

Form	1042-S	Foreign Person's U.S. Source Income Subject to Withholding		2024		OMB No. 1545-0096									
Department of the Treasury Internal Revenue Service		▶ Go to www.irs.gov/Form1042S for instructions and the latest information.				Copy B for Recipient									
8816025374		UNIQUE FORM IDENTIFIER		AMENDED		AMENDMENT NO.									
1 Income code 16	2 Gross income 94648	3 Chapter indicator. Enter "3" or "4" 3 3a Exemption code 00 4a Exemption code 3b Tax rate 14.00 4b Tax rate 00.00		13e Recipient's U.S. TIN, if any XXX-XX-2335		13f Ch. 3 status code 16 13g Ch. 4 status code									
5 Withholding allowance		6 Net income		13h Recipient's GIIN		13i Recipient's foreign tax identification number, if any									
7a Federal tax withheld 13251		7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>		13j LOB code		13k Recipient's account number									
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>		8 Tax withheld by other agents		13l Recipient's date of birth (YYYYMMDD) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										14a Primary Withholding Agent's Name (if applicable) National Institutes of Health	
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()		10 Total withholding credit (combine boxes 7a, 8, and 9) 13251		14b Primary Withholding Agent's EIN 520599027		15 Check if pro-rata basis reporting <input type="checkbox"/>									
11 Tax paid by withholding agent (amounts not withheld) (see instructions)		12a Withholding agent's EIN 52-0599027		12b Ch. 3 status code 05		12c Ch. 4 status code 02									
12d Withholding agent's name NATIONAL INSTITUTES OF HEALTH		12e Withholding agent's Global Intermediary Identification Number (GIIN)		15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code									
12f Country code US		12g Foreign tax identification number, if any		15c Ch. 4 status code		15d Intermediary or flow-through entity's name									
12h Address (number and street) 6701 Rockledge Drive Room 300, MSC 7784		12i City or town, state or province, country, ZIP or foreign postal code Bethesda, MD 20892-7784		15e Intermediary or flow-through entity's GIIN		15f Country code									
13a Recipient's name GAETANO MANZO		13b Recipient's country code SZ		15g Foreign tax identification number, if any		15h Address (number and street)									
13c Address (number and street) 4122 CHESAPEAKE STREET NW		13d City or town, state or province, country, ZIP or foreign postal code Washington, DC 20016		15i City or town, state or province, country, ZIP or foreign postal code		16a Payer's name									
				16b Payer's TIN		16c Payer's GIIN									
				16d Ch. 3 status code		16e Ch. 4 status code									
				17a State income tax withheld		17b Payer's state tax no.									
				17c Name of state											