | o. If a P.O.              | box, see ins           | tructions.         |             |                       |          |                |                |                           |
| d             | City                   | v or town   |  | e Stat                    | e or province          | •                  | f ZIP o     | or postal code        | g        | Country        |                |                           |
|               |                        |   |  |                           |                        |                    |             |                       |          |                |                |                           |
| 4a            | Nan                    | ne of trustee   |  |                           |                        |                    |             |                       | b        | TIN, if any    | /              |                           |
| c             | Nun                    | nber, street, a                                       | nd room or suite no                                  | o. If a P.O.              | box, see ins           | structions.        |             |                       |          |                |                |                           |
| d             | City                   | or town   |  | e Stat                    | e or province          | 3                  | f ZIP o     | or postal code        | g        | Country        |                |                           |
| 5             | Ente                   | er the number   | of Foreign Granto                                    | r Trust O                 | wner Staten            | nents (pages 3)    | and 4) incl | uded with this For    | <br>m 3! | 520-A          |                |                           |
| 6             |                        |   | of Foreign Granto                                    |                           |                        |                    | ,           |                       |          |                |                |                           |
| Sign<br>Here  | k                      | nowledge and b  | of perjury, I declare t<br>elief, it is true, correc |                           |                        | return, including  | any accom   | panying reports, sch  | nedul    | es, or stater  | nents, and to  | the best of my            |
|               | Т                      | · · · · · · · · · · · · · · · · · · ·                 | owner's) signature                                   |                           | 1                      | Title              |             | 1                     |          |                | Date           |                           |
| Paid<br>Prepa | irer                   | Print/Type pre  | parer's name   |                           | Preparer's si          | gnature            |             | Date                  |          | if lf-employed | PTIN           |                           |
| Use C         |                        | Firm's name   |  |                           |                        |                    |             |                       | Firr     | n's EIN        |                |                           |
|               |                        | Firm's address  | 3  |                           |                        |                    |             |                       | Pho      | one no.        |                |                           |
| For Pa        | perw                   | vork Reductio   | on Act Notice, see                                   | instructio                | ons.                   |                    | Cat. No     | o. 19595G             |          |                | Form <b>3</b>  | 520-A (2022)              |

| art II        | Foreign Trust Income Statemer<br>Enter totals from books and reco                     | <b>it</b><br>rds c | of fo | reio            | gn t | rus  | t. S | See                        | ins                        | tru | ctio | ons | 5. |                                      |               |         |           |         |        |     |  |
|---------------|---|--------------------|-------|-----------------|------|------|------|----------------------------|----------------------------|-----|------|-----|----|--------------------------------------|---------------|---------|-----------|---------|--------|-----|--|
| 1             | Interest  | · .                |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 1       |        |     |  |
| 2             | Dividends   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 2       |        |     |  |
| 3             | Gross rents and royalties   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 3       |        |     |  |
| 4             | Income (loss) from partnerships and fiducia   | ries .             |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 4       |        |     |  |
| 5             | Capital gains:  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           |         |        |     |  |
| 5<br>a        | Net short-term capital gain (loss)  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 5a      |        |     |  |
| b             | Net long-term capital gain (loss)   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 5b      |        |     |  |
| 6             | Ordinary gains (losses)   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 6       |        |     |  |
| 7             | Other income (attach statement)   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 7       |        |     |  |
| 8             | Total income (add lines 1 through 7)  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 8       |        |     |  |
| 9             | Interest expense  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 9       |        |     |  |
| 10a           | Foreign taxes (attach statement)  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 10a     |        |     |  |
| b             | State and local taxes   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 10b     |        |     |  |
| 11            | Amortization and depreciation (depletion)   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 11      |        |     |  |
| ь<br>11<br>12 | Trustee and advisor fees  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 12      |        |     |  |
| 13            | Charitable contributions  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 13      |        |     |  |
| 14            | Other expenses (attach statement)   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 14      |        |     |  |
| 15            | Total expenses (add lines 9 through 14) .   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 15      |        |     |  |
| 16            | Net income (loss) (subtract line 15 from line   | 8) .               |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           | 16      |        |     |  |
| 17a           | Enter the fair market value (FMV) of total whether U.S. or foreign. Attach statement. |                    |       | ```             |      |      |      |                            |                            |     |      |     |    |                                      |               |         | ons,      | 17a     |        |     |  |
|               | (i) Name of owner   | (ii) TIN           |       |                 |      |      |      | (iii) Date of distribution |                            |     |      |     |    | <br>(iv) FMV on date of distribution |               |         |           |         |        |     |  |
|               |   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           |         |        |     |  |
| c             | Distributions to U.S. beneficiaries:  |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      |               |         |           |         |        |     |  |
|               | (i) Name of beneficiary   |                    |       | <b>(ii)</b> TIN |      |      |      |                            | (iii) Date of distribution |     |      |     |    | (iv                                  | <b>/)</b> FMV | on date | of distri | butior  |        |     |  |
|               |   |                    |       |                 |      |      |      |                            |                            |     |      |     |    |                                      | 1             |         |           |         |        |     |  |
| art III       | Foreign Trust Balance Sheet   |                    |       |                 | В    | egiı | nniı | ng                         | of T                       | ax  | Yea  | ar  |    |                                      |               |         | Er        | nd of T | Гах Ye | ear |  |

