

Form 990-T

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC.</b>			D Employer identification number (Employees' trust, see instructions) <b>59-2143308</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. <b>210 S. FORT HARRISON AVE.</b>	Unrelated business activity code (See instructions) <b>721110</b>	
C Book value of all assets at end of year <b>191,474,208.</b>	F Group exemption number (See instructions.) ►			
	G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Enter the number of the organization's unrelated trades or businesses. ► **1** Describe the only (or first) unrelated trade or business here ► **SEE STATEMENT 1**. 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.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ►  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **GLEN STILO, SECRETARY** Telephone number ► **(727) 461-1282**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>210,740.</b>			
b	Less returns and allowances	c Balance ► <b>210,740.</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>64,236.</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>146,504.</b>		<b>146,504.</b>
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	<b>146,504.</b>		<b>146,504.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

RECEIVED			
C33	NOV 25 2019	IRS-OSC	
	OGDEN, UT		
14			
15		<b>31,829.</b>	
16		<b>6,280.</b>	
17			
18			
19		<b>2,834.</b>	
20			
21	<b>10,574.</b>		
22a			<b>10,574.</b>
23			
24			
25			
26			
27			
28		<b>82,323.</b>	
29		<b>133,840.</b>	
30		<b>12,664.</b>	
31			
32		<b>12,664.</b>	

SEE STATEMENT 2

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SERVICE ORGANIZATION, INC.

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	12,664.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	12,664.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	11,664.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	2,449.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	40	
	<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
41	Proxy tax. See instructions	42	
42	Alternative minimum tax (trusts only)	43	
43	Tax on Noncompliant Facility Income. See instructions	44	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	2,449.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	2,449.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	2,449.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments. A 2017 overpayment credited to 2018	50a	19,620.
b	2018 estimated tax payments	50b	2,171.
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____	50g	
	Total ►	51	21,791.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input checked="" type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	19,342.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax ► 10,000.   Refunded ►	55	9,342.

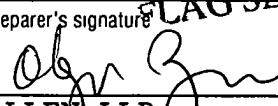
**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ►	Yes	No
57	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.	X	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$	0	

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.

**CHURCH OF SCIENTOLOGY  
FLAG SERVICE ORGANIZATION, INC.**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only	Print/Type preparer's name OLGA ZARNEY	Preparer's signature 	Date 11/13/19	Check <input type="checkbox"/> if self-employed	PTIN P01473448
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ►	41-0746749
	1925 CENTURY PARK E 16TH FLOOR			Phone no. 310-273-2501	
	Firm's address ► LOS ANGELES, CA 90067				

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **ALLOCATED**

1 Inventory at beginning of year	1	0.	6 Inventory at end of year	6	0.
2 Purchases	2	64,236.	7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	64,236.
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5	64,236.			X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)		
(2)		
(3)		
(4)		

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

0. ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		%		
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.
				0.

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## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations\* (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ►				0.	0.

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)	
Totals ►			0.	0.

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)			Enter here and on page 1, Part I, line 10, col (B)		Enter here and on page 1, Part II, line 26	
Totals ►			0.	0.		0.

## Schedule J - Advertising Income (see instructions)

## Part I. Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►		0.	0.			0.

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**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)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I ►</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5) ►</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**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
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 ►			<b>0.</b>

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FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY      STATEMENT 1

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LIMITED USE OF FACILITIES THAT MAY NOT BE SUBSTANTIALLY RELATED TO THE TAXPAYER'S TAX-EXEMPT PURPOSES.

TO FORM 990-T, PAGE 1

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		2,979.
ADVERTISING		151.
CLEANING & LAUNDRY		567.
EVENTS EXPENSE		15,735.
MEMBERSHIP DUES		6,075.
OFFICE EXPENSE		907.
PROPERTY INSURANCE		2,605.
STAFF WELFARE		14,265.
SUPPLIES FOR USE OF FACILITIES		30,630.
TRANSPORTATION EXPENSE		1,246.
UTILITIES EXPENSE		4,772.
WORKERS COMPENSATION INSURANCE		2,391.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		82,323.

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## 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-T PAGE 1

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Asset No	Description	Date Acquired	Method	Life	C on v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
6	FITNESS EQUIP.- SANDCASTLE FITNESS CTR.	07/01/99	SL	7.00	HY	17	31,609.		2,282.		29,327.	31,609.		0.	31,609.
11	FITNESS EQUIP. - OSCEOLA FITNESS CTR.	07/01/01	SL	7.00		16	43,716.				43,716.	43,716.		0.	43,716.
13	FURNITURE & EQUIPMENTS - EVENTS	07/01/01	SL	5.00		16	57,041.				57,041.	57,041.		0.	57,041.
14	COMPUTER - EVENTS	07/01/01	SL	5.00		16	1,119.				1,119.	1,119.		0.	1,119.
15	FURNITURE & EQUIPMENTS	07/01/02	SL	5.00		16	23,312.				23,312.	23,312.		0.	23,312.
16	COMPUTER	07/01/02	SL	5.00		16	10,930.				10,930.	10,930.		0.	10,930.
	* 990-T PG 1 TOTAL OTHER						167,727.		2,282.		165,445.	167,727.		0.	167,727.
	BUILDINGS														
78	BUILDING - FORT HARRISON	07/01/09	SL	39.00	MM	17	44512521.				44512521.	1,756,103.		8,496.	1,764,599.
105	BUILDING - FORT HARRISON	07/01/10	SL	39.00	MM	16	34,397.				34,397.	521.		7.	528.
106	BUILDING - FORT HARRISON	07/01/14	SL	39.00	MM	16	80,717.				80,717.	91.		15.	106.
	* 990-T PG 1 TOTAL BUILDINGS						44627635.				44627635.	1,756,715.		8,518.	1,765,233.
	MACHINERY & EQUIPMENT														
79	FITNESS EQUIP. - FORT HARRISON FITNESS CTR.	07/01/09	200DE	7.00	HY	17	50,785.				50,785.	22,069.		2,056.	24,125.
	* 990-T PG 1 TOTAL MACHINERY & EQUIPMENT						50,785.				50,785.	22,069.		2,056.	24,125.
	* 990-T PG 1 TOTAL -						44846147.		2,282.		44843865.	1,946,511.		10,574.	1,957,085.
	BUILDINGS														

2018 DEPRECIATION AND AMORTIZATION REPORT

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Form 4562

# Depreciation and Amortization

(Including Information on Listed Property) 990-T

OMB No 1545-0172

2018

Attachment  
Sequence No 179Department of the Treasury  
Internal Revenue Service (99)► Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CHURCH OF SCIENTOLOGY FLAG  
SERVICE ORGANIZATION, INC.

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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ► 13		

Note: Don't use Part II or Part III below for listed property Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	22.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	10,552.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

## Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	10,574.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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SERVICE ORGANIZATION, INC.

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**Part V** Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

	%						
	%						
	%						

**27** Property used 50% or less in a qualified business use:

	%				S/L -			
	%				S/L -			
	%				S/L -			

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

**42** Amortization of costs that begins during your 2018 tax year:


**43** Amortization of costs that began before your 2018 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**