9696 ☐ VOID X CC	ORREC	CTED		
PAYER'S name, street address, city or town, state or province, count ZIP or foreign postal code, and telephone no.  FIRST MIDDLE LAST		1 Original issue discount for the year AMOUNT**	OMB No. 1545-0117	
1234 YOUR GENERAL DELIVERY ADDRESS ST. 1234 POST OFFICE ADI	DRESS	2 Other periodic interest	Form <b>1099-OID</b> (Rev. October 2019)	Original Issue Discount
CITY / TOWN, ST 12345		-0- \$	For calendar year 20 23	
PAYER'S TIN RECIPIENT'S TIN  SSN-XX-XXXX (LEAVE BLA)	NK)	3 Early withdrawal penalty \$ -0-	4 Federal income tax withheld \$ AMOUNT**	Сору А
(or provid		5 Market discount	6 Acquisition premium	For Internal Revenue
COMPANY / COURT NAM	1E	\$ (BLANK)  7 Description  DESCRIPT	\$ (BLANK)	Service Center File with Form 1096.
Street address (including apt. no.) 1234 THEIR ADDRESS S	т.	DEBT. CAS		For Privacy Act and Paperwork
City or town, state or province, country, and ZIP or foreign postal coordinates of CITY / TOWN, ST 1234.		8 Original issue discount on U.S. Treasury obligations  \$ -0 -	9 Investment expenses \$ -0-	Reduction Act Notice, see the current General
requ	CA filing uirement	10 Bond premium	11 Tax-exempt OID	Instructions for Certain
	TIN not.	\$ -0-  12 State 13 State identification (LEAVE BLANK		Information Returns.
Form <b>1099-OID</b> (Rev. 10-2019) Cat. No. 14421R		www.irs.gov/Form1099OID	Department of the Treasury -	Internal Revenue Service

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THE SECRETARY OF STATE.

FOR COURTS, YOU MAY LEAVE IT BLANK.

\*\* THE AMOUNT SHOULD BE THE TOTAL AMOUNT
PAID TO THE COMPANY WITH YOUR INSTRUMENT
(EITHER A4V, PROMISSORY NOTE, OR BILL OF EXCHANGE).

☐ VOID  ☐ CORRE ☐	ECTED	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Original issue discount for the year AMOUNT **	
FIRST MIDDLE LAST	\$	200
1234 YOUR GENERAL DELIVERY	Form 1099-OID	Original Issue Discount
ADDRESS ST. 1234 POST OFFICE ADDRESS	2 Other periodic interest (Rev. October 2019)	
CITY / TOWN, ST 12345	- 0 - For calendar year 20 <u>2 3</u>	
PAYER'S TIN RECIPIENT'S TIN	3 Early withdrawal penalty 4 Federal income tax w	Conv 1
SSN-XX-XXXX (LEAVE BLANK)	\$ -0- \$ AMOUN'1"  5 Market discount 6 Acquisition premium	
(or provide)		For State Tax
RECIPIENT'S name	\$ (BLANK) \$ (BLANK)	Department
COMPANY / COURT NAME	DESCRIPTION OF	
Street address (including apt. no.)	DEBT. CASE DISCHARGE	
1234 THEIR ADDRESS ST.	ELECTRIC BILL, ETC.	
City or town, state or province, country, and ZIP or foreign postal code	8 Original issue discount on U.S. Treasury obligations	
CITY / TOWN, ST 12345	\$ -0-	
FATCA filing requirement		
	\$ -0-	
Account number (see instructions)	12 State 13 State identification no. 14 State tax withh	eld
ACCOUNT / CASE NUMBER	(LEAVE BLANK) \$ -0-	

