	7	979		$\square \vee$	(OID		CO	OMB	No. 1	545-0715	Proceed	s From	
MIDDLE GENERA		Y			С			2 Fo	20; m 10	23 99-B	Bro Barter Ex	ker and	
1234 POST	OFFICE A	ADDRESS 45		Description VOLUNT:	ARY	СОИЛ	EYAN	CE (ΟF	ISSUE) INSTR	JMENT	
3) 456-7	Continue Con				YOU		TO		K /	CORP.			
	PIENT'S TIN		\$	Proceeds AMC	*TNU		1e C	ost or ot	ther ba	asis		Сору А	
XXX (LE	AVE BI	LANK)	1f /	Accrued ma	arket disc	ount	1g Wa		loss d	isallowed	Internal F	For Revenue	
ORP. NA	AME HE	RE		Short-term Long-term Ordinary	The state of the s			eck if pro llectible OF		s from:	File with Fo		
pt. no.) EIR ADD	RESS S	ST.	\$	776.30X1167.Q13	*TNU		sec	eck if no curity			FOR ONLY.		3
nce, country, and ZIF				Reported to Gross proc Net procee	eeds	X	100000000000000000000000000000000000000	ck if loss ed on an			and Pa Reduc	vacy Act operwork otion Act	
COWN, S			8 F	Profit or (los 2023 on clo	ss) realize	ed in tracts				r (loss) on		, see the General	
uctions) OUNT NU	MBER 2	nd TIN not.	\$ 1	(L E	A V	Ε	\$ B	L A	N	K)	Instru	tions for Certain	
BLANK)	FATCA fili requireme	ng nt		Unrealized p open contra	cts-12/3	1/2023	on	contrac	ts	or (loss)	250	rmation Returns.	
State identification no BLANK)	o. 16 State tax wi \$ -0			Check if ba	A V		\$ B 13 Ba	L A	N	K)			
	\$			IRS			\$		0-				
Cat. No Separate Fo	. 14411V rms on Th	is Pag		www.irs.go			200				on This		
	יני דכ ו		100			υг				rece		-0-	

S TEMPLATE IS DESIGNED FOR THE A4V PROCESS. CAPITAL GAINS RELATED TO STOCK SALES AND OTHER ASSETS, TO THE I.R.S. INSTRUCTION MANUAL FOR THIS FORM.

THE AMOUNT SHOULD BE THE TOTAL AMOUNT PAID TO THE BANK WITH YOUR INSTRUMENT A4V, PROMISSORY NOTE, OR BILL OF EXCHANGE).

T'S T.I.N. (TAXPAYER IDENTIFICATION NUMBER) / E.I.N. FOUND BY A RECORDS SEARCH ON SEC.GOV OR WITH THE SECRETARY OF STATE.

ires a form 1096 AND this form.

MUST BE FILLED OUT ON ON COPY ORDERED FROM THE I.R.S. (FREE TO ORDER)

or foreign postal code, and FIRST 1234 YOUR ADDRESS ST. 01 CITY / ' (12)PAYER'S TIN SSN-XX-X RECIPIENT'S name BANK / C Street address (including a 1234 TH City or town, state or prov CITY / S Account number (see instr ACC CUSIP number (LEAVE 14 State name ate name (LEAVE Form 1099-B Do Not Cut or THI

TO REPORT REFER

(EITHER

** RECIPIEN CAN BI

Requ

CARBO

☐ VOID ☐ CORRE	CTED		
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	Applicable checkbox on Form 8949	OMB No. 1545-0715 2023 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
ADDRESS ST. 1234 POST OFFICE ADDRESS	1a Description of property (Exam VOLUNTARY CONVEYAN	중입하는 열차이는 기사업으로 하면 하다 때문에 .	O INSTRUMENT
CITY / TOWN, ST 12345 (123) 456-7890	RECEIVED TO	ate sold or disposed DATE SENT BANK / CORP.	2000
PAYER'S TIN RECIPIENT'S TIN SSN-XX-XXXX (LEAVE BLANK)	\$ AMOUNT* \$	ost or other basis $-0-$ fash sale loss disallowed $-0-$	Copy 1 For State Tax Department
BANK / CORP. NAME HERE	2 Short-term gain or loss 3 If C	checked, proceeds from:	
Street address (including apt. no.) 1234 THEIR ADDRESS ST.	\$ AMOUNT* se	checked, noncovered curity	FOR BROKERS
City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345	Gross proceeds Net proceeds 8 Profit or (loss) realized in 9 Un	sed on amount in 1d X realized profit or (loss) on	
Account number (see instructions) ACCOUNT NUMBER		en contracts-12/31/2022 LANK)	
CUSIP number (LEAVE BLANK) FATCA filing requirement		ggregate profit or (loss) contracts LANK)	
14 State name (LEAVE BLANK) \$ -0-	\$,	urtering -0-	
Form 1099-B	www.irs.gov/Form1099B Dep	partment of the Treasury -	Internal Revenue Service

THIS TEMPLATE IS DESIGNED FOR THE A4V PROCESS.

TO REPORT CAPITAL GAINS RELATED TO STOCK SALES AND OTHER ASSETS,

REFER TO THE I.R.S. INSTRUCTION MANUAL FOR THIS FORM.

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

** RECIPIENT'S T.I.N. (TAXPAYER IDENTIFICATION NUMBER) / E.I.N.

CAN BE FOUND BY A RECORDS SEARCH ON SEC.GOV OR WITH

THE SECRETARY OF STATE.

Requires a form 1096 AND this form.

