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## **NEWS ANNOUNCEMENT**

### ***For Immediate Release***

# **FORMSTORM™ TAXPROCESSING ELIMINATES EXPENSIVE CUSTOMIZATION AND SPEEDS UP PROCESSING TAX FORMS**

**Boston, MA – August 17, 2012.** CharacTell™, a leading provider of advanced and innovative optical character recognition (OCR) products, today announced the availability of FormStorm™ TaxProcessing, a form processing package especially designed to overcome cumbersome problem involved with processing tax and other regulatory forms.

FormStorm TaxProcessing automatically OCRs tax and other governmental reporting forms and extracts data they contain. *The technological breakthrough offered in this new package means that virtually no adjustments are needed of users to accommodate the great multiplicity of form variations they routinely encounter.*

## **Technology and Benefits**

FormStorm TaxProcessing addresses key problems by virtually fully automating the process.

Two of the greatest operating challenges faced by authorities using form processing solutions are that the forms they receive originate from multiple sources and are different enough so that traditional systems based on rigid form templates cannot be applied without extensive customization. Moreover, these form variations are only known as the forms begin to arrive for processing during the current season, requiring expensive crush efforts to address the problem. The result: time and cost invested in creating templates.

Secondly, as forms often change from one season to the next, additional preparations are needed to create a new set of templates for the new forms that incorporate those changes.

FormStorm TaxProcessing applies CharacTell's new FleksTemplates™ technology, so all that users have to do is to define their desired dataset per form, and FormStorm does the rest regardless of their multiple variations. If changes are required from one tax year to the next, users can create next year's templates virtually automatically from the set of templates that exists for the current year.



“What CharacTell’s technology is effectively doing is creating a new type of a form template – an *unstructured template*,” said Paz Kahana, CharacTell’s CEO and President. “Just like we have done with our invoice processing solution where we combined non-template and non-template approaches into one seamless process that offers the two most important benefits of each, no need to set up or customize templates as well as higher speed and accuracy, the unstructured template approach eliminates the need of tax processing solutions providers to spend weeks or months preparing unique templates for form variations, and repeat the effort each year as the forms change. This higher degree of automation greatly reduces the cost of both acquisition and ownership of tax processing systems while continuing to offer the advantages of automation,” he explained.

## **Pricing and Availability**

FormStorm TaxProcessing is available at the starting price of \$39,950 without any built-in page limitations or per page click charge of any kind. Expansion stations for Capture, OCR, and Data Verifications are available for very high volume processing requirements.

Free, no-obligation FormStorm TaxProcessing evaluation software is available from CharacTell.

## **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™, the CharacTell logo, Advanced Character Recognition™, ACR™, and the FormStorm logo, are trademarks of CharacTell Ltd.(c) 1998–2011.*

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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. Hammer** Last name: **Hammer** Social Security Number: **763-23-5876**

Home address (number and street): **234-56-6543** Apt. No.: **209A**  
 City, town or post office, state, and ZIP code: **Washington Valley, CA 93011**

**Filing Status:**  Married filing jointly (even if only one had income)  
 Single  
 Married filing separately  
 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.

**Exemptions:**  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 Dependents: (a) Spouse, (b) Dependents (other than spouse), (c) Dependents (other than spouse) who are blind, (d) Dependents (other than spouse) who are blind and have a disability.

**Income:** 7 Wages, salaries, tips, etc. Attach Form(s) W-2: **75,843**  
 8 Taxable interest. Attach Schedule B if required.  
 9a Ordinary dividends. Attach Schedule B if required.  
 9b Qualified dividends.  
 10 Taxable refunds, credits, or offsets of state and local income taxes.  
 11 Alimony received.  
 12 Business income or loss. Attach Schedule C or C-EZ.  
 13 Capital gain or loss. Attach Schedule D if required. If required, check here .  
 14 Other gains or losses. Attach Form 4797.  
 15a IRA distributions. **15a 6,000** **15b 6,000**  
 15b Taxable amount.  
 16a Rents, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  
 16b Taxable amount.  
 17 Farm income or loss. Attach Schedule F.  
 18 Unemployment compensation.  
 19 Social Security benefits.  
 20a Social Security benefits. **20a 92,843**  
 20b Taxable amount.  
 21 Other income. List type and amount.  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income: **92,843**

**Adjusted Gross Income:** 23 Educator expenses, 24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ, 25 Health savings account deduction. Attach Form 8889, 26 Moving expenses. Attach Form 5903, 27 Deductible part of self-employment tax. Attach Schedule SE, 28 Self-employed SEP, SIMPLE, and qualified plans, 29 Self-employed health insurance deduction, 30 Penalty or early withdrawal of savings, 31a Alimony paid, b Recipient's SSN, 32 IRA deduction, 33 Student loan interest deduction, 34 Tuition and fees. Attach Form 8879, 35 Domestic production activities deduction. Attach Form 8803, 36 Add lines 23 through 35, 37 Subtract line 36 from line 22. 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)  
 4b City, state, and ZIP code

5a Street address (if different) (Do not enter a P.O. box.)  
 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) for a foreign asset?  
 8b If this is "Yes," enter the number of LLC members

9a Type of entity (check only one box). Caution: If "Yes," see the instructions for the correct box to check.  
 Sole proprietor (SSN)  
 Partnership  
 Corporation (enter form number to be filed)  
 Personal service corporation  
 Church or church-controlled organization  
 Other nonprofit organization (specify)

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

10 Reason for applying (check only one box)  
 Started new business (specify type)  
 Hired employees (Check the box and see line 13.)  
 Compliance with IRS withholding requirements  
 Other (specify)

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)  
 Agricultural Household Other

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.  
 Construction  Health care & social assistance  Wholesale-retailer  
 Retail trade  Manufacturing  Transportation & warehousing  Accommodation & food service  Wholesale-other  Retail  
 Real estate  Manufacturing  Finance & insurance  Other (specify)

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

18 Has the applicant entity's town or line "X" been applied for and received an EIN?  Yes  No

19 Enter the EIN on this line only if you are authorized to request the EIN by the IRS and you are authorized to use the EIN on this form.

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Third Party Designee: Name and title (do not print country), Address and ZIP code, Signature

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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)  
 4b City, state, and ZIP code

5a Street address (if different) (Do not enter a P.O. box.)  
 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 Type of entity (check only one box). Caution: If "Yes," see the instructions for the correct box to check.  
 Sole proprietor (SSN)  
 Partnership  
 Corporation (enter form number to be filed)  
 Personal service corporation  
 Church or church-controlled organization  
 Other nonprofit organization (specify)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

9 Reason for applying (check only one box)  
 Started new business (specify type)  
 Hired employees (Check the box and see line 12.)  
 Compliance with IRS withholding requirements  
 Other (specify)

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

11 Closing month of accounting year

12 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)

13 Highest number of employees expected in the next 12 months (encl. 3, if none)  
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 Retail trade  Manufacturing  Transportation & warehousing  Accommodation & food service  Wholesale-other  Retail  
 Real estate  Manufacturing  Finance & insurance  Other (specify)

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

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

19 If you checked "Yes" on line 18, give applicant's legal name and trace name shown on other application, if different from line 1 or 2 above.

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

21 Enter the EIN on this line only if you are authorized to request the EIN by the IRS and you are authorized to use the EIN on this form.

Third Party Designee: Name and title (do not print country), Address and ZIP code, Signature

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

