

### ***Caution: DRAFT FORM***

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site ([www.irs.gov](http://www.irs.gov)).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Election To Use Different Annualization Periods for  
Corporate Estimated Tax**

OMB No. 1545-1409

(Under section 6655(e)(2)(C) of the Internal Revenue Code)

Name \_\_\_\_\_ Employer identification number \_\_\_\_\_  
\_\_\_\_\_

Number, street, and room or suite no. (If a P.O. box, see instructions.) \_\_\_\_\_

City or town, state, and ZIP code, or country \_\_\_\_\_ Tax year ends (month and year) \_\_\_\_\_

**Type of return to be filed** (check one)

- |                                      |  |   |                                    |
|--------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Form 1120   | <input type="checkbox"/> Form 1120-FSC | <input type="checkbox"/> Form 1120-REIT | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 1120-A | <input type="checkbox"/> Form 1120-L   | <input type="checkbox"/> Form 1120-RIC  |                                    |
| <input type="checkbox"/> Form 1120-C | <input type="checkbox"/> Form 1120-ND  | <input type="checkbox"/> Form 1120S     |                                    |
| <input type="checkbox"/> Form 1120-F | <input type="checkbox"/> Form 1120-PC  | <input type="checkbox"/> Form 1120-SF   |                                    |

**Election to use an annualization option under the annualized income installment method** (Check one of the following boxes.)

1st Installment	2nd Installment	3rd Installment	4th Installment
<input type="checkbox"/> <b>Option 1</b> . . . . . First 2 months	First 4 months	First 7 months	First 10 months
<input type="checkbox"/> <b>Option 2</b> . . . . . First 3 months	First 5 months	First 8 months	First 11 months

**Signature.** Under penalties of perjury, I declare that I have been authorized by the above-named corporation or organization to make this election, and to the best of my knowledge and belief, the information provided is true, correct, and complete.

_____ Signature of officer or agent	_____ Title	_____ Date
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