

9494
 address, city or town, state or province, country,
 and telephone no.
MIDDLE LAST
 GENERAL DELIVERY
 1234 POST OFFICE ADDRESS
 TOWN, ST 12345

RECIPIENT'S TIN
 XXX (LEAVE BLANK)
 (or provide)

/ COURT NAME
 pt. no.)
 AIR ADDRESS ST.

ance, country, and ZIP or foreign postal code
 TOWN, ST 12345

FATCA filing requirement

 2nd TIN not.

 CASE NUMBER

VOID ORIGINAL
 1 Original issue discount for the year **AMOUNT****
 \$
 Form **1099-OID**
 (Rev. October 2019)
 For calendar year **20 23**

2 Other periodic interest
 -0-
 \$
 3 Early withdrawal penalty
 -0-
 \$
 5 Market discount
 (BLANK)
 \$

7 Description
DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.

8 Original issue discount on U.S. Treasury obligations
 -0-
 \$

10 Bond premium
 -0-
 \$

12 State 13 State identification no. 14 State tax withheld
 (LEAVE BLANK) \$ -0-
 \$

OMB No. 1545-0117
 4 Federal income tax withheld
AMOUNT**
 \$
 6 Acquisition premium
 (BLANK)
 \$

Original Issue Discount
Copy A
For Internal Revenue Service Center
File with Form 1096.
For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

'S T.I.N. (TAXPAYER IDENTIFICATION NUMBER) / E.I.N.
 BE FOUND BY A SEARCH ON SEC.GOV OR WITH
 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).

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

PAYER'S name, street address, and ZIP or foreign postal code
FIRST
 1234 YOUR
 ADDRESS ST.
 CITY / TOWN
 PAYER'S TIN
 SSN-XX-XX
 RECIPIENT'S name
COMPANY
 Street address (including apt. no.)
 1234 THE
 City or town, state or province, and ZIP or foreign postal code
 CITY / TOWN
 Account number (see instructions)
 ACCOUNT /

Do Not Cut or Separate Forms on This Page

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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. FIRST MIDDLE LAST 1234 YOUR ADDRESS ST. or GENERAL DELIVERY 1234 POST OFFICE ADDRESS CITY / TOWN, ST 12345		1 Original issue discount for the year AMOUNT** \$	OMB No. 1545-0117 Form 1099-OID (Rev. October 2019) For calendar year 20 <u>23</u>	Original Issue Discount
		2 Other periodic interest -0- \$		
PAYER'S TIN SSN-XX-XXXX	RECIPIENT'S TIN (LEAVE BLANK) (or provide)	3 Early withdrawal penalty \$ -0-	4 Federal income tax withheld \$ AMOUNT**	Copy 1 For State Tax Department
RECIPIENT'S name COMPANY / COURT NAME Street address (including apt. no.) 1234 THEIR ADDRESS ST. City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		5 Market discount \$ (BLANK)	6 Acquisition premium \$ (BLANK)	
		7 Description DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.	8 Original issue discount on U.S. Treasury obligations \$ -0-	9 Investment expenses \$ -0-
		FATCA filing requirement <input type="checkbox"/>	10 Bond premium \$ -0-	11 Tax-exempt OID \$ -0-
Account number (see instructions) ACCOUNT / CASE NUMBER		12 State (LEAVE BLANK)	13 State identification no. (LEAVE BLANK)	14 State tax withheld \$ -0- \$

Form **1099-OID** (Rev. 10-2019)

www.irs.gov/Form1099OID

Department of the Treasury - Internal Revenue Service

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(FREE TO ORDER)

CORRECTED (if checked)

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 ADDRESS ST. or 1234 POST OFFICE ADDRESS CITY / TOWN, ST 12345		1 Original issue discount for the year* AMOUNT** \$ <small>* This may not be the correct figure to report on your income tax return. See instructions on the back.</small>	OMB No. 1545-0117 Form 1099-OID (Rev. October 2019) For calendar year 20 23	Original Issue Discount
PAYER'S TIN SSN-XX-XXXX		2 Other periodic interest -0- \$	3 Early withdrawal penalty -0- \$	
RECIPIENT'S TIN (LEAVE BLANK) (or provide)		4 Federal income tax withheld \$ AMOUNT**	5 Market discount \$ (BLANK)	Copy B For Recipient
RECIPIENT'S name COMPANY / COURT NAME Street address (including apt. no.) 1234 THEIR ADDRESS ST. City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		6 Acquisition premium \$ (BLANK)	7 Description DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.	
FATCA filing requirement <input type="checkbox"/>		8 Original issue discount on U.S. Treasury obligations* \$ -0-	9 Investment expenses \$ -0-	
Account number (see instructions) ACCOUNT / CASE NUMBER		10 Bond premium \$ -0-	11 Tax-exempt OID \$ -0-	
		12 State (LEAVE BLANK)	13 State identification no. (LEAVE BLANK)	14 State tax withheld \$ -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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CORRECTED (if checked)

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		2 Other periodic interest -0- \$		
PAYER'S TIN SSN-XX-XXXX	RECIPIENT'S TIN (LEAVE BLANK) (or provide)	3 Early withdrawal penalty \$ -0-	4 Federal income tax withheld \$ AMOUNT**	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name COMPANY / COURT NAME Street address (including apt. no.) 1234 THEIR ADDRESS ST. City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		5 Market discount \$ (BLANK)	6 Acquisition premium \$ (BLANK)	
		7 Description DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.	8 Original issue discount on U.S. Treasury obligations \$ -0-	9 Investment expenses \$ -0-
		FATCA filing requirement <input type="checkbox"/>	10 Bond premium \$ -0-	11 Tax-exempt OID \$ -0-
Account number (see instructions) ACCOUNT / CASE NUMBER		12 State (LEAVE BLANK)	13 State identification no. (LEAVE BLANK)	14 State tax withheld \$ -0- \$

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PAYER'S TIN SSN-XX-XXXX		2 Other periodic interest -0- \$	3 Early withdrawal penalty -0- \$	
RECIPIENT'S TIN (LEAVE BLANK) (or provide)		4 Federal income tax withheld AMOUNT** \$	5 Market discount (BLANK) \$	Copy C For Payer
RECIPIENT'S name COMPANY / COURT NAME Street address (including apt. no.) 1234 THEIR ADDRESS ST. City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		6 Acquisition premium (BLANK) \$	7 Description DESCRIPTION OF DEBT. CASE DISCHARGE, ELECTRIC BILL, ETC.	
FATCA filing requirement <input type="checkbox"/>		8 Original issue discount on U.S. Treasury obligations -0- \$	9 Investment expenses -0- \$	
Account number (see instructions) ACCOUNT / CASE NUMBER		10 Bond premium -0- \$	11 Tax-exempt OID -0- \$	
2nd TIN not. <input type="checkbox"/>		12 State (LEAVE BLANK)	13 State identification no. (LEAVE BLANK)	14 State tax withheld -0- \$

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