9696 UVOID	CORRE	CTED		
PAYER'S name, street address, city or town, state or province, ZIP or foreign postal code, and telephone no.		1 Original issue discount for the year AMOUNT * *	OMB No. 1545-0117	
	ST.	\$	Form <b>1099-OID</b>	Original Issue
1234 YOUR GENERAL DELIVE ADDRESS ST. 1234 POST OFFICE	ERY ADDRESS	2 Other periodic interest	(Rev. October 2019)	Discount
CITY / TOWN, ST 123	45	-O- \$	For calendar year 20 21	
PAYER'S TIN RECIPIENT'S TIN		3 Early withdrawal penalty	4 Federal income tax withheld \$ AMOUNT**	Сору А
SSN-XX-XXXX (LEAVE B	LANK)	5 Market discount	6 Acquisition premium	For
RECIPIENT'S name		\$	\$	Internal Revenue Service Center
COMPANY / COURT N	AME	7 Description DESCRIPT	ION OF	File with Form 1096.
Street address (including apt. no.) 1234 THEIR ADDRESS	DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC. For Privacy and Paperw			
City or town, state or province, country, and ZIP or foreign pos CITY / TOWN, ST 12	345	Original issue discount on U.S. Treasury obligations	9 Investment expenses \$	Reduction Act Notice, see the
	FATCA filing requirement	10 Bond premium	11 Tax-exempt OID	current General Instructions for
	, D	\$	\$	Certain Information
Account number (see instructions)	2nd TIN not.	12 State 13 State identification	no. 14 State tax withheld	Returns.
ACCOUNT / CASE NUMBER		( D D A V D	\$	
Form <b>1099-OID</b> (Rev. 10-2019) Cat. No. 14421R		www.irs.gov/Form1099OID	Department of the Treasury -	Internal Revenue Service

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THE SECRETARY OF STATE.

FOR COURTS, YOU MAY LEAVE IT BLANK.

\*\* THE AMOUNT SHOULD BE THE TOTAL AMOUNT
PAID TO THE COMPANY WITH YOUR INSTRUMENT
(EITHER A4V, PROMISSORY NOTE, OR BILL OF EXCHANGE).

☐ VOID  ☐ CORRE ☐	ECTED		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Original issue discount for the year AMOUNT**	OMB No. 1545-0117	
FIRST MIDDLE LAST	\$		720 I 1 1 10 0
1234 YOUR GENERAL DELIVERY		Form 1099-OID	Original Issue Discount
ADDRESS ST. 1234 POST OFFICE ADDRESS	2 Other periodic interest	(Rev. October 2019)	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY / TOWN, ST 12345	-0-	For calendar year 20 21	
PAYER'S TIN RECIPIENT'S TIN	3 Early withdrawal penalty	4 Federal income tax withheld  \$ AMOUNT * *	Copy 1
SSN-XX-XXXX (LEAVE BLANK)	\$ -U- 5 Market discount	\$ AMOUNT'**  6 Acquisition premium	
			For State Tax
RECIPIENT'S name	\$	\$	Department
COMPANY / COURT NAME	7 Description DESCRIPT	TION OF	
Street address (including apt. no.)	DEBT. CA	SE DISCHARGE,	
1234 THEIR ADDRESS ST.	No. 20 Control of the	LL, ETC.	
City or town, state or province, country, and ZIP or foreign postal code	8 Original issue discount on 9 Investment expenses		
CITY / TOWN, ST 12345	U.S. Treasury obligations		
FATCA filin	\$ 10 Bond premium	\$ 11 Tax-exempt OID	
requiremen		11 Tax-exempt OID	
	\$	\$	
Account number (see instructions)	12 State 13 State identification		
ACCOUNT / CASE NUMBER	( L E A V E	B <sub>\$</sub> LANK)	

