Form 1042-S   Foreign Person's U.S. Source Income S						t to W	ithholdi	ng 匇		9 🗀	OMB I	No. 15	45-0096
Department	of the Transum	St. 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		n1042S for instructions 2 5 UNIQUE FORM IDEN		d	Informatic	on.	NDMENT			OP) Reci	y B plent
1 income	2 Gross income	3 Chapter in	idicator. Ente	or "3" or "4" 3	13e Recipient's U.S. TIN,			N, if any		13f Ch. 3	status co	ode	16
code		3a Exemption	n code 02	4a Exemption code 15	1	946-96	5-2703			13g Ch. 4	status co	ode.	23
37	and the total				13h	Recipient	's GIIN	131	Recipient number, i	's foreign ta	x identifica	ation	13 LOB code
5 Withhol	ding allowance 00	0,00			]				istiistoji, i	ı cıriy.		- 1	
6 Net inco	ome O(	0.00						05	974994	5			
7a Federa	il tax withheld 40	35.00 ->>/í	2/100 1	17 ann 127	13k	Recipier	it's accour	rt number					
7b Check	If federal tax with	held was not d	eposited with	the IRS because		7693-0	0976	,					
escro	w procedures were	applied (see i	nstructions) .	<b> </b>	131	Recipien	t's date of	birth (YY	YYMMDD	)			
	if withholding occ ership interest .					1	9	6 5	0	8	2	8	
8 Tax with	nheld by other age	nts 00.	00		148	Primary V	Vithholding	Agent's No	me (if app	licable)			
9 Overwith	held tax repaid to re	cipient pursuant	to adjustment p	procedures (see instructions)	1								
( 00	.00			)	14b	Primary	Withholdir	ıg Agent's	EIN		<del></del>		
	withholding credit	(combine boxe	s 7a, 8, and 9	)	1		1			15 Check	if pro-rate	eisad ı	reporting
43	5.00				15a	Intermedi	ary or flow-t	hrough ent	ity's EIN, if	any 15b C	h. 3 status c	ode 1	5c Ch. 4 status cod
11 Tax pa	ald by withholding	agent (amount	s not withheld	d) (see instructions)	1								
	.00				15d	Intermed	iary or flow-	through er	ntity's nam	e			
12a With	holding agent's Ell	N 1	2b Ch. 3 status	code 12c Ch. 4 status code									
94-173	7782		01	01	15e	Intermed	liary or flow	v-through	entity's GI	IN			
1	holding agent's na LES SCHWAB				15f	Country	code	15g Fo	reign tax	identificati	on numbe	er, if a	ny
12e With	holding agent's Gl	obal Intermedi	ary identificat	ion Number (GIIN)	15h	Address	(number	and street	)				
12f Cour	try code 12	2g Foreign tax	identification	number, if any	151	City or to	own, state	or provinc	ce, countr	y, ZIP or fo	oreign pos	stal co	xde
	ress (number and s AIN STREET (C		S:415-667-	8400)	16a	Payer's	name	······································		***************************************	16b P	ayer's	s TIN
1	or town, state or pr RANCISCO, CA		y, ZIP or fore	gn postal code	16c	Payer's	GIIN	······································		16d Ch. 3	statue code	16	e Ch. 4 status code
13a Reci	pient's name		13b R	ecipient's country code	17a	State in	come tax	withheld	17b Pa	yer's state	tax no.	17c	Name of state
GALH	AYUT		IS								, 1		
13c Addr	ess (number and str	eet)						a de la compansión de l					
40 HA	PARSA ST TEL	. AVIV					712.00		266				
13d City	or town, state or p	province, count	ry, ZIP or fore	ign postal code	7					ech acces	aria Silve		

(keep for your records)

Form 1042-S (2019)

2
8
_
8

Form 1042-5	Foreign Person's U							01	9	OME	3 No. 1	545-0096	3
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/F				st infor AMEND			NOMENT	_		Cop		**********
1 Income 2 Gross incom				13e Recipient's U.S. TIN, if any			ATT (MELLY)		NO. for Recipier  13f Ch. 3 status code		10		
code	3a Exemption code 00	4e Exemption code 1	5	946	96-27	03			<u></u>	4 status		2:	
06 189.00	3b Tax rate 25,00	4b Tax rate 00,0		h Recipi			131	Recipien	t's foreign			13 LO	
5 Withholding allowance	00.00		_					number,	if any			10, 20.	
6 Net income	00.00		_				05	974994	5				
7a Federal tax withheld	47.00		131	k Recip	ient's ac	count n	umber	<del></del>	<del></del>			<u> </u>	
7b Check if federal tax will	hheld was not deposited w	th the IRS because	_		3-0976								
escrow procedures we	re applied (see instructions		_  <del>  1</del> 3			ite of bir	th MYY	YMMDE	))	<del></del>	<del></del>		
7c Check if withholding or partnership interest .	ccurred in subsequent year	with respect to a	司	1	9	6	5	T	8	2	8		
8 Tax withheld by other ac	jents 00.00		14	a Primar	y Withho	lding Age	ent's Na	me (if app	olicable)			·	<del></del>
9 Overwithheld tax repaid to	recipient pursuant to adjustmen	t procedures (see instructi	ons)										
( 00.00		1		b Prima	ry Witht	rolding A	\gent's	EIN	T	······································		<del></del>	
10 Total withholding credit (combine boxes 7a, 8, and 9)									15 Chec	k if pro-mai	ta basis	reporting	
47.00					diary or	flow-thro	ugh enti	v's EIN. i	any 15b	Ch. 3 status	code 1	5c Ch 4st	atus cod
11 Tax paid by withholding	g agent (amounts not withh	eld) (see instructions)					-					,	
00.00					ediary or	flow-thro	ough en	lity's nam	ie	·		***************************************	
12a Withholding agent's E	IN 12b Ch. 3 star	us code 12c Ch. 4 status	ode				- ·	•					
94-1737782	01	01	150	s Intern	ediary o	r flow-th	rough e	ntitv's G	IN		<del></del>	<del></del>	
12d Withholding agent's n	ame	:		Count					identificat	ion numb	er, if a	nv	
CHARLES SCHWAB	& CO., INC.									**	·	- <del></del>	
12e Withholding agent's G	Blobal Intermediary Identification	ation Number (GIIN)	151	h Addre	ss (num	ber and	street)	·····			·····		
	The state of the s												
12f Country code 1	12g Foreign tax identification	n number, if any	15	City or	town, s	tate or p	novince	e, countr	y, ZIP or I	oreign po	ostal co	cle	
										- ,			
	CONTACT US:415-667	•	160	Payer	s name					16b F	Payers	TIN	
	province, country, ZIP or for	sign postal code	160	Payer	s GIIN				16d Ch.	3 status cod	e. 16	Ch. 4 stat	ua code
SAN FRANCISCO, C	A 94105					-							
13a Recipient's name	13b /	Recipient's country cod	17:	State	income	tax with	held	17b Pa	yer's stat	e tax no.	17c	Name of	state
GAL HAYUT	IS						-		-				
13c Address (number and st	reet)		1										
40 HAPARSA ST TE	L AVIV												
13d City or town, state or	province, country, ZIP or fo	reign postal code											
6908540 ISBAEL													
(keep for your records)							C DOMESTIC			artesis Torris	Form 1	042-5	(2010

