			ECTED		U VOID	9292		
	MB No. 1545-0112	OM	Payer's RTN (optional)	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				
Interest	rm 1099-INT	Forr						
Income	Rev. January 2024)	(Re	1 Interest income					
	or calendar year	Fo	\$					
Сору А			2 Early withdrawal penalty					
			\$		CIPIENT'S TIN	PAYER'S TIN		
For Internal Revenue Service Center	Treasury obligations	ds and T	3 Interest on U.S. Savings Bon					
			\$					
File with Form 1096.	stment expenses	5 Invest	4 Federal income tax withheld	RECIPIENT'S name				
For Privacy Act	ign country or U.S. territory	7 Foreign	6 Foreign tax paid					
and Paperwork			\$			Street address (including apt. no.)		
Reduction Act Notice, see the	cified private activity bond rest	9 Speci- intere	8 Tax-exempt interest					
current General	\$		\$	tal code	nd ZIP or foreign pos	City or town, state or province, country		
Instructions for Certain	nd premium	11 Bond	10 Market discount					
Information		\$	117	FATCA filing				
Returns.	d premium on tax-exempt bond	13 Bond p	12 Bond premium on Treasury obligations \$	requirement				
17 State tax withheld	e 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	artment 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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Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, cit or foreign postal code, and telepho		rince, country, ZIP	1a Total o	ordinary dividends	OMB No. 1545-0110	
or rereign postar sode, and telepho	no no.		\$		Form 1099-DIV	Dividends and
			1b Qualif	ied dividends	(Rev. January 2024)	Distributions
					For calendar year	
			\$			
				capital gain distr.	2b Unrecap. Sec. 1250 gain	Copy A
			\$		\$	_ Fo
PAYER'S TIN	RECIPIENT'S TIN		2c Section	n 1202 gain	2d Collectibles (28%) gain	Internal Revenue Service Center
			\$		\$	Service Certic
				897 ordinary dividends	2f Section 897 capital gain	File with Form 1096
			\$		\$	
RECIPIENT'S name			3 Nondi	vidend distributions	4 Federal income tax withhel	
			\$		\$	For Privacy Ac and Paperwork
			5 Section	n 199A dividends	6 Investment expenses	Reduction Ac
Street address (including apt. no.)			\$		\$	Notice, see the
			7 Foreig	n tax paid	8 Foreign country or U.S. possession	current Genera
			1.			Instructions fo
City or town, state or province, cou	intry, and ZIP or foreign	n postal code	\$			Certair
			9 Cash li	quidation distributions	10 Noncash liquidation distribution	Information
			\$		\$	Returns
		11 FATCA filing requirement	12 Exemp	ot-interest dividends	13 Specified private activity bond interest dividends	
			\$		\$	
Account number (see instructions)		2nd TIN not.	14 State	15 State identification no.	16 State tax withheld	1
					\$	
		_			\$	
(024)	Cat. No. 1 ate Forms on	requirement 2nd TIN not.	\$ 14 State	15 State identification no.	13 Specified private activity bond interest dividends \$ 16 State tax withheld \$	- Internal Revenue Service

3737	UVOID CORRE	CTED			
PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution \$ 2 Earnings	OMB No. 1545-1760 Form 1099-Q (Rev. April 2025) For calendar year		Payments From Qualified Education Programs (Under Sections 529 and 530)
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis	4 Type of transfer: a Trustee-to-t	rustee	Copy A
RECIPIENT'S name		\$ 5 Distribution is from: a Private QTP		n IRA It is	Internal Revenue Service Center For filing information,
Street address (including apt. no.)		b State QTP c Coverdell ESA	beneficiary		Privacy Act, and Paperwork Reduction Act Notice, see the
City or town, state or province, count Account number (see instructions)	ry, and ZIP or foreign postal code				General Instructions for Certain Information Returns.
					www.irs.gov/Form1099
Form 1000-0 (Poy 4 2025)	Cat No. 20002 I	varavira gav/Form10000	Department of the T	rocourt	Internal Devenue Convice

Form 1099-Q (Rev. 4-2025)

