8181	☐ VOID ☐ CORRI	ECTED	0.45.4	
RECIPIENT'S/LENDER'S name, stree province, country, ZIP or foreign post			OMB No. 1545-1380 Form 1098	Mortgage
			(Rev. April 2025)	Interes
			For calendar year	Statemen
		1 Mortgage interest received	from payer(s)/borrower(s)	Copy A
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal \$	3 Mortgage origination date	Internal Revenue Service Center
		4 Refund of overpaid interest	5 Mortgage insurance premiums	For filing information
PAYER'S/BORROWER'S name		\$	\$	Privacy Act
		6 Points paid on purchase o	f principal residence	and Paperwork Reduction Ac Notice, see the
Street address (including apt. no.)			securing mortgage is the same address, check the box, or enter box 8.	Genera Instructions fo Certair Information
City or town, state or province, count	ry, and ZIP or foreign postal code	8 Address or description of instructions)	property securing mortgage (see	Returns www.irs.gov/Form1099
9 Number of properties securing the mortgage	10 Other			
Account number (see instructions)				11 Mortgage acquisition date
Form 1098 (Rev. 4-2025) Do Not Cut or Separa t	Cat. No. 14402K te Forms on This Page	www.irs.gov/Form109 e — Do Not Cu		

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PAYER'S name, street address, city or town, state or pro- or foreign postal code, and telephone no.	vince, country, ZIP	1a T	Total o	ordina	ry divider	nds	OME	3 No. 1545-0	110	
		\$					Form	1099-D	VIV	Dividends and
		1b (Qualific	ed div	/idends		(Rev	v. January 20	124)	Distributions
							Fo	r calendar ye	ar	
		\$								
			Total c	apital	I gain dis	tr.		Unrecap. Sed	c. 1250 gain	Copy A
		\$	0	- 100	0!		\$	0-11	000()!	For Internal Revenue
PAYER'S TIN RECIPIENT'S TIN		2C S	Sectio	n 120	2 gain		\$	Collectibles (28%) gain	Service Center
		2e S	Section	897 or	dinary divi	idends	<u> </u>	Section 897 c	apital gain	-
		\$					\$		J	File with Form 1096.
RECIPIENT'S name		3 1	Nondiv	/idenc	d distribu	itions	4 Federal income tax withheld		ne tax withheld	
		\$					\$			For Privacy Act and Paperwork
		5 8	Section	n 199	A dividen	nds		Investment e	xpenses	Reduction Act
Street address (including apt. no.)		\$		<u>.</u>			\$			Notice, see the
		7 F	Foreigr	n tax ¡	paid		8	-oreign country o	or U.S. possession	current General
City or town, state or province, country, and ZIP or foreign	n postal code	\$								Instructions for Certain
	•	<u> </u>	Cash lic	quidati	ion distrib	outions	10	Noncash liquida	ation distributions	
		\$					\$			Returns.
	11 FATCA filing requirement	12 E	Exemp	ot-inte	rest divid	dends		Specified privipond interest		
		\$					\$			
Account number (see instructions)	2nd TIN not.	14 5	State	15 8	State identific	cation no.	16	State tax with	nheld	1
		L					\$			
							\$			

Form **1099-DIV** (Rev. 1-2024) Form 1099-DIV (Rev. 1-2024)

Cat. No. 14415N

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	OMB No. 1545-0112	OM	Payer's RTN (optional)	, country, ZIP	vn, state or province,	PAYER'S name, street address, city or or foreign postal code, and telephone r		
Interest	orm 1099-INT	Forr				,		
Income	(Rev. January 2024)	(Re	1 Interest income					
	For calendar year	Fo	\$					
Сору А			2 Early withdrawal penalty					
			\$		CIPIENT'S TIN	PAYER'S TIN		
For Internal Revenue Service Center	d Treasury obligations	ds and T	3 Interest on U.S. Savings Bon					
			\$					
File with Form 1096.	estment expenses	5 Invest	4 Federal income tax withheld			RECIPIENT'S name		
For Privacy Act	eign country or U.S. territory	7 Foreign	6 Foreign tax paid					
and Paperwork			\$			Street address (including apt. no.)		
Reduction Act Notice, see the	8 Tax-exempt interest 9 Specified private activity bond interest		8 Tax-exempt interest					
current General		\$		tal code	nd ZIP or foreign pos	City or town, state or province, country		
Instructions for Certain	and premium	11 Bond	10 Market discount					
Information		\$	117	FATCA filing				
Returns.	nd premium on tax-exempt bond	13 Bond p	12 Bond premium on Treasury obligations \$	requirement				
17 State tax withheld	te 16 State identification no.	15 State	14 Tax-exempt and tax credit bond CUSIP no.	2nd TIN not.		Account number (see instructions)		
Internal Revenue Service	partment of the Treasury -	Denar	www.irs.gov/Form1099INT		Cat No. 14410K	Form 1099-INT (Rev. 1-2024)		

