

9696

☐ VOID☒ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIRST MIDDLE LAST 1234 YOUR or GENERAL DELIVERY ADDRESS ST. or 1234 POST OFFICE ADDRESS CITY / TOWN, ST 12345		1 Original issue discount for the year AMOUNT** \$	OMB No. 1545-0117 Form 1099-OID (Rev. October 2019)	Original Issue Discount
		2 Other periodic interest -0- \$	For calendar year 20 21	
PAYER'S TIN SSN-XX-XXXX	RECIPIENT'S TIN (LEAVE BLANK)	3 Early withdrawal penalty \$ -0-	4 Federal income tax withheld \$ AMOUNT**	Copy A For Internal Revenue Service Center
		5 Market discount \$	6 Acquisition premium \$	
RECIPIENT'S name COMPANY / COURT NAME Street address (including apt. no.) 1234 THEIR ADDRESS ST. City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		7 Description DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.		File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.
		8 Original issue discount on U.S. Treasury obligations \$	9 Investment expenses \$	
		10 Bond premium \$	11 Tax-exempt OID \$	
Account number (see instructions) ACCOUNT / CASE NUMBER	FATCA filing requirement <input type="checkbox"/> 2nd TIN not. <input type="checkbox"/>	12 State (LEAVE BLANK)	13 State identification no. \$	14 State tax withheld \$

Form **1099-OID** (Rev. 10-2019)

Cat. No. 14421R

www.irs.gov/Form1099OID

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

* RECIPIENT'S T.I.N. (TAXPAYER IDENTIFICATION NUMBER) / E.I.N.
CAN BE FOUND BY A SEARCH ON SEC.GOV OR WITH
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).

MUST BE FILLED OUT ON
CARBON COPY ORDERED FROM THE I.R.S.
(FREE TO ORDER)

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		2 Other periodic interest - 0 - \$		
PAYER'S TIN SSN-XX-XXXX	RECIPIENT'S TIN (LEAVE BLANK)	3 Early withdrawal penalty \$ - 0 -	4 Federal income tax withheld \$ AMOUNT **	Copy 1 For State Tax Department
RECIPIENT'S name COMPANY / COURT NAME Street address (including apt. no.) 1234 THEIR ADDRESS ST. City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		5 Market discount \$	6 Acquisition premium \$	
		7 Description DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.	8 Original issue discount on U.S. Treasury obligations \$	
		9 Investment expenses \$	10 Bond premium \$	
		11 Tax-exempt OID \$	12 State (LEAVE BLANK)	
Account number (see instructions) ACCOUNT / CASE NUMBER		13 State identification no. (LEAVE BLANK)	14 State tax withheld \$	

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		2 Other periodic interest - 0 - \$		
PAYER'S TIN SSN-XX-XXXX	RECIPIENT'S TIN (LEAVE BLANK)	3 Early withdrawal penalty \$ - 0 -	4 Federal income tax withheld \$ AMOUNT**	Copy B For Recipient
RECIPIENT'S name COMPANY / COURT NAME <small>Street address (including apt. no.)</small> 1234 THEIR ADDRESS ST. <small>City or town, state or province, country, and ZIP or foreign postal code</small> CITY / TOWN, ST 12345		5 Market discount \$	6 Acquisition premium \$	
		7 Description DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.	8 Original issue discount on U.S. Treasury obligations* \$	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		9 Investment expenses \$	10 Bond premium \$	
		11 Tax-exempt OID \$	12 State 13 State identification no. 14 State tax withheld (LEAVE BLANK) \$	
Account number (see instructions) ACCOUNT / CASE NUMBER				

Form **1099-OID** (Rev. 10-2019) (keep for your records) www.irs.gov/Form1099OID Department of the Treasury - Internal Revenue Service

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PAYER'S TIN SSN-XX-XXXX	RECIPIENT'S TIN (LEAVE BLANK)	3 Early withdrawal penalty \$ - 0 -	4 Federal income tax withheld \$ AMOUNT **	Copy 2 To be filed with recipient's state income tax return, when required.
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FATCA filing requirement <input type="checkbox"/>		10 Bond premium \$	11 Tax-exempt OID \$	
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