38 Exemption code 00 38 Tax rate 17,50 39 Tax ra	As Exemption code 00 4s Exemption code 15 3b Tax rate 17,50 4b Tax rate 00,00 1sh Recipient's GillN 13l Recipient's bright as Identification   13l LO   1sh Recipient's Serian tax Identification   1s	Departmer Internal Re				3 UNIQUE FORM IDE			t inform MENDEI	-	20 <b>1</b> MENDMEN			opy r Reci	
3a Exemption code 90   4a Exemption code 15   3b Tax rate   17,50   4b Tax rate   00,00   13h Recipient's Gill\   13l Recipient's foreign tax identification   13l Lose   13l Recipient's foreign tax identification   13l Lose   13l Recipient's Gill\   13l Recipient's Gi	Section   Sect		2 Gross income	3 Chapter Indica	tor. Enter	3" or "4" 3	13e	Recipie	nt's U.S	. TIN, if a	ny.	131 C	h. 3 status o	ode	1
Stitcholding allowance 00.00  Switcholding allowance 00.00  Tall Federal tax withheld 1,00  Tall Federal tax withheld 1,00  Tall Federal tax withheld 1,00  Tall Federal tax withheld was not deposited with the IRS because esserow procedures were applied (see instructions)  To Check if federal tax withheld was not deposited with the IRS because esserow procedures were applied (see instructions)  To Check if withholding occurred in subsequent year with respect to a partnership interest.  Tax withheld by other agents 00.00  To Total withholding occurred in subsequent year with respect to a partnership interest.  Tax withheld by other agents 00.00  To Total withholding credit (combine boxes 7a, 8, and 9)  Total withholding agent's EIN on the primary With	Sultriholding allowance 00.00   Sultriholding agent of deposited with the IRS because escrow procedures were applied (see instructions)   Sultriholding agent agents   Sultriholding agent (amounts not withheld)   Sultrih	COULD		3a Exemption coo	e 00 4	Exemption code 15	1	946-9	6-270	3		13g C	h. 4 status o	ode	
5 Withholding allowance 00.00  6 Not income 00.00  7 Federal tax withheld 1,00  7 Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions)  7 Check if withholding occurred in subsequent year with respect to a partnership interest of partnership interest of the partnership int	5 Withholding allowance 00.00 6 Not Income 00.00 7 Por Federal tax withheld 1,00 7 Por Check if federal tax withheld was not deposited with the IRS because sorrow procedures were applied (see instructions) 7 Por Check if withholding occurred in subsequent year with respect to a pertnership interest. 8 Tax withheld by other agents 00.00 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) 1	01	8.00	3b Tax rate	7,50 4	Tax rate 00,00	13h				131 Recipier	it's foreig	n tax identific	ation	13 LO
Ta Federal tax withheld 1,00  13k Recipient's account number 7693-0976  13l Recipient's date of birth (YYYMMDD)  14e Primary Withholding Agent's Name (if applicable)  1 9 6 5 0 8 2 8  1 2 8  1 2 8  1 2 8  1 3 Primary Withholding Agent's Name (if applicable)  1 0 0 0 9 Overwitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  1 0 0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  0 1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  1 1 Tax paid by withholding agent (amounts not withheld) (see instructions)  1 2 Mithholding agent's name  1 2 City or town, state or province, country, ZIP or foreign postal code  1 2 Foreign tax identification number, if any  1 1 Foreign postal code  1 2 Foreign tax identification number, if any  1 1 Foreign postal code  1 2 Foreign tax identification number, if any  1 1 Foreign postal code  1 2 City or town, state or province, country, ZIP or foreign postal code  1 2 Foreign tax identification number (amounts number)  1 2 City or town, state or province, country, ZIP or foreign postal code  1 2 Foreign tax identification numb	78 Federal tax withheld 1,00  79 Check if federal tax withheld was not deposited with the IRS because sorrow procedures were applied (see instructions)  70 Check if ederal tax withheld was not deposited with the IRS because sorrow procedures were applied (see instructions)  70 Check if withholding occurred in subsequent year with respect to a partnership interest.  70 Check if withholding occurred in subsequent year with respect to a partnership interest.  70 Check if withholding occurred in subsequent year with respect to a partnership interest.  70 Check if withholding agents 0,000  8 Tax withheld by other agents 0,000  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  10 Convertitheld tax of flow-through entity's Elix, if any ISb Chock if pro-rata basis reporting the intermediary or flow-through entity's Elix, if any ISb Chock if pro-rata basis reporting the intermediary or flow-through entity's Elix, if any ISb Chock if pro-rata basis reporting the intermediary or flow-through entity's Elix, if any ISb Chock if pro-rata basis reporting the intermediary or flow-through entity's Elix, if any ISb Chock if pro-rata basis reporti	5 Withho	lding allowance 00	00.0			1			Į.	number,	if any			
76 Check if federal tax withheld was not deposited with the IRS because care with respect to a partnership interest of the partnership interes	The Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions)  76 Check if withholding occurred in subsequent year with respect to a partnership interest  8 Tax withheld by other agents 00.00  9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  ( 00.00  10 Total withholding agent (amounts not withheld) (see instructions)  100  11 Total withholding agent (amounts not withheld) (see instructions)  00.00  12a Withholding agent's Rin  12b Ch. 3 status code 12c Ch. 4 status code 94-1737782  01 O1  15d Intermediary or flow-through entity's Rin, if any 15b Ch. 3 status code 94-1737782  15d Intermediary or flow-through entity's Rin, if any 15b Ch. 3 status code 94-1737782  15d Intermediary or flow-through entity's Rin, if any 15b Ch. 3 status code 94-1737782  15d Intermediary or flow-through entity's Rin, if any 15b Ch. 3 status code 94-1737782  15d Intermediary or flow-through entity's Rin, if any 15b Ch. 3 status code 94-1737782  15d Intermediary or flow-through entity's Rin, if any 15b Ch. 3 status code 15c Ch. 4 status code 94-1737782  15d Intermediary or flow-through entity's Rin, if any 15b Ch. 3 status code 15c Ch. 4 status code 15c Ch	6 Net inc	ome 00	0.00		7.	1				05974994	5		- 1	
7c Check if withholding occurred in subsequent year with respect to a partnership interest.  8 Tax withheld by other agents 00.00  9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ( 00.00  10 Total withholding credit (combine boxes 7a, 8, and 9) 1.00  11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00  12a Withholding agent's EIN 12b Ch. 3 status code 12c Cf. 4 status code 94-1737782  12d Withholding agent's name CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediary Identification Number (GIIN)  12f Country code 12g Foreign tax identification number, if any 12h Address (number and street) 12h Address (number and street) 12c City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's date of birth (YYYYMMDD)  1	76 Check if withholding occurred in subsequent year with respect to a partnership interest 00,00 11 9 6 5 0 8 2 8 14 Primary Withholding Agent's Name (if applicable) 14 Primary Withholding Agent's Name (if applicable) 14 Primary Withholding Agent's Name (if applicable) 15 Check if pro-resta basis reporting 10,00 15 Intermediary or flow-through entity's EIN, if any 15 Check if pro-resta basis reporting 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0,00 15 Intermediary or flow-through entity's EIN, if any 15 Ch. 3 status code 12 Ch. 4 status code 94-1737782 01 01 01 15 Intermediary or flow-through entity's GIIN 15 Check if pro-resta basis reporting 12 Withholding agent's EIN 15 Ch. 3 status code 12 Ch. 4 status code 94-1737782 01 01 01 15 Intermediary or flow-through entity's GIIN 15 Churty code 15 Foreign tax identification number, if any 15 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 status code 12 Ch. 4 status code 12 Ch. 4 Status code 15 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 Status code 15 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 Status code 16 Ch. 4 Status code 17 Ch. 4 Status code 18 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 Status code 17 Ch. 4 Status code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 19 City or town, state or province, countr	7a Feder	al tax withheld 1	00			13k	Recipie	nt's acc	ount nun	ber		<del></del>		
7c Check if withholding occurred in subsequent year with respect to a partnership interest.  8 Tax withheld by other agents 00.00  9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ( 00.00  10 Total withholding credit (combine boxes 7a, 8, and 9) 1.00  11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00  12a Withholding agent's EIN 12b Ch. 3 status code 12c Cf. 4 status code 94-1737782  12d Withholding agent's name CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediary Identification Number (GIIN)  12f Country code 12g Foreign tax identification number, if any 12h Address (number and street) 12h Address (number and street) 12c City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's date of birth (YYYYMMDD)  1	76 Check if withholding occurred in subsequent year with respect to a partnership interest 00,00 11 9 6 5 0 8 2 8 14 Primary Withholding Agent's Name (if applicable) 14 Primary Withholding Agent's Name (if applicable) 14 Primary Withholding Agent's Name (if applicable) 15 Check if pro-resta basis reporting 10,00 15 Intermediary or flow-through entity's EIN, if any 15 Check if pro-resta basis reporting 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0,00 15 Intermediary or flow-through entity's EIN, if any 15 Ch. 3 status code 12 Ch. 4 status code 94-1737782 01 01 01 15 Intermediary or flow-through entity's GIIN 15 Check if pro-resta basis reporting 12 Withholding agent's EIN 15 Ch. 3 status code 12 Ch. 4 status code 94-1737782 01 01 01 15 Intermediary or flow-through entity's GIIN 15 Churty code 15 Foreign tax identification number, if any 15 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 status code 12 Ch. 4 status code 12 Ch. 4 Status code 15 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 Status code 15 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 Status code 16 Ch. 4 Status code 17 Ch. 4 Status code 18 City or town, state or province, country, ZIP or foreign postal code 12 Ch. 4 Status code 17 Ch. 4 Status code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 18 City or town, state or province, country, ZIP or foreign postal code 19 City or town, state or province, countr	7b Checi	k if federal tax with	neld was not depos	Ited with the	IRS because		7693	0976						
7c Check if withholding occurred in subsequent year with respect to a partnership interest.  1. 9 6 5 0 8 2 8  14a Primary Withholding Agent's Name (if applicable)  1. 9 6 5 0 8 2 8  14b Primary Withholding Agent's Name (if applicable)  1. 00 10 Total withholding credit (combine boxes 7a, 8, and 9) 1. 00 11 Tax paid by withholding agent (amounts not withhold) (see instructions) 00.00  12a Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 94-1737782 01 01 15b Intermediary or flow-through entity's name  15d Intermediary or flow-through	7c Check if withholding occurred in subsequent year with respect to a partnership interests.  8 Tax withholding Agent's Name (if applicable)  9 Overwithholding Agent's Name (if applicable)  10 Total withholding agent's capaid to recipient pursuant to adjustment procedures (see instructions)  ( 00.00  10 Total withholding agent (combine boxes 7a, 8, and 9)  1.00  11 Tax paid by withholding agent (amounts not withheld) (see instructions)  00.00  12a Withholding agent's EIN  12b Ch. 3 status code   12c Ch. 4 status code   15d Intermediary or flow-through entity's EIN, if any   15b Ch. 3 status code   15d Intermediary or flow-through entity's GIN  12d Withholding agent's name  CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediary Identification Number, if any  12f Country code   12g Foreign tax Identification Number, if any  12f Country code   12g Foreign tax Identification number, if any  12f Country code   12g Foreign tax Identification number, if any  12f City or town, state or province, country, ZIP or foreign postal code   12d Ch. 4 status code   15d Ch. 3 status code   16d Ch. 4 status code   16d Ch. 3 status code   16d	escro	w procedures were	applied (see instru	ctions) .		131.			e of birth	YYYYMMDI	3)	<del></del>		
