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| Form 1096 | | | | | |  |  |  |  |  |  | Annual Summary and Transmittal of | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | OMB No. 1545-0108 | | | | | | | | |
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|  | FILER'S name  ${place\_name}  Street address (including room or suite number)  ${place\_street}  City or town, state or province, country, and ZIP or foreign postal code  ${place\_city}  ${place\_zipcode} | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name of person to contact | | | | | | | |  |  |  |  |  |  | Telephone number | | | |  |  |  |  |  |  |  |  |  |  |
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| **1** Employer identification number | | | | | | | | | **2** Social security number | | | |  | **3** Total number of forms | | | | | **4** Federal income tax withheld | | | | | | | | | | | | | **5** Total amount reported with this Form 1096 | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | ${count\_worker} | | | | | $ | | | | | | | | | | | | | $ ${total\_price} | | | | | | | | | | | | | | | | |  |
| **6** Enter an “X” in only one box below to indicate the type of form being filed. | | | | | | | | | | | | | | | | |  |  | **7** Form 1099-MISC with NEC in box 7, check | | | | | | | | | | | | | | | | | | | . . | | | | . . | | | . ▶ | | | | |
| W-2G | | | 1097-BTC | | | 1098 |  | 1098-C | | 1098-E |  |  | 1098-Q | |  | 1098-T | 1099-A | 1099-B | |  | 1099-C | |  | 1099-CAP | | | |  | 1099-DIV | | | |  | 1099-G | | | | 1099-INT | | | | 1099-K | | | 1099-LS | | | | |
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|  |  |  | Close |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.**

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.