| Part | II Foreign Trust Balance Sheet                         | Beginning | of Tax Year | End of Tax Year |     |  |  |
|------|--|-----------|-------------|-----------------|-----|--|--|
|      | Assets   | (a)       | (b)         | (c)             | (d) |  |  |
| 1    | Cash   |           |             |                 |     |  |  |
| 2    | Accounts receivable                                    |           |             |                 |     |  |  |
| 3    | Mortgages and notes receivable                         |           |             |                 |     |  |  |
| 4    | Inventories  |           |             |                 |     |  |  |
| 5    | Government obligations                                 |           |             |                 |     |  |  |
| 6    | Other marketable securities                            |           |             |                 |     |  |  |
| 7    | Other nonmarketable securities                         |           |             |                 |     |  |  |
| 8a   | Depreciable (depletable) assets                        |           |             |                 |     |  |  |
| b    | Less: accumulated depreciation (depletion)             |           |             |                 |     |  |  |
| 9    | Real property  |           |             |                 |     |  |  |
| 0    | Other assets (attach statement)                        |           |             |                 |     |  |  |
| 11   | Total assets (add lines 1 through 7 and 8b through 10) |           |             |                 |     |  |  |
|      | Liabilities  |           |             |                 |     |  |  |
| 12   | Accounts payable                                       |           |             |                 |     |  |  |
| 13   | Contributions, gifts, grants, etc., payable            |           |             |                 |     |  |  |
| 14   | Mortgages and notes payable                            |           |             |                 |     |  |  |
| 15   | Other liabilities (attach statement)                   |           |             |                 |     |  |  |
| 16   | Total liabilities (add lines 12 through 15)            |           |             |                 |     |  |  |
|      | Net Worth  |           |             |                 |     |  |  |
| 17   | Contributions to trust corpus                          |           |             |                 |     |  |  |
| 18   | Accumulated trust income                               |           |             |                 |     |  |  |
| 19   | Other (attach statement)                               |           |             |                 |     |  |  |
| 20   | Total net worth (add lines 17 through 19)              |           |             |                 |     |  |  |
| 21   | Total liabilities and net worth (add lines 16 and 20)  |           |             |                 |     |  |  |

## 2022 Foreign Grantor Trust Owner Statement (see instructions)

Important: Trustee (or U.S. owner if a substitute Form 3520-A) must prepare a separate statement for each U.S. owner and include a copy of each statement with Form 3520-A. Trustee is also required to send to each U.S. owner a copy of the owner's statement. U.S. owner must attach a copy of its statement to Form 3520.