B Tax withheld by other agents 00.00 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ( 00.00 10 Total withholding credit (combine boxes 7a, 8, and 9) 1.00 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.0.00 12a Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 12d Withholding agent's name CHARLES SCHWAB & CO., INC. 12e Withholding agent's Global intermediary identification number, if any 12f Country code 12g Foreign tax identification number, if any 12th Address (number and street) 12th Address (number and street) 13b. Recipient's country code IS Recipient's name 13b. Recipient's country code IS Recipient's name 13c Address (number and street) 15d Intermediary or flow-through entity's GliN 15d Intermediary or flow-through	Partnership interest.  1 9 6 5 0 8 2 8  Tax withheld by other agents 00,00  14a Primary Withholding Agent's Name (if applicable)  14b Primary Withholding Agent's EIN  15c Check if pro-rata basis reporting the intermediary of flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 12d Withholding agent's EIN  12d Withholding agent's EIN  12b Ch. 3 status code 12c Ch. 4 status code 94-1737782  01 01 15e Intermediary or flow-through entity's name  15d Intermediary or flow-through entity's name  15d Intermediary or flow-through entity's name  15f Country code 15g Foreign tax identification number, if any  15h Address (number and street)  12h Address (number and street)  12c City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13c Address (number and street)  13d City or town, state or province, country, ZIP or foreign postal code ISc Alexanders (number and street)  13d City or town, state or province, country, ZIP or foreign postal code ISc Alexanders (number and street)  13d City or town, state or province, country, ZIP or foreign postal code ISc Alexanders (number and street)  14d Chansa (number and street)  15d Deck if pro-rata basis reporting in the primary Withholding Agent's EIN  15d Intermediary or flow-through entity's name  15d Intermediary or flow-through entity's name  15d Intermediary or flow-through entity's name  15g Foreign tax identification number, if any  15f Country code ISg Foreign tax identification number, if any  15f Country code ISg Foreign tax identification number, if any  15h Address (number and street)  16a Payer's name  16b Payer's TiN  16d Ch. 3 status code 16e Ch. 4 status code	7c Check	k if withholding occ	urred in subsequen	t vear with r	espect to a	1 г	T	T		1	<del>"</del>	т т		
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  ( 00,00 ) 10 Total withholding credit (combine boxes 7a, 8, and 9) 1.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 00.00 15d Intermediary or flow-through entity's name 12d Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 94-1737782 01 01 01 15e Intermediary or flow-through entity's name 18d Intermediary or flow-through entity's name 18d Intermediary or flow-through entity's name 18d Country code 15g Foreign tax identification number, if any 18d Country code 15g Foreign tax identification number, if any 18d City or town, state or province, country, ZIP or foreign postal code 12c Ch. 4 status code 15d Intermediary or flow-through entity's name 18d Country code 15g Foreign tax identification number, if any 18d Country code 15g Foreign tax identification number, if any 18d City or town, state or province, country, ZIP or foreign postal code 12h Address (number and street) 18d Payer's name 16b Payer's TiN 18d Payer's GillN 16d Ch. 3 status code 16e Ch. 4 status code 16e	9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  ( 00.00 ) 14b Primary Withholding Agent's EIN 15 Check if pro-rata basis reporting 1.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15b Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15b Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 statu	partn	ership interest .		. ,		l L	1.	9	6	5 0	8	2	8	
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  ( 00,00 ) 10 Total withholding credit (combine boxes 7a, 8, and 9) 1.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 00.00 15d Intermediary or flow-through entity's name 12d Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 94-1737782 01 01 01 15e Intermediary or flow-through entity's name 18d Intermediary or flow-through entity's name 18d Intermediary or flow-through entity's name 18d Country code 15g Foreign tax identification number, if any 18d Country code 15g Foreign tax identification number, if any 18d City or town, state or province, country, ZIP or foreign postal code 12c Ch. 4 status code 15d Intermediary or flow-through entity's name 18d Country code 15g Foreign tax identification number, if any 18d Country code 15g Foreign tax identification number, if any 18d City or town, state or province, country, ZIP or foreign postal code 12h Address (number and street) 18d Payer's name 16b Payer's TiN 18d Payer's GillN 16d Ch. 3 status code 16e Ch. 4 status code 16e	9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)  ( 00.00 ) 14b Primary Withholding Agent's EIN 15 Check if pro-rata basis reporting 1.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 0.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15b Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15b Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 status code 0.00 15c Intermediary or flow-through entity's EIN, if any 15b Ch. 4 statu	8 Tax wit	thheld by other age	nts 00.00			14a	Primary	Withhold	lina Agent	s Name (if ap	olicable)			
100 Total withholding credit (combine boxes 7a, 8, and 9) 1.00 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 0.00 12a Withholding agent's EIN 94-1737782 01 01 01 15b Intermediary or flow-through entity's name 15c Intermediary or flow-through entity's name 15d Intermediary or flow-through entity's name 15d Intermediary or flow-through entity's name 15d Intermediary or flow-through entity's GIIN 15d Intermediary or fl	100   150	9 Overwit	hheld tax repaid to rec		ustment proc	edures (see instructions)	1	-			· · · · · · · · · · · · · · · · · · ·				
10 Total withholding credit (combine boxes 7a, 8, and 9)  1.00  11 Tax paid by withholding agent (amounts not withheld) (see instructions) 00.00  12a Withholding agent's EIN 94-1737782  12b Ch. 3 status code 12c Ch. 4 status code 94-1737782  15d Intermediary or flow-through entity's IN, if any 15b Ch. 3 status code 94-1737782  15d Intermediary or flow-through entity's GIIN 15d Intermediary or flow-	10 Total withholding credit (combine boxes 7a, 8, and 9) 1.00 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 12d Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 15d Intermediary or flow-through entity's name 15d Intermediary or flow-through entity's GIIN 15d Withholding agent's name 15d Intermediary or flow-through entity's GIIN 15d Withholding agent's name 15d Country code 15g Foreign tax identification number, if any 15d Country code 15g Foreign tax identification number, if any 15d City or town, state or province, country, ZIP or foreign postal code 12d Payer's name 16d Payer's name 16d Ch. 3 status code 15d Payer's TIN 15d Payer's State tax no. 17c Name of GAL HAYUT 15d City or town, state or province, country, ZIP or foreign postal code 15d Address (number and street) 17d State income tax withheld 17d Payer's state tax no. 17c Name of GAL HAYUT 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or town, state or province, country, ZIP or foreign postal code 15d City or					١	14b	Priman	Withho	oldina Aa	ent's EIN	1	· · · · · · · · · · · · · · · · · · ·		
11 Tax paid by withholding agent (amounts not withheld) (see instructions) 00.00 12a Withholding agent's EIN 94-1737782 01 01 15b Intermediary or flow-through entity's name 15c Intermediary or flow-through entity's name 15d Intermediary or flow-through entity is name 15d Intermediary or flow-throug	12 Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 94-1737782 01 01 15b Intermediary or flow-through entity's name 15d Intermediary or flow-through entity's GlIN 15d Intermediary or flow-throug											15 Ch	eck if pro-rat	a basis	reporting
11 Tax paid by withholding agent (amounts not withhold) (see instructions) 0.0.00  12a Withholding agent's EIN 94-1737782 01 15b Ch. 3 status code 94-1737782 15f Country code 15g Foreign tax identification number, if any 15f Country code 15g Foreign tax identification number, if any 15h Address (number and street) 12f Country code 12g Foreign tax identification number, if any 15h City or town, state or province, country, ZIP or foreign postal code 12g Country code 12g Country code 12g Foreign tax identification number, if any 15h City or town, state or province, country, ZIP or foreign postal code 12h Address (number and street) 12l City or town, state or province, country, ZIP or foreign postal code 12l City or town, state or province, country, ZIP or foreign postal code 12l City or town, state or province, country, ZIP or foreign postal code 12l City or town, state or province, country, ZIP or foreign postal code 13d Recipient's name 13d Recipient's country code 15d Intermediary or flow-through entity's name 15f Country code 15g Foreign tax identification number, if any 15h Address (number and street) 15h Address (number and street) 16c Payer's GilN 16d Ch. 3 status code 16e Ch. 4 status code 16e Ch. 4 status code 17a State income tax withheld 17b Payer's state tax no. 17c Name of Characteristics of the country code III and City or town, state or province, country, ZIP or foreign postal code 16d Ch. 3 status code 17a State income tax withheld 17b Payer's state tax no. 17c Name of Characteristics of City or town, state or province, country, ZIP or foreign postal code	12 Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 94-1737782 01 01 15b Intermediary or flow-through entity's name 15d Intermediary or flow-through entity's GlIN 15d Intermediary or flow-throug	1 (	00				15a	Intermed	diary or fle	ow-through	entity's EIN.	fanv 1	ih Ch 3 status	rode 1	Se Ch A a
12a Withholding agent's EIN   12b Ch.3 status code   12c Ch.4 status code   15e Intermediary or flow-through entity's name   15d Intermediary or flow-through entity's name   15d Intermediary or flow-through entity's GillN   12d Withholding agent's name   15f Country code   15g Foreign tax identification number, if any   15h Address (number and street)   12d Withholding agent's Global Intermediary Identification Number (GIIN)   15h Address (number and street)   12f Country code   12g Foreign tax identification number, if any   15i City or town, state or province, country, ZIP or foreign postal code   12h Address (number and street)   16a Payer's name   16b Payer's TIN   17d Address (number and street)   17d City or town, state or province, country, ZIP or foreign postal code   16c Payer's GIIN   16d Ch.3 status code   16c Ch.4 status code   16d Ch.3 status code	12a Withholding agent's EIN 12b Ch.3 status code 94-1737782 101 101 15e Intermediary or flow-through entity's name 15f Country code 15g Foreign tax identification number, if any 15h Address (number and street) 15h Address (number and street) 15h Payer's TiN 15h Payer's Rill 15h Payer's Rill 16h Payer's Rill 16h Payer's Rill 17h Payer's state tax no. 17h Name of GAL HAYUT 18h Address (number and street) 17h Address (number and street) 18h Address (number and street) 19h Payer's state tax no. 19h Payer's State income tax withheld the Payer's state tax no. 19h Payer's state tax no. 19h Payer's State income tax withheld the Payer's state tax no. 19h Payer's State			agent (amounts no	withheld) (s	see instructions)	1					,		···	PO 1/16 7 0