Cat. No. 32223J

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Department of the Treasury - Internal Revenue Service

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8181		ECTED	014514 4545 4000	
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	d 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.)		7 If address of property as PAYER'S/BORROWER'S the address or description in	Genera Instructions fo Certail 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	Cat. No. 14402K te Forms on This Page	www.irs.gov/Form109 e — Do Not Cu		

8383	U VOID CORRE	ECTED		
FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Payments received for qualified tuition and related expenses 2	OMB No. 1545-1574	Tuition Statement
			Form 1098-T	
FILER'S employer identification no.	STUDENT'S TIN	3		Copy A For
STUDENT'S name		4 Adjustments made for a prior year	5 Scholarships or grants	Internal Revenue Service Center
		\$	\$	For filing information,
Street address (including apt. no.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an	Privacy Act, and Paperwork Reduction Act Notice, see the
City or town, state or province, country	and ZIP or foreign postal code	\$	academic period beginning January- March 2026	General Instructions for Certain
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student	9 Checked if a graduate student	10 Ins. contract reimb./refund \$	Information Returns. www.irs.gov/Form1099
4000 T				

Form 1098-T Cat. No. 25087J www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

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7979	∐ VOI	D _ CORRE	CTED		
PAYER'S name, street addre or foreign postal code, and t		r province, country, ZIP	Applicable checkbox on Form	8949 OMB No. 1545-0715 2025 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
			1a Description of property (Exa 1b Date acquired	ample: 100 sh. XYZ Co.) 1c Date sold or disposed	
PAYER'S TIN	RECIPIENT	r's tin	1d Proceeds	1e Cost or other basis	Copy A
			1f Accrued market discount \$	1g Wash sale loss disallowed \$	For
RECIPIENT'S name			2 Short-term gain or loss Long-term gain or loss Ordinary	3 Check if proceeds from: Collectibles QOF	Internal Revenue Service Center
Street address (including ap	i. no.)		4 Federal income tax withheld \$ 6 Reported to IRS:	5 Check if noncovered security 7 Check if loss is not allowed	For filing information, Privacy Act, and
City or town, state or province	ce, country, and ZIP or f	oreign postal code	Gross proceeds Net proceeds 8 Profit or (loss) realized in	based on amount in 1d Unrealized profit or (loss) on	Paperwork Reduction Act Notice, see the General
Account number (see instruc	ctions)	2nd TIN not.	2025 on closed contracts	open contracts—12/31/2024	Instructions for Certain
CUSIP number	0	FATCA filing requirement	10 Unrealized profit or (loss) on open contracts—12/31/2025	11 Aggregate profit or (loss) on contracts	Information Returns.
14 State name 15	State identification no. 16 \$	State tax withheld	12 Check if basis reported to IRS	\$ 13 Bartering \$	www.irs.gov/Form1099
Form 1000-R	Cat No. 144	1111/	MANAY ire gov/Form1000B	Donartment of the Treasury	Internal Povenue Service

Form 1099-B Cat. No. 14411V www.irs.gov/Form1099B Department of the Treasury - Internal Revenue Service

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55555 AOID []	a Employee's soci	al security number	For Official Use Only OMB No. 1545-0029							
b Employer identification number (EIN)					1 Wag	ges, tips, other comp	oensation	2 Feder	ral income ta	ax withheld
c Employer's name, address, and ZIP code					3 Social security wages 4 Social security tax withheld				x withheld	
				5 Medicare wages and tips 6 Medicare tax withheld			nheld			
					7 Soc	cial security tips		8 Alloca	ated tips	
d Control number					9 10 Dependent care benefits			penefits		
e Employee's first name and initia	Last name		S	Suff. 11 Nonqualified plans			12a See instructions for box 12		for box 12	
<u></u>				13 Statu empl	oyee Retirement plan	Third-party sick pay	12b			
			14 Other		12c					
							12d C G G G G G G G G G G G G G G G G G G			
f Employee's address and ZIP co										
15 State Employer's state ID num	16 St	ate wages, tips, etc.	17 State in	ncome	e tax	18 Local wages,	tips, etc.	19 Local inc	come 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.

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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