

Application To Adopt, Change, or Retain a Tax Year

OMB No. 1545-0134

▶ See separate instructions.

Attachment
 Sequence No. **148**

Part I General Information

Important: All filers must complete Part I and sign below. See instructions.

Type or Print	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions) DUNEDIN CHAMBER OF COMMERCE INC	Filer's identifying number 59-0587209
	Number, street, and room or suite no. (if a P.O. box, see instructions) 301 MAIN STREET	Service Center where income tax return will be filed OGDEN
	City or town, state, and ZIP code DUNEDIN, FL 34698	Filer's area code and telephone number/Fax number (727) 733-3197 /
	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number /

1 Check the appropriate box(es) to indicate the type of applicant (see instructions).

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (sec. 1381(a)) | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec. 1297) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957) | <input type="checkbox"/> Other foreign corporation |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization |
| <input type="checkbox"/> Domestic corporation | <input type="checkbox"/> Specified foreign corporation (SFC) (sec. 898) | <input type="checkbox"/> Homeowners Association (sec. 528) |
| <input type="checkbox"/> S corporation | <input type="checkbox"/> 10/50 corporation (sec. 904(d)(2)(E)) | <input type="checkbox"/> Other
(Specify entity and applicable Code section) |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust | |

2a Approval is requested to (check one) (see instructions):

- Adopt a tax year ending ▶ _____ (Partnerships and PSCs: Go to Part III after completing Part I.)
- Change to a tax year ending ▶ 9/30/2013 Retain a tax year ending ▶ _____

b If changing a tax year, indicate the date the present tax year ends. ▶ _____

c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ JANUARY 1, 20 12, and ending ▶ SEPTEMBER 30, 20 12

3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶ Yes No

If "No," attach an explanation.

4 Indicate the applicant's present overall method of accounting.

- Cash receipts and disbursements method Accrual method
- Other method (specify) ▶ MODIFIED CASH

5 State the nature of the applicant's business or principal source of income.

CHAMBER OF COMMERCE REVENUE MAINLY MEMBERSHIP DUES

Signature—All Filers (See Who Must Sign in the instructions.)

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

Filer*

Preparer (other than filer)

Signature and date

Signature of individual preparing the application and date

Name and title (print or type)

SUSAN FOLSOM CPA

Name of individual preparing the application

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions.

FOLSOM ACCOUNTING SERVICES INC

Name of firm preparing the application