12a Withholding agent's EIN 94-1737782 01 15e Intermediary or flow-through entity's GIIN 12d Withholding agent's name CHARLES SCHWAB & CO., INC. 12a Withholding agent's Global Intermediary Identification Number (GIIN) 15h Address (number and street) 16c Payer's name 17a State income tax withheld 17b Payer's state tax no. 17b Name of GAL HAYUT 18c Address (number and street) 17a State income tax withheld 17b Payer's state tax no. 17b Name of GAL HAYUT 18d City or town, state or province, country, ZIP or foreign postal code 18d City or town, state or province, country, ZIP or foreign postal code 18d City or town, state or province, country, ZIP or foreign postal code 18d Ch. 3 status code 18d Ch. 3 status code 18d Ch. 3 status code 18d Ch. 4 status code 18d Ch. 3 status code 18d Ch. 4 status code 18d Ch. 3 status code 18d Ch. 4 status code 18d Ch. 3 status code 18d Ch. 3 status code 18d Ch. 4 status code 18d Ch. 3 status code 18d Ch.	12a Withholding agent's EIN						15d	Interme	diary or f	low-through	h entity's nan	ie l	·		
12d Withholding agent's name  CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediary Identification Number (GlIN)  12f Country code  12g Foreign tax identification number, if any  15h Address (number and street)  12h Address (number and street)  15h Address (number and street)  16a Payer's name  16b Payer's TiN  16c Payer's GlIN  16d Ch. 3 status code  16e Ch. 4 status code  17a State income tax withheld  17b Payer's state tax no.  17c Name of GAL HAYUT  13c Address (number and street)  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code	12d Withholding agent's name  CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediary Identification Number (GIIN)  15h Address (number and street)  12f Country code  12g Foreign tax identification number, if any  15l City or town, state or province, country, ZIP or foreign postal code  12h Address (number and street)  15l City or town, state or province, country, ZIP or foreign postal code  12h Address (number and street)  15l City or town, state or province, country, ZIP or foreign postal code  16e Payer's RIIN  16d Ch. 3 status code  16e Ch. 4 siz  16a Payer's GIIN  16d Ch. 3 status code  16e Ch. 4 siz  16a Payer's GIIN  16d Ch. 3 status code  16e Ch. 4 siz  16e Ch. 4	12a With	holding agent's EIN	12b (	h. 3 status cod	le 12c Ch. 4 status code	_			en er	, construction			***	
156 Country code 157 Foreign tax identification number, if any  CHARLES SCHWAB & CO., INC.  128 Withholding agent's Global Intermediary Identification Number (GIIN)  129 Foreign tax identification number, if any  150 City or town, state or province, country, ZIP or foreign postal code  120 Payer's name  151 City or town, state or province, country, ZIP or foreign postal code  121 MAIN STREET (CONTACT US:415-667-8400)  122 City or town, state or province, country, ZIP or foreign postal code  130 Payer's GIIN  140 Payer's GIIN  151 City or town, state or province, country, ZIP or foreign postal code  152 SAN FRANCISCO, CA 94105  153 Recipient's name  GAL HAYUT  154 Country code  155 City or town, state or province, country, ZIP or foreign postal code  165 Payer's name  165 Country code is a payer's name  165 Payer's GIIN  166 Payer's GIIN  166 Ch. 3 status code is a control of the country code is a control of the	15f Country code 15g Foreign tax identification number, if any  CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediary Identification Number (GIIN)  15h Address (number and street)  12f Country code 12g Foreign tax identification number, if any  15l City or town, state or province, country, ZIP or foreign postal code  12h Address (number and street)  12h Address (number and st	94-173	37782	01		01	15e	nterme	diary or	flow-throu	ush entity's G	BN			<del></del>
CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediany Identification Number (GilN)  15h Address (number and street)  12f Country code  12g Foreign tax identification number, if any  15i City or town, state or province, country, ZIP or foreign postal code  12h Address (number and street)  211 MAIN STREET (CONTACT US:415-667-8400)  12l City or town, state or province, country, ZIP or foreign postal code  SAN FRANCISCO, CA 94105  13a Recipient's name  GAL HAYUT  13b Recipient's country code  IS  17a State income tax withheld  17b Payer's state tax no. 17c Name of Country and Street)  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code	CHARLES SCHWAB & CO., INC.  12e Withholding agent's Global Intermediary Identification Number (GilN)  15h Address (number and street)  12f Country code  12g Foreign tax identification number, if any  15l City or town, state or province, country, ZIP or foreign postal code  12h Address (number and street)  21 MAIN STREET (CONTACT US:415-667-8400)  12l City or town, state or province, country, ZIP or foreign postal code  SAN FRANCISCO, CA 94105  13a Recipient's name  13b Recipient's country code IS  17a State income tax withheld  17b Payer's state tax no. 17c Name of GAL HAYUT  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code  6908540 ISRAEI	12d With	nholding agent's na	me		<del>- •</del>							cation numb	er. if a	יייי
126 Withholding agent's Global Intermediary Identification Number (GIIN)  127 Country code  128 Foreign tax identification number, if any  158 City or town, state or province, country, ZIP or foreign postal code  129 Foreign tax identification number, if any  159 City or town, state or province, country, ZIP or foreign postal code  120 Payer's name  130 Payer's RIN  140 Payer's GIIN  150 Payer's GIIN  160 Payer's GIIN  160 Payer's GIIN  160 Payer's GIIN  160 Payer's State tax no.  170 Name of GAL HAYUT  180 Payer's State tax no.  170 Name of GAL HAYUT  181 Payer's state tax no.  170 Name of GAL HAYUT  181 Payer's state tax no.  182 Payer's GIIN  183 Payer's GIIN  184 Payer's GIIN  185 Payer's State tax no.  186 Payer's GIIN  187 Payer's state tax no.  187 Name of GAL HAYUT  180 Payer's State tax no.  180 Payer's GIIN  190 Payer's State tax no.  190 Payer's STIN  1	12f Country code 12g Foreign tax identification number, if any 15i City or town, state or province, country, ZIP or foreign postal code 12h. Address (number and street) 16a Payer's name 16b Payer's TIN 211 MAIN STREET (CONTACT US:415-667-8400) 16c Payer's GIIN 16d Ch. 3 status code 16c Gh. 4 state SAN FRANCISCO, CA 94105 13b Recipient's country code IS 17a State income tax withheld 17b Payer's state tax no. 17c Name of GAL HAYUT IS Address (number and street) 13c Address (number and street) 13d City or town, state or province, country, ZIP or foreign postal code IS 17a State income tax withheld 17b Payer's state tax no. 17c Name of GAL HAYUT IS 13c Address (number and street) 13d City or town, state or province, country, ZIP or foreign postal code 16088540 ISRAEI	CHAR	LES SCHWAB	CO. INC.											· · · · · · · · · · · · · · · · · · ·
12h Address (number and street) 211 MAIN STREET (CONTACT US:415-667-8400)  12i City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT IS  13b Recipient's country code IS  17a State income tax withheld ITb Payer's state tax no. ITc Name of the Country of the Country code is a control of the Country code is a country code in the Country code in the Country code is a country code in the Country code in the Country code is a country code in the Country code in the Country code is a country code in the Country code in the Country code is a country code in the Country code in the Country code is a country code in the Country code in the Country code in the Country code is a country code in the Country c	12h. Address (number and street) 211 MAIN STREET (CONTACT US:415-667-8400)  12i City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT  13b. Recipient's country code IS  17a State income tax withheld 17b Payer's state tax no. 17c Name of GAL HAYUT  13c Address (number and street) 40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	12e With	nholding agent's Gk	obal Intermediary to	lentification	Number (GIIN)	15h	Addres	s (numt	per and st	reet)	<del></del>	·		
12h Address (number and street) 211 MAIN STREET (CONTACT US:415-667-8400)  12l City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT IS  13b Recipient's country code IS  17a State income tax withheld ITb Payer's state tax no. ITc Name of the Contact	12h. Address (number and street) 211 MAIN STREET (CONTACT US:415-667-8400)  12i City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT  13b. Recipient's country code IS  17a State income tax withheld 17b Payer's state tax no. 17c Name of GAL HAYUT  13c Address (number and street) 40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	12f Cour	nin code 142	a Eorolan tov idea	Windian au		1								
211 MAIN STREET (CONTACT US:415-667-8400)  121 City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT  13b Recipient's country code IS  17a State income tax withheld I7b Payer's state tax no. I7c Name of the Contact of th	211 MAIN STREET (CONTACT US:415-667-8400)  121 City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT  13b Recipient's country code IS  17a State income tax withheld 17b Payer's state tax no. 17c Name of SAN HAYUT  13c Address (number and street) 40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEI	121 000	my code 12	ay Foreign (ax iden	uncauon nu	mber, π any	151 (	Jity or 1	own, st	ate or pro	vince, count	ry, ZIP c	or foreign po	stal co	de
211 MAIN STREET (CONTACT US:415-667-8400)  121 City or town, state or province, country, ZiP or foreign postal code SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT IS  13b Recipient's country code IS  17a State income tax withheld I7b Payer's state tax no. 17c Name of the country code income tax withheld I7b Payer's state tax no. 17c Name of the country code income tax withheld I7c Name of the country code income tax withheld I7d Code inco	211 MAIN STREET (CONTACT US:415-667-8400)  121 City or town, state or province, country, ZIP or foreign postal code SAN FRANCISCO, CA 94105  132 Recipient's name GAL HAYUT  133 Recipient's country code IS  134 State income tax withheld 175 Payer's state tax no. 17c Name of IS  136 City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	12h Add	ress (number and s	treet)			16a	Paver's	name	·	···		1465	la carla	TIN
SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT  13c Address (number and street) 40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code	SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT IS  13b Recipient's country code IS  17a State income tax withheld 17b Payer's state tax no. 17c Name of IS  13c Address (number and street) 40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	211 M	AIN STREET (C	ONTACT US:41	5-667-840	00)		,,					100	aye, s	11676
SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT  13c Address (number and street) 40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code	SAN FRANCISCO, CA 94105  13a Recipient's name GAL HAYUT IS  13b Recipient's country code IS  17a State income tax withheld 17b Payer's state tax no. 17c Name of IS  13c Address (number and street) 40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	12i City	or town, state or pri	ovince, country, ZII	or foreign	postal code	16c	Paver's	GliN			164.0	h 3 status cod	a l .164	Ch. A of
GAL HAYUT IS  13c Address (number and street)  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code	GAL HAYUT IS  13c Address (number and street)  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL							,		4.4		1000	ar a demise (e)	"	OH. 4 612
GAL HAYUT IS  13c Address (number and street)  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code	GAL HAYUT IS  13c Address (number and street)  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	13a Rec	ipient's name		13b Recip	ient's country code	17a	State in	ncome t	ax withhe	ti 17b P	aver's ≈	ate tax no	17c 1	lame of
13c Address (number and street) 40 HAPARSA ST TEL AVIV 13d City or town, state or province, country, ZIP or foreign postal code	13c Address (number and street)  40 HAPARSA ST TEL AVIV  13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	GALF	IAYUT		IS										
13d City or town, state or province, country, ZIP or foreign postal code	13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	13c Add	ress (number and stre	et)	<u> </u>	• • • • • • • • • • • • • • • • • • • •		7.22							
13d City or town, state or province, country, ZIP or foreign postal code	13d City or town, state or province, country, ZIP or foreign postal code 6908540 ISRAEL	40 HA	PARSA ST TEL	AVIV											166
	6908540 ISRAEL				P or foreign	postal code									
		COOPE	40 IODAEI	• • •											