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X CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Original issue discount for the year* AMOUNT**	OMB No. 1545-0117		
FIRST MIDDLE LAST	\$			
1234 YOUR GENERAL DELIVERY	* This may not be the correct figure to report on your income tax return. See instructions on the back.	Form 1099-OID	Original Issue Discount	
ADDRESS ST. 1234 POST OFFICE ADDRESS	2 Other periodic interest	(Rev. October 2019)		
CITY / TOWN, ST 12345	-O-	For calendar year 20 <u>21</u>		
PAYER'S TIN RECIPIENT'S TIN	3 Early withdrawal penalty	4 Federal income tax withheld \$ AMOUNT**	Сору В	
SSN-XX-XXXX (LEAVE BLANK)	\$ -0- 5 Market discount	\$ AMOUN'I'**  6 Acquisition premium		
	100		For Recipient	
RECIPIENT'S name	\$	\$	1	
COMPANY / COURT NAME	DESCRIPT	CION OF	This is immediately	
Street address (including apt. no.)	DEBT. CAS	SE DISCHARGE,	This is important tax information and is	
1234 THEIR ADDRESS ST.	ELECTRIC BILL, ETC. being turnished the IRS. If you a			
City or town, state or province, country, and ZIP or foreign postal code	8 Original issue discount on U.S. Treasury obligations*	9 Investment expenses	required to file a return, a negligence	
CITY / TOWN, ST 12345	\$	\$	penalty or other sanction may be	
FATCA filing requirement	10 Bond premium	11 Tax-exempt OID	imposed on you if this income is	
	\$	\$	taxable and the IRS determines that it	
Account number (see instructions)	12 State 13 State identification		has not been reported.	
ACCOUNT / CASE NUMBER	( L E A V E	₽ <sub>\$</sub> LANK) \$		
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PAYER'S name, street address, city of ZIP or foreign postal code, and teleph FIRST MID  1234 YOUR ADDRESS ST. 1234  CITY / TOWN,	one no.  DLE LA  GENERAL DELIV  POST OFFICE	ST ERY ADDRESS	the ye	al issue discount for ar AMOUNT*	OMB No. 1545- Form 1099-( (Rev. October 2) For calendar y 20 21	OID 2019)	Original Issue Discount
PAYER'S TIN	RECIPIENT'S TIN			withdrawal penalty	4 Federal incon		Copy 2
SSN-XX-XXXX	(LEAVE B	LANK)	\$ Marke	- 0 -	\$ AMOU	YENT**	22 12 <del>4 2 4</del> 22 20
	5		Jivanko	Calacount	o Acquisition pi	Cililani	To be filed with
RECIPIENT'S name			\$		\$	4	recipient's state income tax
COMPANY / C	COURT N	AME	7 Descri	ESCRIP	TION	OF	return, when required.
Street address (including apt. no.)		D	EBT. CA	SE DISCH	ARGE,		
1234 THEIR ADDRESS ST.			ELECTRIC BILL, ETC.				
City or town, state or province, country, and ZIP or foreign postal code		8 Original issue discount on 9 Investment		penses			
CITY / TOWN, ST 12345		U.S. 1	reasury obligations				
		FATCA filing	\$	l premium	\$ 11 Tax-exempt	OID	
		requirement	10 BOIR	premium	11 Tax-exempt	OID	
			\$		\$		
Account number (see instructions)		12 State	13 State identification				
ACCOUNT / CASE NUMBER		( ]	LEAVE	B <sub>\$</sub> L A	N K )		
			I		I\$		

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PAYER'S name, street address, city or town, state or province, ZIP or foreign postal code, and telephone no.	country,	1 Original issue discount for the year AMOUNT**	OMB No. 1545-0117		
FIRST MIDDLE LA	ST	\$			
1234 YOUR GENERAL DELIVERY			Form 1099-OID	Original Issue Discount	
ADDRESS ST. Or 1234 POST OFFICE	ADDRESS	2 Other periodic interest	(Rev. October 2019)	Discount	
CITY / TOWN, ST 123	45	-O-	For calendar year 20 21		
PAYER'S TIN RECIPIENT'S TIN		3 Early withdrawal penalty  \$ -0-	4 Federal income tax withheld \$ AMOUNT**	Сору С	
SSN-XX-XXXX (LEAVE B	LANK)	5 Market discount	6 Acquisition premium		
			507	For Payer	
RECIPIENT'S name		\$	\$		
COMPANY / COURT N	AME	7 Description DESCRIPT	CION OF		
Street address (including apt. no.)		DEBT. CAS	SE DISCHARGE,	For Privacy Act	
1234 THEIR ADDRESS	ST.	The Control of the Co	LL, ETC.	and Paperwork	
City or town, state or province, country, and ZIP or foreign postal code		8 Original issue discount on	9 Investment expenses	Reduction Act Notice, see the	
CITY / TOWN, ST 12:	345	U.S. Treasury obligations		current General	
3	FATCA filing	\$ 10 Bond premium	\$ 11 Tax-exempt OID	Instructions for	
	requirement	To Bolia premium	TT Tax-exempt Oid	Certain	
		\$	\$	Information	
Account number (see instructions)	2nd TIN not.	12 State 13 State identification		Returns.	
ACCOUNT / CASE NUMBER		( <b>L</b> E A V E	B <sub>5</sub> LANK)		

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