| <b>1</b> a | Name of fo  | oreign trust   | b           | b EIN  |                                  |   |            |                                 |  |  |  |  |
|------------|---|--|-------------|--|----------------------------------|---|------------|---------------------------------|--|--|--|--|
| c          | Number, s   | street, and room or suite                                |             | d  | d Date foreign trust was created |   |            |                                 |  |  |  |  |
| e          | City or tov   | wn   | f Sta       | te or province   | g ZIP or foreign postal code     |   |            | h Country                       |  |  |  |  |
| 2          | informatio  | oreign trust appoint a U.s<br>on?                        |             | defined in the instruc                                   | tions) wh                        | o can provide the IRS                                 | with :     | all relevant 1<br>              | trust  |  |  |  |
| 3a         |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
| c          | Number, s   | street, and room or suite                                | no. If a P. | O. box, see instruction                                  | ns.                              |   |            |                                 |  |  |  |  |
| d          | City or town e State or province f ZIP or postal code   |  |             |  |                                  | f ZIP or postal code                                  | g          | Country                         |  |  |  |  |
| 4a         | Name of trustee   |  |             |  |                                  |   |            | TIN                             |  |  |  |  |
| c          | Number, s   | street, and room or suite                                | no. If a P. | O. box, see instructio                                   | ns.                              |   |            |                                 |  |  |  |  |
| d          | I City or town e State or province f ZIP or postal code |  |             |  |                                  |   | g          | Country                         |  |  |  |  |
| 5          | The first a   | nd last day of the tax yes                               | r of the f  | oreign trust to which t                                  | his stator                       | mont relatos:   |            |                                 |  |  |  |  |
| <br>6a     |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
| c          | Number, s   | street, and room or suite                                | no. If a P. | O. box, see instruction                                  | ns.                              |   |            |                                 |  |  |  |  |
| d          | City or tow   | wn   | e Sta       | ate or province  |                                  | f ZIP or postal code                                  | g          | Country                         |  |  |  |  |
| 7          |   | explanation of the facts<br>eign trust) is treated for U |             |  |                                  |   | at est     | ablishes tha                    | t the foreign trust (or portion                |  |  |  |
| 8          |   | t did not appoint a U.S. a                               |             |  |                                  |   | struct     | ions.                           |  |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
| 9          |   | ue of the portion of the tr                              |             | · · · · · · · · · · · · · · · · · · ·                    |                                  |   | \$         |                                 |  |  |  |  |
| 10         | Cash amo<br>the U.S. o                                  |  | distribute  | ed, directly or indirect                                 | ly, during                       | the foreign trust's tax                               | year,      | from the for                    | reign trust (exclude loans) to                 |  |  |  |
| Date of    | (a)<br>distribution                                     | <b>(b)</b><br>Description of property di                 | stributed   | (c)<br>FMV of property distr<br>(determined on date of d | ributed<br>istribution)          | (d)<br>Description of property<br>transferred, if any | FMV<br>tra | (e)<br>of property<br>ansferred | (f)<br>Excess of column (c)<br>over column (e) |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
|            |   |  |             |  |                                  |   |            |                                 |  |  |  |  |
| Total      |   |  |             |  |                                  |   |            |                                 | ¢  |  |  |  |
| TUTAL      |   |  |             |  |                                  |   | •          |                                 |  |  |  |  |

Form **3520-A** (2022)

## **2022 Statement of Foreign Trust Income Attributable to U.S. Owner** (see instructions) Report each item on the proper form or schedule of your tax return.

| 1a  | Taxable interest                                    | 1a  |
|-----|---|-----|
| b   | Tax-exempt interest                                 | 1b  |
| 2a  | Total ordinary dividends                            | 2a  |
| b   | Qualified dividends                                 |     |
| 3   | Gross rents and royalties                           | 3   |
| 4   | Income from partnerships and fiduciaries            | 4   |
| 5   | Capital gains (losses)                              | 5   |
| 6   | Ordinary gains (losses)                             | 6   |
| 7   | Other income (attach statement)                     | 7   |
| 8   | Total income. Add lines 1a, 1b, 2a, and 3 through 7 | 8   |
| 9   | Interest expense                                    | 9   |
| 10a | Foreign taxes (attach statement)                    | 10a |
| b   | State and local taxes                               | 10b |
| 11  | Amortization and depreciation (depletion)           | 11  |
| 12  | Trustee and advisor fees                            | 12  |
| 13  | Charitable contributions                            | 13  |
| 14  | Other expenses (attach statement)                   | 14  |
| 15  | Total expenses. Add lines 9 through 14              | 15  |

Under penalties of perjury, I declare that I have examined this return, including any accompanying reports, schedules, or statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Trustee's (or U.S. owner's) signature

Title

Date

Form 3520-A (2022)

## 2022 Foreign Grantor Trust Beneficiary Statement

Important: Trustee (or U.S. owner if a substitute Form 3520-A) must prepare a separate statement for each U.S. beneficiary that received a distribution from the trust during the tax year and include a copy of each statement with Form 3520-A. Trustee is also required to send to each such beneficiary a copy of the beneficiary's statement. Each U.S. beneficiary must attach a copy of its statement to its Form 3520.