# Form **8879**

Department of the Treasury Internal Revenue Service

# IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2019

Taxpayer's name	Social	security number
GAL HAYUT		-96-2703
Spouse's name	Spous	e's social security number
Part   Tax Return Information – Tax Year Ending Dece	mber 31, 2019 (Whole dollars on	ıly)
1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040	· · · · · · · · · · · · · · · · · · ·	
<ul> <li>2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61).</li> <li>3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 line 62a).</li> </ul>	or 1040-SR, line 17; Form 1040-NR,	
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; I		
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, li	ne 75)	. 5
Part II Taxpayer Declaration and Signature Authorization	on (Be sure you get and keep a	copy of your return)
the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the fl applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an Al indicated in the tax preparation software for payment of my federal taxes owed on this return this account. This authorization is to remain in full force and effect until I notify the U.S. Treamust contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required authorize the financial institutions involved in the processing of the electronic pay resolve issues related to the payment. I further acknowledge that the personal identification in my Electronic Funds Withdrawal Consent.	CH electronic funds withdrawal (direct debit) entry in and/or a payment of estimated tax, and the financing asury Financial Agent to terminate the authorization uests must be received no later than 2 business day ment of taxes to receive confidential information no ment of taxes to receive confidential information no ment of the confidential information no	to the financial institution account ial institution to debit the entry to . To revoke (cancel) a payment, I ys prior to the payment (settlement) acessary to answer inquiries and
Taxpayer's PIN: check one box only		
X   authorize EMCA AND PARTNERS LLC	to enter or generate my PIN	02703 as my
ERO firm name		Enter five digits, but don't enter all zeros
signature on my tax year 2019 electronically filed income tax return.		
will enter my PIN as my signature on my tax year 2019 electronicall own PIN <b>and</b> your return is filed using the Practitioner PIN method. T		
Your signature	Date	e <b>&gt;</b>
Spouse's PIN: check one box only		
I authorize	to enter or generate my PIN	
ERO firm name		Enter five digits, but don't enter all zeros
signature on my tax year 2019 electronically filed income tax return.	L. Clark in a constant of the base of the	
I will enter my PIN as my signature on my tax year 2019 electronical own PIN <b>and</b> your return is filed using the Practitioner PIN method.	The ERO must complete Part III below.	x <b>only</b> if you are entering you
Spouse's signature ▶	Dat	e <b>►</b>
Practitioner PIN Method Retu	urns Only – continue below	
Part III Certification and Authentication – Practitioner	PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self	-selected PIN.	98136712345
I certify that the above numeric entry is my PIN, which is my signature for taxpayer(s) indicated above. I confirm that I am submitting this return in and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual	accordance with the requirements of th	ncome tax return for the e Practitioner PIN method
ERO's signature ► RONEN MARCOVICH	Da	te ►
ERO Must Retain This	Form — See Instructions IRS Unless Requested To Do So	
RAA For Panerwork Reduction Act Notice see your tay return instructi		Form <b>8879</b> (201

## **2019 TAX RETURN**

# **GOVERNMENT COPY**

0	lie	nt.
•	lle	HL.

2703

Prepared for:

GAL HAYUT 40 HAPARSA ST TEL AVIV 6908540

**ISRAEL** 

Prepared by:

RONEN MARCOVICH

EMCA AND PARTNERS LLC 350 MOTOR PKWY STE. 300 HAUPPAUGE, NY 11788

646-764-6996

Date:

**AUGUST 25, 2020** 

Comments:

Route to:

FDIL2001L 06/03/19

### EMCA AND PARTNERS LLC 350 MOTOR PKWY STE. 300 HAUPPAUGE, NY 11788 646-764-6996

August 25, 2020

GAL HAYUT 40 HAPARSA ST TEL AVIV, 6908540 ISRAEL

Dear Gal,

Your 2019 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. You will receive a refund of \$435.

Please be sure to call if you have any questions.

Sincerely,

Ronen Marcovich

V DETA	CH HERE V
Form 4868 Application for Autom	atic Extension of Time FDIA4601L 08/13/19
Department of the Treasury Internal Revenue Service (99) For calendar year 2019, or other tax year beginning	Income Tax Return 2019
Racal Sea Identification	Individual Income Tax
	4 Estimate of total tax liability for 2019 . \$ 4음 • 5 Total 2019 payments
GAL HAYUT 40 HAPARSA ST	6 Balance due. Subtract line 5 from line 4 (see instructions)
TEL AVIV 6908540 ISRAEL 2	(see instructions)  8 Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions).  9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding.

# Form 1040-NR

# U.S. Nonresident Alien Income Tax Return Go to www.irs.gov/Form1040NR for instructions and the latest information. For the year January 1—December 31, 2019, or other tax year

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 2019 , 2019, and ending Last name Identifying number (see instructions) HAYUT 946-96-2703 Please Present home address (number and street or rural route). If you have a P.O. box, see instructions. print or type Apt. no. X Individual Check if: 40 HAPARSA ST Estate or Trust City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions, TEL AVIV Foreign country name Foreign province/state/county Foreign postal code ISRAEL 6908540 Filing 1 Reserved 4 Reserved Status 2 X Single nonresident alien Married nonresident alien Check 3 Reserved Qualifying widow(er) (see instructions) only one Child's name ► Depend Dependents: (see instructions) (4) 

√ if qualifies for (see instr.): (2) Dependent's identifying number (3) Dependent's relationship to you -ents (1) First name Child tax credit | Credit for other dependents If more than four dependents, see instructions and check here. Wages, salaries, tips, etc. Attach Form(s) W-2..... 9a Income Effectively 10a Ordinary dividends..... 10 a Connected ..... 10 Ь With U.S. Taxable refunds, credits, or offsets of state and local income taxes (see instructions)..... Trade/ 11 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)..... **Business** 12 13 Business income or (loss). Attach Schedule C (Form 1040 or 1040-SR). 13 14 Cap gain or (loss). Att Sch D (Form 1040 or 1040-SR) if reqd. If not reqd, check here 15 Other gains or (losses). Attach Form 4797..... 17a Pensions and annuities. . . . . 17a 17 b Taxable amount (see instr.)...... 17h Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040 or 1040-SR) -234. Farm income or (loss). Attach Schedule F (Form 1040 or 1040-SR). 19 20 Unemployment compensation ..... Other income. List type and amount (see instructions) 21 22 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income. 23 -234. Educator expenses (see instructions)..... 24 Ad-Health savings account deduction. Attach Form 8889..... justed 25 Moving expenses for members of the Armed Forces. Gross Attach Form 3903..... Income 26 Deductible part of self-employment tax. Attach Schedule SE (Form 1040 or 1040-SR) . . 27 28 29 Self-employed health insurance deduction (see instructions)...... 29 30 21 32 33 34 Add lines 24 through 33..... 35 Adjusted Gross Income. Subtract line 34 from line 23..... Reserved for future use ..... Tax Itemized deductions from page 3, Schedule A, line 8..... and 37 38 Qualified business income deduction. Attach Form 8995 or Form 8995-A..... **Credits** 38 Exemptions for estates and trusts only (see instructions)....