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X CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Original issue discount for the year* AMOUNT**	OMB No. 1545-0117		
FIRST MIDDLE LAST	\$		5329 N S	
1234 YOUR GENERAL DELIVERY	* This may not be the correct figure to report on your income tax return. See instructions on the back.	Form 1099-OID	Original Issue Discount	
ADDRESS ST. Or 1234 POST OFFICE ADDRESS	2 Other periodic interest	(Rev. October 2019)	Diocodine	
CITY / TOWN, ST 12345	-O- \$	For calendar year 20 <u>2 3</u>	_	
PAYER'S TIN RECIPIENT'S TIN	3 Early withdrawal penalty	4 Federal income tax withheld \$ AMOUNT**	Copy B	
SSN-XX-XXXX (LEAVE BLANK)	\$ -0- 5 Market discount	\$ AMOUN'I'**  6 Acquisition premium	COLUMN TO SERVICE	
(or provide)	110	, , , , , , , , , , , , , , , , , , , ,	For Recipient	
RECIPIENT'S name	\$ (BLANK)	\$ (BLANK)	W. W.	
COMPANY / COURT NAME	7 Description DESCRIPTION OF			
Street address (including apt. no.)	DEBT. CAS	This is important tax information and is		
1234 THEIR ADDRESS ST.	ELECTRIC BI	being furnished to the IRS. If you are		
City or town, state or province, country, and ZIP or foreign postal code	8 Original issue discount on U.S. Treasury obligations*     9 Investment expenses		required to file a return, a negligence	
CITY / TOWN, ST 12345	\$ -0-	\$ -0-	penalty or other sanction may be	
FATCA filing requirement	10 Bond premium	11 Tax-exempt OID	imposed on you if this income is	
	\$ -0-	\$ -0-	taxable and the IRS determines that it	
Account number (see instructions)	12 State 13 State identification		has not been reported.	
ACCOUNT / CASE NUMBER	LEAVE BLANK	·)  \$ -0-  \$	-	
Form 1099-OID (Rev. 10-2019) (keep for your records) www.irs.gov/Form1099OID Department of the Treasury - Internal Revenue Service				

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  FIRST MIDDLE LAST  1234 YOUR GENERAL DELIVERY  ADDRESS ST. 1234 POST OFFICE ADDRESS		Original Issue Discount
CITY / TOWN, ST 12345	-0- For calendar ye 20 23	ar
PAYER'S TIN RECIPIENT'S TIN  SSN-XX-XXXX (LEAVE BLANK)	3 Early withdrawal penalty \$ -0 - \$ AMOU	Conv 2
(or provide)	5 Market discount 6 Acquisition pre	To be filed with
COMPANY / COURT NAME	\$ (BLANK)   \$ (BLAN 7 Description DESCRIPTION	income tax return, when required.
Street address (including apt. no.)  1234 THEIR ADDRESS ST.	DEBT. CASE DISCHA	
City or town, state or province, country, and ZIP or foreign postal code  CITY / TOWN, ST 12345	8 Original issue discount on U.S. Treasury obligations  \$ -0- \$ -0-	
FATCA filing requirement	10 Bond premium 11 Tax-exempt C	ID
Account number (see instructions)  ACCOUNT / CASE NUMBER	\$ -0-  \$ -0-    12 State   13 State identification no.   14 State tax    (LEAVE BLANK)  \$ -0	

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☐ VOID 🔀 CORRECTED						
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			al issue discount for AMOUNT**	OMB No. 1545-0117		
FIRST MIDDLE LA	ST	\$			0.00	
1234 YOUR GENERAL DELIVERY				Form <b>1099-OID</b> (Rev. October 2019)		Original Issue Discount
ADDRESS ST. 1234 POST OFFICE	ADDRESS	2 Other	periodic interest	(Hev. Octo	ober 2019)	
CITY / TOWN, ST 123	45	\$	-0-	For caler	ndar year 23	
PAYER'S TIN RECIPIENT'S TIN			withdrawal penalty	TO SERVICE OF SECURITY	ncome tax withheld	Copy C
SSN-XX-XXXX (LEAVE B	LANK)	\$ Marke	et discount	Ψ	MOUNT * * on premium	
(or prov	ride)	- Marke	a diocodin	· rioquion	on promium	For Payer
RECIPIENT'S name		-	(BLANK)	\$ (E	BLANK)	
COMPANY / COURT N	AME	7 Descr	ESCRIPI	NOI	OF	
Street address (including apt. no.)		DEBT. CASE DISCHARGE, For Privacy		For Privacy Act		
1234 THEIR ADDRESS ST.		ELECTRIC BILL, ETC. and Paperwood			and Paperwork	
City or town, state or province, country, and ZIP or foreign postal code		8 Original issue discount on U.S. Treasury obligations     9 Investment expenses		Reduction Act Notice, see the		
CITY / TOWN, ST 12:	345	\$	-0-	\$	-0-	current General
	FATCA filing requirement	10 Bond	d premium	11 Tax-exe	empt OID	Instructions for Certain
		\$	-0-	\$	-0-	Information Returns.
Account number (see instructions)	2nd TIN not.				ate tax withheld	netullis.
ACCOUNT / CASE NUMBER		(TE	AVE BLANK	\$ \$	-0-	

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