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8181	☐ VOID ☐ CORRI	ECTED	0.45.4	
RECIPIENT'S/LENDER'S name, stree province, country, ZIP or foreign post			OMB No. 1545-1380 Form 1098	Mortgage
			(Rev. April 2025)	Interes
			For calendar year	Statemen
		1 Mortgage interest received	from payer(s)/borrower(s)	Copy A
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal \$	3 Mortgage origination date	Internal Revenue Service Center
		4 Refund of overpaid interest	5 Mortgage insurance premiums	For filing information
PAYER'S/BORROWER'S name		\$	\$	Privacy Act
		6 Points paid on purchase o	f principal residence	and Paperwork Reduction Ac Notice, see the
Street address (including apt. no.)			securing mortgage is the same address, check the box, or enter box 8.	Genera Instructions fo Certair Information
City or town, state or province, count	ry, and ZIP or foreign postal code	8 Address or description of instructions)	property securing mortgage (see	Returns www.irs.gov/Form1099
9 Number of properties securing the mortgage	10 Other			
Account number (see instructions)				11 Mortgage acquisition date
Form 1098 (Rev. 4-2025) Do Not Cut or Separa t	Cat. No. 14402K te Forms on This Page	www.irs.gov/Form109 e — Do Not Cu		

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PAYER'S name, street address, city or town, state or pro- or foreign postal code, and telephone no.	vince, country, ZIP	1a T	Total o	ordina	ry divider	nds	OME	3 No. 1545-0	110	
		\$					Form	1099-D	VIV	Dividends and
		1b (Qualific	ed div	/idends		(Rev	v. January 20	124)	Distributions
							Fo	r calendar ye	ar	
		\$								
			Total c	apital	I gain dis	tr.		Unrecap. Sed	c. 1250 gain	Copy A
		\$	0	- 100	0!		\$	0-11	000()!	For Internal Revenue
PAYER'S TIN RECIPIENT'S TIN		2C S	Sectio	n 120	2 gain		\$	Collectibles (28%) gain	Service Center
		2e S	Section	897 or	dinary divi	idends	<u> </u>	Section 897 c	apital gain	-
		\$					\$		J	File with Form 1096.
RECIPIENT'S name		3 1	Nondiv	/idenc	d distribu	itions	4 Federal income tax withheld		ne tax withheld	
		\$					\$			For Privacy Act and Paperwork
		5 8	Section	n 199	A dividen	nds		Investment e	xpenses	Reduction Act
Street address (including apt. no.)		\$		<u>.</u>			\$			Notice, see the
		7 F	Foreigr	n tax ¡	paid		8	-oreign country o	or U.S. possession	current General
City or town, state or province, country, and ZIP or foreign	n postal code	\$								Instructions for Certain
	•	<u> </u>	Cash lic	quidati	ion distrib	outions	10	Noncash liquida	ation distributions	
		\$					\$			Returns.
	11 FATCA filing requirement	12 E	Exemp	ot-inte	rest divid	dends		Specified privipond interest		
		\$					\$			
Account number (see instructions)	2nd TIN not.	14 5	State	15 8	State identific	cation no.	16	State tax with	nheld	1
		L					\$			
							\$			

Form **1099-DIV** (Rev. 1-2024) Form 1099-DIV (Rev. 1-2024)

