

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Patronage dividends \$	OMB No. 1545-0118	
		2 Nonpatronage distributions \$	Form 1099-PATR (Rev. January 2023)	
		3 Per-unit retain allocations \$	For calendar year 20 ____	
PAYER'S TIN	RECIPIENT'S TIN	4 Federal income tax withheld \$	5 Redeemed nonqualified notices \$	
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		6 Section 199A(g) deduction \$	7 Qualified payments (Section 199A(b)(7)) \$	
		8 Section 199A(a) qual. items \$	9 Section 199A(a) SSTB items \$	
		10 Investment credit \$	11 Work opportunity credit \$	
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	12 Other credits and deductions \$	13 Specified Coop <input type="checkbox"/>	

**Taxable
Distributions
Received From
Cooperatives**

**Copy C
For Payer**

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**current General
Instructions for
Certain Information
Returns.**