Form 1040	-NR (2019) GAL HAYUT	946-96-2703 Page
Tax	40 Add lines 37 through 39	
and	41 Taxable income. Subtract line 40 from line 35. If zero or less, enter -0-	41 0
Credits	42 Tax (see instr.). Check if any is from Form(s): a 8814 b 4972 c	42 0
(continu		43 0
ed)	44 Excess advance premium tax credit repayment. Attach Form 8962	
	45 Add lines 42, 43, and 44	▶ 45
	46 Foreign tax credit. Attach Form 1116 if required	40
	47 Credit for child and dependent care expenses, Attach Form 2441 47	
	48 Retirement savings contributions credit. Attach Form 8880	
	49 Child tax credit and credit for other dependents	
	(see instructions)	
	50 Residential energy credit. Attach Form 5695	
	51 Other credits from Form: a 3800 b 8801 c 51	
	52 Add lines 46 through 51. These are your total credits.	
	The state of the s	
OH	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 19	54 48
Other Taxes	55 Self-employment tax. Attach Schedule SE (Form 1040 or 1040-SR).	
laxes	56 Unreported social security and Medicare tax from Form: a 4137 b 8919	
	57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if r	equired 57
	58 Transportation tax (see instructions)	58
	59 a Household employment taxes from Schedule H (Form 1040 or 1040-SR)	59a
	b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if re	quired 59 b
	60 Taxes from: a Form 8959 b Instructions; enter code(s)	60
	61 Total tax, Add lines 53 through 60.	> 61 48
	62. Federal income tax withheld from:	
Pay-	a Form(s) W-2 and 1099 62a	
ments	b Form(s) 8805: 62b c Form(s) 8288-A. 62c	
	1 C2 0010	483.
	63 2019 estimated tax payments and amount applied from 2018 return. 63   64 Additional child tax credit. Attach Schedule 8812	
	65 Net premium tax credit, Attach Form 8962	
	66 Amount paid with request for extension to file (see instructions) 66	
	67 Excess social security and tier 1 RRTA tax withheld (see instructions) 67	
	68 Credit for federal tax on fuels. Attach Form 4136	
	69 Credits from Form: a 2439 b Resrvd c 8885 d 69	
1.50	70 Credit for amount paid with Form 1040-C. 70	
	71 Add lines 62a through 70. These are your total payments	
Refund	1/2 If line /1 is more than line 61, subtract line 61 from line 71. This is the amount you	
Direct	/3 a Amt of In /2 you want refunded to you. If Form 8888 is att, ck here ►	
deposit?	b Routing number XXXXXXXXXX ► c Type: Checking	Savings 435.
See instrs.	d Account number XXXXXXXXXXXXXXXXXXXXXXX	
	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter	t here.
	74 Amount of the 70	
Amount	74 Amount of line 72 you want applied to your 2020 estimated tax 74	
You Owe	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see inst	ructions > 75
	76 Estimated tax penalty (see instructions)	
Third Party Designee		Complete below. No
	name RONEN MARCOVICH number 212-302-7900	Personal identification number (PIN) 12345
Sign Her	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements	, and to the best of my knowledge and belief
Keep a cop	Your signature Page 1 Your occurrence Page 1	
of this retur for your	Tour occu	pation in the United States  If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
ecords.	Thurse	enter it here (see instr.)
	Print/Type preparer's name Preparer's signature Date	
Paid	RONEN MARCOVICH RONEN MARCOVICH	Check if PTIN
Preparer	Firm's name EMCA AND PARTNERS LIC	self-employed P01691948
Jse Only	Firm's address 350 MOTOR PKWY STE. 300	Cincle City by A. St. To a second
	HAUPPAUGE, NY 11788	Firm's EIN > 47-5602676
	FDNA0112L 05/27/20	Phone no. 646-764-6996
	A STANCE OF THE	Form 1040-NR (2019)

Kind of property and description (if necessary, ach statement of descriptive details not shown below)

Date acquired (mo., day, yr.)

Date sold (mo., day, yr.)

Date acquired (mo., day, yr.)

Date sold

Date acquired (mo., day, yr.)

Date acquired

18

Form	1040-NR (2019)	GAL HAYUT		* . · · · · . * . · · .	Strage Strage	94	6-96-2703	Page 5
			tule OI—Other I Ansv	ver all questions		ons)		
Α	Of what country or	countries were you a c	itizen or national d	uring the tax year?	ISRAEL			· · · · · · · · · · · · · · · · · · ·
В	in what country did	i you claim residence to	or tax purposes dur	ing the tax year?	ISRAEL			
C D	Have you ever app Were you ever:	lied to be a green card	holder (lawful pern	nanent resident) of	the United S	States?	·····Yes	X No
1.	. A U.S. citizen?							XNo
2	If you answer 'Yes' I	r (lawful permanent re o (1) or (2), see Pub. 51	9, chapter 4, for exp	atriation rules that ar	only to you		Yes	X No
Ε	If you had a visa on	the last day of the tax ye tatus on the last day of	ar, enter your visa t	/pe. If you did not ha	ve a visa, en	-		
F	Have you ever cha	nged your visa type (no	nimmigrant status)	or U.S. immigration	n status?		Yes	XNo
G	List all dates you e	es,' indicate the date a ntered and left the Uni	nd nature of the ch ted States during 2	ange. ► 019. See instruction				
	Note: If you are a re	sident of Canada or Mex	co AND commute to	work in the United S	tates at frequ	ent intervals.		
	check the box for	Canada or Mexico and	skip to item H	•••••	🛮 c	anada 📋 Me:	<b>cico</b>	
	Date entered Unite mm/dd/yy	ed States Date departe	d United States /dd/yy		Date enter	red United States	Date departed Unit	ed States
						7.00	misawyy	
							<u> </u>	
					L		Marie Anna Caraca	
Н	Give number of day	/s (including vacation,	nonworkdays, and i	partial days) you we	ere present i	n the United Stat	es during:	
ı	Did you file a U.S. If 'Yes,' give the la	income tax return for a est year and form num	ny prior year? ber you filed ► 20	18 1040NR	······································		X Yes	No
J	Are you filing a ret	rn for a trust?					Yes	XNo
	person, or receive	have a U.S. or foreign of a contribution from a U	vner under the grant .S. person?	or trust rules, make	a distribution	or loan to a U.S.	Yes	No
K	Did you receive total	al compensation of \$25 an alternative method	0,000 or more during	ng the tax year?			Yes	XNo
L	Income Exempt fro	m Tax-If you are claim plete (1) through (3) belo	ing exemption from	incomo tou undo-	A 11 C	me tax treaty with	Yes ≀a	No
1.	Enter the name of th	e country, the applicable exempt income in the	tay treaty article the	S Million of mandles		you claimed the tr	eaty benefit,	
		(a) Country		(b) Tax treaty a		(c) Number of	(-1) A 1 . C	
			44-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-	(-) run nouty t	į į	nonths claimed prior tax years	(d) Amount of exincome in current	empt lax year
							,	
		<u> </u>						
*								· · · · · · · · · · · · · · · · · · ·
			·				jan e	
	(e) Total. Enter th	is amount on Form 10	10-NR, line 22. Do	not enter it on line	8 or line 12			
2.	Were you subject to	tax in a foreign countr	y on any of the inc	ome shown in 1(d)	above?		X Yes	No
3,	Are you claiming tre If 'Yes,' attach a co	eaty benefits pursuant to by of the Competent A	a a Composions A.s.	ووالعال والمتلاوم وا	_		···· Yes	XNo
1.	Check the applicable This is the first year	Vou are making an ele	ction to treat incon	ne from real proper	ty located in	the United State	s as effectively	
2.	You have made an	election in a previous v	ear that has not be	See instructions, .	t income fre			
	States as effectively	connected with a U.S.	trade or business	under section 871 (c	t income tro d). See instri	m real property louctions	ocated in the United	- X

#### SCHEDULE E

(Form 1040 or 1040-SR)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 2019

Department of the Treasury Internal Revenue Service (99) Attachment Sequence No. 13 ► Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return Your social security number GAL HAYUT 946-96-2703 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)..... XNo If "Yes," did you or will you file required Forms 1099?..... 1 a Physical address of each property (street, city, state, ZIP code) Α В C Type of Property (from list below) 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a 1 b Fair Rental Days **Personal Use Days VI.O** Α A В В qualified joint venture. See instructions. C c Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: R Rents received ..... 3 4 4 Expenses: 5 Advertising..... 5 6 Auto and travel (see instructions)..... 6 7 Cleaning and maintenance ..... R 8 9 9 10 Legal and other professional fees..... 10 234 11 Management fees..... 11 12 Mortgage interest paid to banks, etc. (see instructions)..... 12 13 14 14 15 Supplies ..... 15 16 Taxes..... 16 17 17 18 18 19 Other (list) > 19 Total expenses. Add lines 5 through 19 ...... 20 234 Subtract line 20 from line 3 (rents) and/ or 4 (royalties). If result is a (loss), see instructions to find out if you must file 21 -234 Deductible rental real estate loss after limitation, if any, on 23 a Total of all amounts reported on line 3 for all rental properties..... 23a b Total of all amounts reported on line 4 for all royalty properties..... c Total of all amounts reported on line 12 for all properties..... d Total of all amounts reported on line 18 for all properties..... 23d 234 e Total of all amounts reported on line 20 for all properties..... 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses...... 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here... -234 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.

