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## **NEWS ANNOUNCEMENT**

***For Immediate Release***

### **FORMSTORM™ CLOUD SERVICE AVAILABLE**

***Boston, MA – December 23, 2014.*** CharacTell™, a leading provider of advanced and innovative optical character recognition (OCR) products, today announced the immediate availability of FormStorm™ Cloud SDK, a cloud-based service for form and invoice processing.

The FormStorm Cloud Service offers users with any volume requirements the ability to apply the full capabilities of FormStorm remotely and without the need for capital investment or managing installed software. Forms are sent to the server where they are processed, and results are returned as export file to the user.

#### **Technology and Benefits**

The initial release of FormStorm™ Cloud SDK is pre-configured for specific ready-made processing of US and Australian invoices, but also supports the full FormStorm Enterprise functionality that is available in the standard installed software. This means that users and resellers alike may develop and upload any form processing application FormStorm Enterprise supports, and process production in the cloud.

Additional releases in the short term will include specific additional applications in the mainstream of form and processing, as well as additional new technologies that are scheduled for introduction in the near future.

“The proliferation of cloud computing in the enterprise and collaborative spaces has reached a point that it is considered a main staple in many IT and other production environments,” said Paz Kahana, CharacTell’s CEO and President. “Many users prefer to reduce the internal load of managing in-house computing infrastructure while at the same time include within their operational budget as much of the direct processing cost as possible by removing significant capital expenditures.” he explained. “FormStorm™ Cloud SDK allows them to meet both objectives.”

## Pricing and Availability

FormStorm™ Cloud SDK is available for immediate evaluation and use. Contact CharacTell for details.

## Company Information

CharacTell Ltd has been providing innovative Advanced Character Recognition™ (ACR™) solutions since 1998. Unique to all CharacTell products is the packaging of technologies that have been considered complex (document reading, OCR, etc.) in simple to use products.

CharacTell markets FormStorm™ Enterprise, FormStorm™ Invoices, and FormStorm™ Classify, powerful and easy to use systems to extract OCR, ICR, OMR, and Bar-coded data from forms and invoices, and classify documents based on content. CharacTell solutions are implemented worldwide with recognized names such as Time-Warner, Shell Oil, Vodafone, Audi, Victoria Police (Australia), Carvajal (Columbia), State of New York, Walbusch, Brinks, Israel Discount Bank, LandAmerica, Bank Hapoalim, Bank Leumi, and many others in government, data services, finance & banking, health care, education, etc.

For more information, visit the CharacTell website at: [www.charactell.com](http://www.charactell.com).

*FormStorm™, CharacTell™, FleksTemplates™, FormStorm™ Cloud SDK, the CharacTell logo, Advanced Character Recognition™, ACR™, and the FormStorm logo, are trademarks of CharacTell Ltd.(c) 1998–2015.  
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# Tax Forms Variations Processed Automatically by FormStorm TaxProcessing

**Form 1040** Department of the Treasury Internal Revenue Service  
**U.S. Individual Income Tax Return 2011** OMB No. 1545-0047

For the year ending 12/31/2011, or other year beginning 2011, ending 2011

Name: **John G. Robinson** Last name: **Robinson** First name: **John G.**  
 Social Security Number: **763-2-3576**

Home address (number and street): **234-98-6543** Apt. No.: **209A**  
 City, town or other place, state, and ZIP code: **Washington Valley, CA 93011**

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here.  
 4  Head of household (with qualifying person). (See instructions) if the qualifying person is a child but not your dependent, enter his or her name here.  
 5  Qualifying widow(er) with dependent child

**Exemptions**  
 a  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Dependents:  
 (1) Spouse: **1**  
 (2) Dependents: **2**  
 (3) Dependents: **0**  
 (4) If 1 or 2, enter name and SSN of each dependent on line 6c.  
 (5) If 3, enter name and SSN of each dependent on line 6c.  
 (6) If 4, enter name and SSN of each dependent on line 6c.  
 (7) If 5, enter name and SSN of each dependent on line 6c.  
 Total number of exemptions claimed: **3**