MUST BE FILLED OUT ON CARBON COPY ORDERED FROM THE I.R.S. (FREE TO ORDER)

CORRECTED	(if checked)
-----------	--------------

	ame, street address, city or town, state or province, country, ZIP ostal code, and telephone no. FIRST MIDDLE LAST		Applicable checkbox on Form 8	OMB No. 1545-0715 20 23	Proceeds From Broker and Barter Exchange			
1234 YOUR		ENERAL I	DELIVERY		Form 1099-B	Transactions		
ADDRESS ST. C	TOWN,	POST OF	FICE ADDRESS	VOLUNTARY CONVI	EYANCE OF ISSUE	INSTRUMENT		
(12	V V V V V V V V V V V V V V V V V V V.	6-789	0	1b Date acquired DATE YOU RECEIVED	1c Date sold or disposed DATE SENT TO BANK / CORP.	250		
PAYER'S TIN	vvvv	RECIPIENT'S		1d Proceeds \$ AMOUNT*	1e Cost or other basis \$ -0-	Copy B For Recipient		
SSN-XX-	XXXX	(LEAVI	E BLANK)	1	1g Wash sale loss disallowed \$ −0−			
BANK /	CORP.	NAME	HERE	2 Short-term gain or loss Long-term gain or loss Ordinary	3 If checked, proceeds from: Collectibles QOF	This is important tax		
Street address (including 1234 TH	San Brand or San Joseph	ADDRES	SS ST.	Federal income tax withheld AMOUNT* Reported to IRS:	5 If checked, noncovered security 7 If checked, loss is not allowed	information and SER: Oping furnished to the IRS. If you are required to file a return, a negligence penalty or other		
City or town, state or pro	72 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -			Gross proceeds Net proceeds	based on amount in 1d			
CITY / Account number (see in:	TOWN,	ST	12345	8 Profit or (loss) realized in 2023 on closed contracts	9 Unrealized profit or (loss) on open contracts—12/31/2022	sanction may be imposed on you if this income is		
ACC	COUNT	NUMBE	ER	\$ (L E A V E	\$BLANK)	taxable and the IRS		
CUSIP number (LEAVE	BLAN	K)	FATCA filing requirement	10 Unrealized profit or (loss) on open contracts—12/31/2023	11 Aggregate profit or (loss) on contracts	determines that it has not been		
14 State name (LEAVE	15 State identifi BLAN	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	State tax withheld — 0 —	\$ (L E A V E 12 If checked, basis reported to IRS	\$ B L A N K)	reported.		
		\$	D100		\$ -0-			
Form 1099-B		(Keep for	your records)	www.irs.gov/Form1099B	Department of the Treasury -	Internal Revenue Service		

THIS TEMPLATE IS DESIGNED FOR THE A4V PROCESS.

TO REPORT CAPITAL GAINS RELATED TO STOCK SALES AND OTHER ASSETS,

REFER TO THE I.R.S. INSTRUCTION MANUAL FOR THIS FORM.

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

** RECIPIENT'S T.I.N. (TAXPAYER IDENTIFICATION NUMBER) / E.I.N.

CAN BE FOUND BY A RECORDS SEARCH ON SEC.GOV OR WITH

THE SECRETARY OF STATE.

Requires a form 1096 AND this form.

MUST BE FILLED OUT ON CARBON COPY ORDERED FROM THE I.R.S. (FREE TO ORDER)

	CORRECTED	(if checked)
	CONTROLLO	(II CHECKEU)

PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no. FIRST MIDDLE LAST 1234 YOUR GENERAL DELIVERY	Applicable checkbox on Form 8949	OMB No. 1545-0715 2023 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
ADDRESS ST. 1234 POST OFFICE ADDRESS CITY / TOWN, ST 12345 (123) 456-7890 PAYER'S TIN RECIPIENT'S TIN	VOLUNTARY CONVEYED	mple: 100 sh. XYZ Co.) ANCE OF ISSUE Date sold or disposed DATE SENT	Copy 2
SSN-XX-XXXX (LEAVE BLANK	ν φ	Wash sale loss disallowed	To be filed with recipient's state income tax return, when required.
BANK / CORP. NAME HERE	Long-term gain or loss	f checked, proceeds from: Collectibles QOF	
Street address (including apt. no.) 1234 THEIR ADDRESS ST.	\$ AMOUNT* 6 Reported to IRS: 7 I	f checked, noncovered security	FOR BROKERS
City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345	Reference Services Reference Ser	Dased on amount in 1d	
Account number (see instructions) ACCOUNT NUMBER		open contracts-12/31/2022 B L A N K)	
CUSIP number (LEAVE BLANK) FATCA filing requirement	open contracts—12/31/2023	Aggregate profit or (loss) on contracts	
14 State name (LEAVE BLANK) \$ -0 -		Bartering -0-	
Form 1099-B	www.irs.gov/Form1099B	epartment of the Treasury	- Internal Revenue Service

THIS TEMPLATE IS DESIGNED FOR THE A4V PROCESS.

TO REPORT CAPITAL GAINS RELATED TO STOCK SALES AND OTHER ASSETS,

REFER TO THE I.R.S. INSTRUCTION MANUAL FOR THIS FORM.

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

** RECIPIENT'S T.I.N. (TAXPAYER IDENTIFICATION NUMBER) / E.I.N.

CAN BE FOUND BY A RECORDS SEARCH ON SEC.GOV OR WITH

THE SECRETARY OF STATE.

Requires a form 1096 AND this form.

MUST BE FILLED OUT ON CARBON COPY ORDERED FROM THE I.R.S. (FREE TO ORDER)