(Rev. September 2017)

Department of the Treasury Internal Revenue Service

# Treaty-Based Return Position Disclosure Under Section 6114 or 7701(b) Attach to your tax return. Go to www.irs.gov/Form8833 for the latest information.

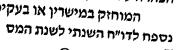
OMB No. 1545-1354

Attach a separate Form 8833 for each treaty-based return position taken. Fa penalty of \$1,000 (\$10,000 in the case of a C corporation) (see section	ailure to dis	sclose a treaty-based return p	osition may result in a
Name		U.S. taxpayer identifying number	Reference ID No., if any (see instructions)
GAL HAYUT		946-96-2703	The state of the s
Address in country of residence	Address in	the United States	
40 HAPARSA ST		•	
TEL AVIV			
6908540, ISRAEL	·		
Check one or both of the following boxes as applicable	L		
• The taxpayer is disclosing a treaty-based return position as require • The taxpayer is a dual-resident taxpayer and is disclosing a treaty-	h		
by regulations section 301.7701(D)-7			
Note: If the taxpayer is a dual-resident taxpayer and a long-term resident, by electing to be trea applicable income tax treaty, the taxpayer will be deemed to have expatriated pursuant to some content of the taxpayer is a LLS efficiency and the taxpayer is a LLS efficiency.	ited as a resi section 877A	dent of a foreign country for purpose. For more information, see the inst	s of claiming benefits under an tructions.
eneck this box it tile taxpayer is a 0.3. citizen of resident or is incorpo	orated in t	he United States	
i Enter the specific treaty position relied on:	3 Nai	ne, identifying number (if a	vailable to the taxpayor) and
a Treaty country ISRAEL		lress in the United States of determinable annual or peri	
b Article(s) 12 (2A)	l	ARLES SCHWAB & CO	
2 List the Internal Revenue Code provision(s) overruled or		-1737782	., INC.
modified by the treaty-based return position	1		NTACT US:415-667-8400)
	C 7	M EDAMOTOCO CA O	410=
4 List the provision(s) of the limitation on benefits article (if any) in the t	reaty that	the taxpaver relies on to prevent	ent application of
that article			
5 Is the taxpayer disclosing a treaty-based return position for which to Regulations section 301,6114-1(b)?			
If 'Yes,' enter the specific subsection(s) of Regulations section 30 Also include the information requested in line 6.			
6 Explain the treaty-based return position taken. Include a brief sur amount (or a reasonable estimate) of gross receipts, each separate gr (as applicable) for which the treaty benefit is claimed  THE RATE OF TAX IMPOSED BY ONE OF THE CON-	uss payme	int, each separate gross incor	me item, or other item
300KCE3			
WITHIN THAT CONTRACTING STATE BY A RES			
(A) 25 PERCENT OF THE GROSS AMOUNT OF	THE D	VIDEND PAID:	
***************************************			

יש לצרף לדו"ח השנתי שני עותקים של טופס זה

# הצהרה על החזקה בחבר בני אדם תושב חוץ

המוחזק במישרין או בעקיפין<sup>(1)</sup>





פרטים מזהים

ACE UNV.		דמפרבוניי	יוץ") (סמוזי א	ייקרא "חבר	שב חוץ (להלן	<u>ו &gt;  </u> לגבי זכויות בחבר בני אדם תוי	
			te e	חבר חוץ א		לגבי זכויות בוובו בל ייי	פרטים
			DDD	- 1 /	4	בר החוץ המוחזק	
			2000	16	L	בר החוץ <i>הבוויטין</i> ר החוץ (s)	פרטיח
		+-				ר החוץ בלועזית <sup>(3)</sup>	
		C7	71.4	1	, .		
		<u> </u>		1		רישום בחו"ל(4)	
		_ M	al to	<del></del>	<u>ii</u>	זיהוי לצורכי מס בתו"ל (TIN)	מספר
		M	11+0			ו ההתאגדות	מדינו
		Pall	20 Pi	etro 6	tiges 10	ו התושבות	מדיגר
		1		2	cryes 10	ת משרדי חבר החוץ(5)	
וקור 🗖 לא שקור	ספע	1740	ug wit	ZNL i	2018	ת משרדי חבר החוץ ליו רכישת הוכויות פו לב	Valle aux
בלא			לא שקור	קוף 🏌	כן שי	ליררי מס	142
	כן 🖸 כן	1	לא 🗆		<b>ह</b> िंद	ים המושבות(/)	N710-
			100.	0 1015		החוץ ממוסה במדינת התושבות בנסות שהפיק מחוצה לה	אלת חברו
		0.0	Jan 11 I	7.		בת למשלוח דואר	כתונ
		Jack	112 00	yma	il. Com	בת דואר אלקטרוני <sup>(8)</sup>	
- 04 חבר חוץ			tr-10.	3000 4	100	יר טלפון	
			117	04 - תבר ר		ישות	
	1 1 1	1	4				
מבנות בסיבית		Fool	& R	16 -54		יר מזהת ישראלי שניתן לחבר החוץ <sup>(9)</sup>	
7170	v 🖸		פסיבית	evora	es	ום עיסוק מרכזי <sup>(10)</sup>	תח
ם כן טלא	-			<b>טקית</b>	y &	י הפעילות העיקרית <sup>(11)</sup>	אוו
ם כן ם לא				<b>D</b> cl		רה נשלטת זרה (CFC)!(CFC)	
ם כן ם לא			לא	Dcl		ב ההכנסות פסיביות <sup>(13)</sup>	
ם כן ם כלא			לא	🖸 cf		ב הרווחים פסיביים(14)	,
12.00			ַלא 🗹	□ cſ			
p. 1			לא 🔾	13.SC		יעור המס בפועל קטן מ- 5% (נו)	ש
			לא			וב אמצעי השליטה בידי ישראלים <sup>(16)</sup>	ורו
כן 🖸 לא			לא <b>צ</b> לא	<u> </u>		וברת משלח יד זרה(יזו)	_
ם כן בלא			10,23	<u> </u>		ייסוק במשלח יד מיוחד <sup>(18)</sup>	
			לא 🔾	12 <b>)S</b> (C)		75% ויותר מאמצעי השליטה	-
			לא	<b>D</b> cq		בידי ישראלים	ı J
םכן םלא	1		לא 🔀			50% מבעלי המניות עוסקים במשלת יד מיוחד	1
ם כן בלא				D cq		30% ויותר מזכויות חבר החוץ רשומות למסחר בבורסה <sup>(19)</sup>	-1
			אא	D Cl		מיווענ מוערה/תברי דירקטוו יון	
גילות זכות אחרות (22), פרט/י דכוות שנה (23) בינות שנה (23) הנבוה בשנה	מניות ו					כוללים תושבי ישראל(מב)	
הגבוה בשנה (24) בסוף שנה (23) הגבוה בשנה		ט/י , הגבוה בשנה <sup>(</sup>	זכות אחרות <sup>(22)</sup> , פרי בסוף שנה <sup>(23)</sup>	ילות (2a)	מניות רג	פרטי החזקה(21)	
			Toll awa	הגבוה בשנה(24)	בסוף שנה(23)	סוג הזכויות המוחזקות	
				011	-	כמות החזקה בזכויות / מניות	
				0.3>	0.7%	שיעור הזכויות לריווחי חבר החוץ	
						שיעור הזכויות לנכסים בפירוק	
	_	İ	T			שיעור הזכויות בהצבעה זכויות נוספות <sup>(25)</sup> , פרט/י	
				į		זכויות נוטפונוים. בי די	
				· · · · · · · · · · · · · · · · · · ·	6		
חתימה	תפקיד	_		√ <u>√</u>	6	12/9/10	٠



31/01/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.



בברכה, **ברוך ליברמן חברים לרפואה** 

חברים לרפואה ע"ר 8-040-874-8

נייר 8-040-874-8 מקור - מסמך ממוחשב

31/01/2019

תרומה מס 1140585259/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

D#111 200 00

**סך של:** 200.00 ש"ח

בתאריך 31/01/2019

סכום במילים : מאתיים ש"ח בלבד

א.תשלום: סכום תשלומים בנק מס סניף חשבון/סוג כ.א. המחאה/כ.א. תאריך פרעון פרויקט פרויס מערך סיוע בתרופות 1035 מערך סיוע בתרופות 1035 מערך סיוע בתרופות





28/02/2019

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.



בברכה, חברים לרפואה

חברים לרפואה ע"ר 8-040-874-8

מקור - מסמך ממוחשב 28/02/2019

1140588434/2019 תרומה מס

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

200.00 ש"ח סר של:

28/02/2019 בתאריך

סכום במילים: מאתיים ש"ח בלבד

המחאה/כ.א. מס סניף חשבון/סוג כ.א. תשלומים בנק סכום א.תשלום: תאריך פרעון פרויקט מערך סיוע בתרופות 28/02/2019 1035 1 200.00 ש"ח כרטיס אשראי





28/03/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.