**Income**  
 7 Wages, salaries, tips, etc. Attach Form(s) W-2: **75,843**  
 8 Taxable interest. Attach Schedule B if required.  
 9 Tax-exempt interest. Do not include on line 8a.  
 10 Ordinary dividends. Attach Schedule B if required.  
 11 Qualified dividends.  
 12 Business income or loss. Attach Schedule C or C-EZ.  
 13 Capital gain or loss. Attach Schedule D if required. If not required, check here   
 14 Other gains or losses. Attach Form 4797.  
 15 IRA distributions. **6,000**  
 16a Taxable amount: **6,000**  
 16b Taxable amount: **6,000**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  
 18 Farm income or loss. Attach Schedule F.  
 19 Unemployment compensation.  
 20 Social Security benefits. **200**  
 21 Taxable amount: **200**  
 22 Other income. List type and amount.  
 23 Combine the amounts on the far left column for lines 7 through 22. This is your total income: **92,843**

**Adjusted Gross Income**  
 24 Educator expenses: **23**  
 25 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ.  
 26 Health savings account deduction. Attach Form 8889.  
 27 Moving expenses. Attach Form 5903.  
 28 Deductible part of self-employment tax. Attach Schedule SE.  
 29 Self-employed SEP, SIMPLE, and qualified plans.  
 30 Self-employed health insurance deduction.  
 31 Penalty or early withdrawal of savings.  
 32a Alimony paid: **311**  
 32b Recipient's SSN: **311**  
 33 IRA deduction: **33**  
 34 Student loan interest deduction: **34**  
 35 Tuition and fees. Attach Form 8879.  
 36 Domestic production activities deduction. Attach Form 8803.  
 37 Add lines 23 through 36: **6,000**  
 38 Subtract line 36 from line 23. This is your **adjusted** gross income: **86,843**

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## Different variations of form IRS form 1040 for 2011

**Form SS-4** Application for Employer Identification Number OMB No. 1545-0039

For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others. See separate instructions for each line. Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested

2 Trade name of business (if different from name on line 1)

3 Executive, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

5b City, state, and ZIP code

6 County and state where principal business is located

7a Name of principal officer, general partner, grantor, owner, or trustee

7b SSN, TIN, or EIN

8a If this application for a limited liability company (LLC) or a foreign entity?

8b If "Yes," enter the number of LLC members

8c If "Yes," was the LLC organized in the United States?

9a Type of entity (check only one box). Caution: If "Yes," see the instructions for the correct box to check.

9b If a corporation, name the state or foreign country (if applicable) where incorporated

10 Reason for applying (check only one box)

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (encl. 3, if none)

14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year?  Yes  No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)

16 Check one box that best describes the principal activity of your business.

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

18 Has the applicant entity's name on line 1 ever applied for and been used on a FIVE-1?  Yes  No

19 If "Yes," enter the EIN here: \_\_\_\_\_

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4b City, state, and ZIP code

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6 County and state where principal business is located

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7b SSN, TIN, or EIN

8a If this application for a limited liability company (LLC) or a foreign entity?

8b If "Yes," enter the number of LLC members

8c If "Yes," was the LLC organized in the United States?

9a Type of entity (check only one box). Caution: If "Yes," see the instructions for the correct box to check.

9b If a corporation, name the state or foreign country (if applicable) where incorporated

10 Reason for applying (check only one box)

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year

13 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)

14 Check one box that best describes the principal activity of your business.

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No

16b If you checked "Yes" on line 16a, give applicant's legal name and trace name shown on other application, if different from line 1 or 2 above.

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

16d Approximate date when, and city and state where, filed.

16e Approximate date when, and city and state where, filed.

16f Approximate date when, and city and state where, filed.

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16z Approximate date when, and city and state where, filed.

17a Enter the EIN here: \_\_\_\_\_

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## Different editions of IRS form SS-4 (years 2006 and 2007)