|            |  |  | -  |   | -                              |  |                           |                                 |   |
|------------|--|--|--|---|--------------------------------|--|---------------------------|---------------------------------|---|
| <b>1</b> a | Name of for  | reign trust  |  |   |                                |  | b                         | EIN                             |   |
| c          | Number, str  | reet, and room or suite  | d  | d Date foreign trust was created  |                                |  |                           |                                 |   |
| e          | City or towr   | ſ  | f Sta                                    | te or province  | 9                              | g ZIP or foreign postal code   | h                         | Country                         |   |
| 2          | information<br>If "Yes," cou<br>If "No," do<br>account, re | ?  | : 3g.<br>ne IRS or<br>documen            | defined in the instructio   | n inspe                        | ct and copy the trust's<br>ish that the trust shoul                              | pern<br>d be              | nanent book<br>treated for      | . <b>Yes No</b>   |
| 3a         | Name of U.S  | S. agent   |  | b   | TIN                            |  |                           |                                 |   |
| с          | Number, str  | reet, and room or suite  | no. If a P.                              | O. box, see instructions  | •                              |  |                           |                                 |   |
| d          | City or town e State or province f ZIP or postal code      |  |  |   |                                |  | g                         | Country                         |   |
| 4a         | Name of tru  | istee  |  |   |                                |  | b                         | TIN                             |   |
| С          | Number, str  | reet, and room or suite  | no. If a P.                              | O. box, see instructions  | •                              |  |                           |                                 |   |
| d          | d City or town e State or province f ZIP or postal code    |  |  |   |                                |  | g                         | Country                         |   |
| 5          | The first and  | d last day of the tax ve   | ar of the f                              | preign trust to which For   | m 3520                         | )-A applies:   |                           |                                 |   |
| 6a         |  | S. beneficiary   |  |   | 111 0020                       |  | b                         | TIN                             |   |
| c          | Number, str  | reet, and room or suite  | no. If a P.                              | O. box, see instructions  |                                |  | -                         |                                 |   |
| d          | City or towr   | n  | e Sta                                    | ate or province   | 1                              | ZIP or postal code   | g                         | Country                         |   |
| 7          | U.S. person<br>U.S. person<br>the trust or                 | n is designated as a ber<br>n who is a beneficiary o<br>a U.S. person related to | neficiary c<br>f the trust<br>o that U.S | f the trust, (2) loaned (ex<br>or a U.S. person related                     | clude l<br>I to tha<br>nsating | oans treated as qualifie<br>t U.S. person, or (3) use<br>the trust for the FMV o | ed obl<br>ed by<br>of the | ligations) dir<br>the U.S. pe   | person whether or not the<br>ectly or indirectly to the<br>rson who is a beneficiary of<br>property within a reasonable |
| Date o     | (a)<br>f distribution                                      | <b>(b)</b><br>Description of property di   | stributed                                | (c)<br>FMV of property distribution<br>(determined on date of distribution) |                                | (d)<br>Description of property<br>transferred, if any                            |                           | (e)<br>of property<br>ansferred | (f)<br>Excess of column (c)<br>over column (e)  |
|            |  |  |  |   |                                |  |                           |                                 |   |
|            |  |  |  |   |                                |  |                           |                                 |   |
|            |  |  |  |   |                                |  |                           |                                 |   |
|            |  |  |  |   |                                |  |                           |                                 |   |
|            |  |  |  |   |                                |  |                           |                                 |   |
| Total      |  |  |  |   |                                |  |                           |                                 | \$  |
| 8          |  | •  | •  | ncluding the section of t<br>inciples as owned by an                        |                                | ,  | at esta                   | ablishes tha                    | t the foreign trust (or portion   |
| 9          | Owner of th  | ne foreign trust is (checl   | ( one):                                  | Individual  | Partr                          | nership 🗌 Corpo  | oratio                    | n                               |   |
| Under r    |  | <b>.</b> .   | ,  |   | _                              | · · ·  |                           |                                 | the best of my knowledge and  |
|            |  | t, and complete.   |  | , ,   |                                | <b>- - - - - - - - - -</b>   |                           | ,                               | ,   |
|            |  |  |  |   |                                |  |                           |                                 |   |
|            |  |  |  |   |                                |  |                           |                                 |   |