## Schedule 500-AB (Form 500)

Corporation Name (as shown on Virginia Return)

## 2006

**Department of Taxation** P.O. Box 1500 Richmond, VA 23218-1500

## Add Back And Exceptions To Add Back Of Interest And Intangible Expenses



Virginia Corporation Account Number

| Part I - Taxpayer's Payments  |   | Juris                                   | sdiction                            |         |   | t Paid To                  |  |
|---|---|---|-------------------------------------|---------|---|----------------------------|--|
|   |   | (State o                                | or Country)                         | Related |   | Entity For<br>Royalties Or |  |
| Name of Related Entity  | FEIN  | Where<br>Organized                      | Of Commercial<br>Domicile           |         | Interest                                |                            | Other Intangible<br>Expenses           |
| 1.  |   |   |                                     | 1a      |   | 1b                         |  |
| 2.  |   |   |                                     | 2a      |   | 2b                         |  |
| 3.  |   |   |                                     | 3а      |   | 3b                         |  |
| 4. Total Interest / Intangible Expense Payments 4a  |   |   |                                     |         | 4b                                      |                            |  |
| Deduct Intangible Expense Payme   | nts Qualifying for Exc  | eptions                                 |                                     |         |   |                            |  |
| 5. Exception 1  |   |   |                                     | 5       |   |                            |  |
| 6. Exception 2  |   |   |                                     | 6       |   |                            |  |
| 7. Exception 3  |   |   |                                     |         | 7                                       |                            |  |
| 8. Total Exception Amount - Add lines 5, 6 & 7. Enter here and on Form 500, Line 2c.  |   |   |                                     |         | 8                                       |                            |  |
| 9. Net Addition - Royalties Or Other Intangibles - Line 4b minus Line 8.  |   |   |                                     | 9       |   |                            |  |
| 10. Net Addition of Interest and Royalties - Enter the total of Lines 4a plus 9 here and on Line 2d , Form 500.   |   |   |                                     | 10      |   |                            |  |
| Part II - Exceptions Applicable Exception 1 (Subject to tax foreign countries in which the returns filed (schedules and separate return that is attributed) | x): For each relate<br>ne related entity pa<br>supplemental forms | aid a tax measure<br>s may be omitted). | d by net income<br>Show the portion | or o    | capital and attac<br>ne tax paid by the | h a<br>e re                | copy of the tax<br>lated entity on its |

Federal Employer Identification Number

a consolidated or combined return in the other state or foreign country with the taxpayer, then the recipient's income and taxpayer's deduction offset each other and no tax is deemed paid. If more space is needed, attach a separate sheet.

| List Each Jurisdiction In<br>Which Tax Paid | Type of Tax Paid | Tax Paid On The<br>Royalties & Other<br>Intangible Income | Royalties & Other Intangible Income On Which Tax Paid | Total<br>Qualifying Royalties                                 |
|---|------------------|---|---|---|
|   |                  |   |   |   |
|   |                  |   |   |   |
|   |                  |   |   |   |
|   |                  |   |   |   |
|   |                  |   |   |   |
|   |                  |   |   |   |
|   |                  |   |   |   |
|   |                  |   |   |   |
|   |                  |   | List Each Jurisdiction In Royalties & Other           | List Each Jurisdiction In Royalties & Other Intangible Income |

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| Corporation Name | FEIN | _ |
|------------------|------|---|

**Exception 2 (One-Third Revenue):** For each related entity for which the taxpayer claims an exception, identify the three unrelated parties paying the highest amount of royalties to the related entity. Enter the amount of royalties that the Taxpayer paid to the related entity that were made at rates and terms comparable to the agreements made with the unrelated parties. If the total royalties and other expenses related to intangible property paid to unrelated parties do not equal or exceed one-third of the gross revenues of the related entity, the payments to that related entity do not qualify for the exception. If more space is needed, attach a separate sheet.

| Three Unrelated Parties Paying Royalties       | Royalties Paid By<br>Unrelated Party   | Total<br>Qualifying Royalties  |
|--|--|--|
| 1  |  |  |
| 2  |  |  |
| 3  |  |  |
| 4 All Other Unrelated Parties Paying Royalties |  |  |
| 1  |  |  |
| 2  |  |  |
| 3  |  |  |
| 4 All Other Unrelated Parties Paying Royalties |  |  |
| 1  |  |  |
| 2  |  |  |
| 3  |  |  |
| 4 All Other Unrelated Parties Paying Royalties |  |  |
|  | 1 2 3 4 All Other Unrelated Parties Paying Royalties 1 2 3 4 All Other Unrelated Parties Paying Royalties 1 2 3 4 All Other Unrelated Parties Paying Royalties 1 2 3 | Three Unrelated Parties Paying Royalties  Unrelated Party  1 2 3 4 All Other Unrelated Parties Paying Royalties  1 2 3 4 All Other Unrelated Parties Paying Royalties  1 2 3 4 All Other Unrelated Parties Paying Royalties  1 2 3 3 4 All Other Unrelated Parties Paying Royalties  1 2 3 |

**Exception 3 (Conduit):** For each related entity for which the taxpayer claims an exception, identify the unrelated party to whom the related entity paid a royalty for the same intangible property licensed to the Taxpayer, and describe the purpose of the licensing transactions between the parties in order to demonstrate that the licensing transaction did not have as its principal purpose the avoidance of tax. Enter the amount of royalties that the related entity paid to the unrelated party. If more space is needed, attach a separate sheet.

|  |                          | Qualifying Royalties |
|--|--------------------------|----------------------|
| Name Of Related Entity                                       | Name Of Unrelated Entity |                      |
|  |                          |                      |
| Purpose Of Transaction                                       |                          |                      |
|  | T                        |                      |
| Name Of Related Entity                                       | Name Of Unrelated Entity |                      |
|  |                          |                      |
| Purpose Of Transaction                                       |                          |                      |
|  |                          |                      |
| Name Of Related Entity                                       | Name Of Unrelated Entity |                      |
|  |                          |                      |
| Purpose Of Transaction                                       | 1                        |                      |
|  |                          |                      |
| Name Of Related Entity                                       | Name Of Unrelated Entity |                      |
|  |                          |                      |
| Purpose Of Transaction                                       |                          |                      |
|  |                          |                      |
| Total Royalties Qualifying For Exception 3 (Also enter the a |                          |                      |
| <u> </u>   |                          |                      |