



BeaconTax.org

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DISCLOSURE OF FOREIGN ASSETS

Please provide the following information to ensure that the \$10,000 penalty (or higher), and loss of tax return statute of limitations will not affect you.

QUESTIONS (PLEASE CIRCLE ONE)

Yes No Do you own directly or with others, any foreign stock, securities, financial instruments, partnerships, annuities or life insurance, foreign hedge and private equity funds?

- If yes, what country? _____
- Estimated value of asset(s) on 12/31/20? _____
- Broker name, address, and account number: _____

Yes No Do you have a retirement or deferred compensation plan/account in another country?

- If yes, what country? _____
- FMV on 12/31/20? _____
- Highest estimated value of the retirement plan during 2020 \$ _____

Yes No Do you have a bank/brokerage account or a custodial account in another country?

- Highest value of the bank account during 2020 \$ _____
- Bank name/address/account #: _____
- Is the account jointly owned with your spouse? _____
- Was the account opened or closed during 2020? _____
- If yes, on what date was the account opened or closed? _____

Yes No Do you have any other assets outside the US such as rental property?

- If yes, what country? _____
- Description and estimated value of the assets: _____

Yes No At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country?

- If yes, what country? _____
- Bank name, address, and account number: _____
- Highest value of the account during 2020 \$ _____
- Account Owner: _____

Yes No During 2020, did you receive a distribution from, or were you the grantor of, or transferor to a foreign trust? If "Yes," you may have to file Form 3520.

Yes No At any time in 2020, did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?

I declare to the best of my knowledge and belief, the above information is true and complete.

Primary Taxpayer Signature: _____

Spouse Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____