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	OMB No. 1545-0112	OM	Payer's RTN (optional)	, country, ZIP	vn, state or province,	PAYER'S name, street address, city or or foreign postal code, and telephone r		
Interest	orm 1099-INT	Forr				,		
Income	(Rev. January 2024)	(Re	1 Interest income					
	For calendar year	Fo	\$					
Сору А			2 Early withdrawal penalty					
			\$		CIPIENT'S TIN	PAYER'S TIN		
For Internal Revenue Service Center	d Treasury obligations	ds and T	3 Interest on U.S. Savings Bon					
			\$					
File with Form 1096.	estment expenses	5 Invest	4 Federal income tax withheld			RECIPIENT'S name		
For Privacy Act	eign country or U.S. territory	7 Foreign	6 Foreign tax paid					
and Paperwork			\$			Street address (including apt. no.)		
Reduction Act Notice, see the	8 Tax-exempt interest 9 Specified private activity bond interest		8 Tax-exempt interest					
current General		\$		tal code	nd ZIP or foreign pos	City or town, state or province, country		
Instructions for Certain	and premium	11 Bond	10 Market discount					
Information		\$	117	FATCA filing				
Returns.	nd premium on tax-exempt bond	13 Bond p	12 Bond premium on Treasury obligations \$	requirement				
17 State tax withheld	te 16 State identification no.	15 State	14 Tax-exempt and tax credit bond CUSIP no.	2nd TIN not.		Account number (see instructions)		
Internal Revenue Service	partment of the Treasury -	Denar	www.irs.gov/Form1099INT		Cat No. 14410K	Form 1099-INT (Rev. 1-2024)		

Form 1099-INT (Rev. 1-2024)

Cat. No. 14410K

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22222 VOID 🗌 a	a Employee's social security number	For Official Use Only OMB No. 1545-0029						
b Employer identification number (EIN	N)	1 Wag	1 Wages, tips, other compensation 2 Federal income tax withheld					
c Employer's name, address, and ZIF	P code	3 Soc	3 Social security wages 4 Social security tax withheld					
		5 Me	dicare wages and tips	6 Medicare tax withheld				
		7 Soc	cial security tips	8 Allocated tips				
d Control number		9	9 10 Dependent care benefits					
e Employee's first name and initial	I Last name Suff.			nqualified plans	12a See instructions for box 12			
			13 Statu	13 Statutory employee plan Third-party sick pay Statutory employee Statutory Plan Statutory Sick pay Sick p				
			14 Oth	er	12c			
					12d C g d			
f Employee's address and ZIP code								
15 State Employer's state ID number	16 State wages, tips, etc.	17 State inco	me tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			

Form **W-2** Wage and Tax Statement



Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

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RECIPIENT'S/LENDER'S name, stree province, country, ZIP or foreign post			OMB No. 1545-1380 Form 1098	Mortgage
			(Rev. April 2025)	Interes
			For calendar year	Statemen
		1 Mortgage interest received	from payer(s)/borrower(s)	Copy A
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal \$	3 Mortgage origination date	Internal Revenue Service Center
		4 Refund of overpaid interest	5 Mortgage insurance premiums	For filing information
PAYER'S/BORROWER'S name		\$	\$	Privacy Act
		6 Points paid on purchase o	f principal residence	and Paperwork Reduction Ac Notice, see the
Street address (including apt. no.)			securing mortgage is the same address, check the box, or enter box 8.	Genera Instructions fo Certair Information
City or town, state or province, count	ry, and ZIP or foreign postal code	8 Address or description of instructions)	property securing mortgage (see	Returns www.irs.gov/Form1099
9 Number of properties securing the mortgage	10 Other			
Account number (see instructions)				11 Mortgage acquisition date
Form 1098 (Rev. 4-2025) Do Not Cut or Separa t	Cat. No. 14402K te Forms on This Page	www.irs.gov/Form109 e — Do Not Cu		