בברכה,

חברים לרפואה ע"ר 874-874-8

מקור - מסמך ממוחשב

מערך סיוע בתרופות 28/03/2019

28/03/2019

1140591326/2019 תרומה מס

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

200.00 ש"ח

:סך של

28/03/2019 בתאריך

1035

סכום במילים: מאתיים ש"ח בלבד

<u>תשלומים בנק</u> א.תשלום: סכנם המחאה/כ.א. מס סניף חשבון/סוג כ.א. תאריך פרעון פרויקט 200.00 ש"ח כרטיס אשראי



28/04/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.



בברכה, **ברוך ליברמן חברים לרפואה** 

חברים לרפואה ע"ר 58-040-874-8 **מקור - מסמך ממוחשב** 

28/04/2019

תרומה מס 1140593957/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

200.00 ש"ח

סך של: 200.00

28/04/2019 בתאריך

סכום במילים: מאתיים ש"ח בלבד

א.תשלום: סכום תשלומים בנק מס סניף חשבון/סוג כ.א. המחאה/כ.א. תאריך פרעון פרויקט פרטיס אשראי 28/04/2019 1 מערך סיוע בתרופות



28/05/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.

مرمودم

בברכה, **ברוך ליברמן** חברים לרפואה

חברים לרפואה ע"ר 58-040-874-8

**עותק - מסמך ממוחשב** 28/05/2019 תרומה מס 1140597786/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

:סר של

תל אביב - יפו 6908540, ישראל

28/05/2019 בתאריך 200.00

סכום במילים: מאתיים ש"ח בלבד

 א.תשלום:
 סכום
 תשלומים
 בנק
 מס סניף
 חשבון/סוג כ.א.
 המחאה/כ.א.
 תאריך פרעון
 פרויקט

 כרטיס אשראי
 1000.00 ש"ח
 1
 200.00
 מערך סיוע בתרופות



30/06/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.



חברים לרפואה ע"ר 8-040-874-8

עותק - מסמך ממוחשב 30/06/2019

1140603248/2019 תרומה מס

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

200.00 ש"ח סך של:

סכום במילים: מאתיים ש"ח בלבד

30/06/2019 בתאריך

המחאה/כ.א.

תשלומים בנק

סכום

א,תשלום:

תאריך פרעון פרויקט מערך סיוע בתרופות 30/06/2019

1035

מס סניף חשבון/סוג כ.א.

200.00 ש"ח

כרטיס אשראי















31/07/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבר.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.



בברכה, **ברוך ליברמן** חברים לרפואה

חברים לרפואה ע"ר 58-040-874-8

**מקור - מסמך ממוחשב** 31/07/2019 תרומה מס 1140608754/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

סך של:

תל אביב - יפו 6908540, ישראל

200.00 ש"ח בתאריך 200.00

סכום במילים : מאתיים ש"ח בלבד

<u>א.תשלום:</u> <u>סכום</u> <u>תשלומים בנק מס סניף חשבון/סוג כ.א.</u> <u>המחאה/כ.א. תאריך פרעון פרויקט</u> כרטיס אשראי 200.00 ש"ח 1 מערך סיוע בתרופות















28/08/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.



בברכה, <mark>ברוך ליברמן</mark> חברים לרפואר

חברים לרפואה ע"ר 58-040-874-8

מקור - מסמך ממוחשב 28/08/2019 תרומה מס | 1140612139/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

28/08/2019 בתאריך

200.00 ש"ח

סך של:

סכום במילים: מאתיים ש"ח בלבד

א.תשלום: סכום תשלומים בנק מס סניף חשבון/סוג כ.א. המחאה/כ.א. תאריך פרעון פרויקט פרויקט מס סניף מס סניף מס סניף מערך סיוע בתרופות ברטיס אשראי 28/08/2019 מערך סיוע בתרופות















26/09/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.

בברכת שנה טובה ומבורכת,

ברוך ליברמן חברים לרפואה

חברים לרפואה ע"ר 58-040-874-8

מקור - מסמך ממוחשב

26/09/2019

תרומה מס 1140616696/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

סר של:

תל אביב - יפו 6908540, ישראל

200.00 ש"ח בו

בתאריך 26/09/2019

סכום במילים: מאתיים ש"ח בלבד

<u>א.תשלום:</u> <u>סכום</u> <u>תשלומים בנק מס סניף חשבון/סוג כ.א.</u> <u>המחאה/כ.א. תאריך פרעון פרויקט</u> ברטיס אשראי 200.00 ש"ח 1 1 355















30/10/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 200.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.

مرمودم

בברכה,

ברוך ליברמן חברים לרפואה

חברים לרפואה ע"ר 58-040-874-8

מקור - מסמך ממוחשב

30/10/2019

תרומה מס 1140620229/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

בתאריך 30/10/2019

200.00 ש"ח

סך של:

סכום במילים: מאתיים ש"ח בלבד

א.תשלום: סכום תשלומים בנק מס סניף חשבון/סוג כ.א. <u>המחאה/כ.א. תאריך פרעון פרויקט פרויקט</u> מערך סיוע בתרופות 1035 מערך סיוע בתרופות 1 200.000 ש"ח















28/11/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 220.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.

בברכה,

ברוך ליברמן חברים לרפואה

חברים לרפואה ע"ר 58-040-874-8

מקור - מסמך ממוחשב

28/11/2019

תרומה מס 1140624181/2019

התקבל מ: חיות אחזקות בע"מ-כרמית חיות

הפרסה 40

תל אביב - יפו 6908540, ישראל

22 ש"ח

**סך של:** 220.00 ש"ח

סכום במילים : מאתיים עשרים ש"ח בלבד

**א.תשלום: סכום תשלומים בנק מס סניף חשבון/סוג כ.א. המחאה/כ.א. תאריך פרעון פרויקט** פרטיס אשראי 220,000 ש"ח 1 1 28/11/2019 מערך סיוע בתרופות

28/11/2019 בתאריך















29/12/2019

#### לכבוד

חיות אחזקות בע"מ-כרמית חיות הפרסה 40 תל אביב - יפו 6908540, ישראל

#### חברים מודים

תודה מקרב לב, על תרומתך בסך 220.00 ש"ח עבור מערך סיוע בתרופות יקרות

בעזרתך, אנחנו מצליחים יותר במשימות המתבקשות למען מי שמגיע לו ואינו יכול לבד, ככה זה בין חברים.

איתך, הרבה יותר טוב וקל ב"חברים" ועל כך תודתנו הנרגשת והערכתנו על טוב ליבך.

ה"חברים" נושאים לך ברכה טובה להצלחה בכל.

בברכה,

ברוך ליברמן חברים לרפואה

חברים לרפואה 58-040-874-8 ע"ר

מקור - מסמך ממוחשב 29/12/2019

1140627752/2019 תרומה מס

חיות אחזקות בע"מ-כרמית חיות התקבל מ:

הפרסה 40

תל אביב - יפו 6908540, ישראל

29/12/2019 בתאריך

220.00 ש"ח

:סך של

סכום במילים: מאתיים עשרים ש"ח בלבד

תאריך פרעון פרויקט המחאה/כ.א. מס סניף חשבון/סוג כ.א. תשלומים <u>בנק</u> סכום א.תשלום: מערך סיוע בתרופות 29/12/2019 1035 220,00 ש"ח כרטיס אשראי













# העמותה לתמיכה בחולי קרוהן וקוליטיס כיבית

יוקנעם 5, תל אביב 67443 יוקנעם 5

עמותה רשומה 580249514

: לכבוד

חיות אחזקות בעמ - כרמית חיות

.HaParsa st 40

Tel Aviv

מיקוד / ת.ד. 6908540

514147818 .9.n

נייד:0544902266 carmit.hayut@gmail.com

מקור

16/04/2019 : תאריך

קבלה מספר 58962

סה"כ	כמות	תאור	קוד פריט
₪200:00	1.00	העמותה - כללי	021

סה"כ שקל חדש 200.00₪

. למוסד אישור מס הכנסה לעניין תרומות סעיף 46 א'

#### אופן התשלום:

(NIS) 200.00₪ : כרטיס אשראי: •

#### פירוט כרטיסי אשראי

(NIS) (40316432) ₪ (200.00 סכום 1 סכום 1 אופן חיוב אשראי רגיל | מספר תשלומים 1 | סכום 1035 ₪

\* מסמך ממוחשב \* תיכנון וישום: חברת קארדקום בע"מ http://www.cardcom.co.il



לכבוד גל חיות הפרסה 40 תל אביב 69085

א:ג.נ.,

## הנדון: פיננסים דירקט לנדינג פאנד, שותפות מוגבלת אישור על ניכוי מס במקור לשנת 2019

שם: פיננסים דירקט לנדינג פאנד, שותפות מוגבלת

סמ היסמין 1 רמת גן 5225901 <u>כתובת:</u>

מס׳ חברה: 550265151

<u>תיק ניכויים:</u> 939797692

מ- 1/2/2019 עד- 201/2019 מ- 201/01/2019 מר 201/2019

ניכוי מס במקור:

מסי תיק: 59749945

שם: גל חיות כתובת: הפרסה 40

עיר: תל אביב 69085

שיעור מס מס שנוכה במקור

הכנסה מריבית והפרשי הצמדה 2,083 回 479 回 הכנסה מריבית מחו"ל 25,785 回 25,446 回

סה"כ מס על הרווחים

פיננסים המלון לבעלי תמקידים בשוק אחור בעיים קיצ. לאנ1803

השותף הכללי

ADJING MIGHT (TING) STOTO GRANT DIRECT LEMENTA FOND
LIMITED PARTNERSHIP
550265151

שותפות מוגבלת