

In order to receive your FREE VIEXCO Tax Benefit Report, please complete the following information and fax to Export Assist at (340)776-8646. If you have any questions, please contact us at (340)774-7060 or TaxSupport@Exportassist.com. All information is confidential.

Exporter: _____ **Phone:** _____
Contact: _____ **Title:** _____
Address: _____ **Fax:** _____
City, State, Zip: _____ **Email:** _____

Description of export business activity: _____

Ownership: Publicly-Traded ___ Privately-Traded ___; if privately-held, total # of owners: _____

Structure: C Corp ___ S Corp ___ LLC ___ Partnership ___ Sole Owner ___ Co-Op ___

Primary Goal for Export Tax Benefits: Dividend ___ Deferral ___ Retirement ___ Tax Savings ___

Are the members of this owner's group currently operating or have in existence, an Interest Charge Domestic International Sales Corporation (IC-DISC)? Yes ___ No ___

Are there any individual or corporate foreign shareholders? Yes ___ No ___; if yes, how many? ___ Country and % of ownership for each: _____

Do you have commission agents, warehoused inventory, local distributors and/or local employees in a foreign locale? Yes ___ No ___; if yes, please attach an organization chart.

Do you import components for your export products? Yes ___ No ___; if yes, _____% of total export sales.

Do you sell products to a U.S. company that on sells these products to a foreign country? Yes ___ No ___

Annual estimated R&D expenditure, if any: \$ _____; percent as it relates to exports: _____%

Date of fiscal year-end: _____

Full fiscal year export sales (FTGR): \$ _____ (Line 15 on ETI Form 8873)

Full fiscal year export Cost of Goods Sold (COGS): \$ _____ (Line 17h on ETI Form 8873)

Full fiscal year export-related expenses (SG&A): \$ _____ (Line 19 on ETI Form 8873)

Total number of estimated export shipments (invoiced transactions) annually: _____

Shipments / Quarter: 1st Qtr _____ 2nd Qtr _____ 3rd Qtr _____ 4th Qtr _____

Terms of sale: ExWorks ___ FAS ___ FOB ___ CIF ___ Other _____

Terms of Payment:	Open Account	% of total payments	_____ %	30 ___ 60 ___ 90 ___ days
	Letters of Credit	% of total payments	_____ %	
	Documentary Collection	% of total payments	_____ %	
	Medium Term	% of total payments	_____ %	
			100%	

SUBMITTED BY:

Signature: _____ Date: _____
Name (print): _____ Title: _____
Company: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip _____ Email: _____