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PAYER'S name, street address, city or town, state or pro- or foreign postal code, and telephone no.	vince, country, ZIP	1a T	Total o	ordina	ry divider	nds	OME	3 No. 1545-0	110	
		\$					Form	1099-D	VIV	Dividends and
		1b (Qualific	ed div	/idends		(Rev	v. January 20	124)	Distributions
							Fo	r calendar ye	ar	
		\$								
			Total c	apital	I gain dis	tr.		Unrecap. Sed	c. 1250 gain	Copy A
		\$	0	- 100	0!		\$	0-11	000()!	For Internal Revenue
PAYER'S TIN RECIPIENT'S TIN		2C S	Sectio	n 120	2 gain		\$	Collectibles (28%) gain	Service Center
		<u>2e</u> S	Section	897 or	dinary divi	idends	<u> </u>	Section 897 c	apital gain	-
		\$					\$		J	File with Form 1096.
RECIPIENT'S name		3 1	Nondiv	/idenc	d distribu	itions	4 Federal income tax withheld		ne tax withheld	
		\$					\$			For Privacy Act and Paperwork
		5 8	Section	n 199	A dividen	nds		Investment e	xpenses	Reduction Act
Street address (including apt. no.)		\$		<u>.</u>			\$			Notice, see the
		7 F	Foreigr	n tax ¡	paid		8	-oreign country o	or U.S. possession	current General
City or town, state or province, country, and ZIP or foreign	n postal code	\$								Instructions for Certain
	•	<u> </u>	Cash lic	quidati	ion distrib	outions	10	Noncash liquida	ation distributions	
		\$					\$			Returns.
	11 FATCA filing requirement	12 E	Exemp	ot-inte	rest divid	dends		Specified privipond interest		
		\$					\$			
Account number (see instructions)	2nd TIN not.	14 5	State	15 8	State identific	cation no.	16	State tax with	nheld	1
		L					\$			
							\$			

Form **1099-DIV** (Rev. 1-2024) Form 1099-DIV (Rev. 1-2024)

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	OMB No. 1545-0112	OM	Payer's RTN (optional)	, country, ZIP	vn, state or province,	PAYER'S name, street address, city or or foreign postal code, and telephone r		
Interest	orm 1099-INT	Forr				,		
Income	(Rev. January 2024)	(Re	1 Interest income					
	For calendar year	Fo	\$					
Сору А			2 Early withdrawal penalty					
			\$		CIPIENT'S TIN	PAYER'S TIN		
For Internal Revenue Service Center	d Treasury obligations	ds and T	3 Interest on U.S. Savings Bon					
			\$					
File with Form 1096.	estment expenses	5 Invest	4 Federal income tax withheld			RECIPIENT'S name		
For Privacy Act	eign country or U.S. territory	7 Foreign	6 Foreign tax paid					
and Paperwork			\$			Street address (including apt. no.)		
Reduction Act Notice, see the	8 Tax-exempt interest 9 Specified private activity bond interest		8 Tax-exempt interest					
current General		\$		tal code	nd ZIP or foreign pos	City or town, state or province, country		
Instructions for Certain	and premium	11 Bond	10 Market discount					
Information		\$	117	FATCA filing				
Returns.	nd premium on tax-exempt bond	13 Bond p	12 Bond premium on Treasury obligations \$	requirement				
17 State tax withheld	te 16 State identification no.	15 State	14 Tax-exempt and tax credit bond CUSIP no.	2nd TIN not.		Account number (see instructions)		
Internal Revenue Service	partment of the Treasury -	Denar	www.irs.gov/Form1099INT		Cat No. 14410K	Form 1099-INT (Rev. 1-2024)		

Form 1099-INT (Rev. 1-2024)

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22222 VOID 🗌 a	a Employee's social security number	For Official Use Only OMB No. 1545-0029						
b Employer identification number (EIN	N)	1 Wag	1 Wages, tips, other compensation 2 Federal income tax withheld					
c Employer's name, address, and ZIF	P code	3 Soc	3 Social security wages 4 Social security tax withheld					
		5 Me	dicare wages and tips	6 Medicare tax withheld				
		7 Soc	cial security tips	8 Allocated tips				
d Control number		9	9 10 Dependent care benefits					
e Employee's first name and initial	I Last name Suff.			nqualified plans	12a See instructions for box 12			
			13 Statu	13 Statutory employee plan Third-party sick pay Statutory employee Statutory Plan Statutory Sick pay Sick p				
			14 Oth	er	12c			
					12d C g d			
f Employee's address and ZIP code								
15 State Employer's state ID number	16 State wages, tips, etc.	17 State inco	me tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			

Form **W-2** Wage and Tax Statement



Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
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