

7979

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 GENERAL DELIVERY ADDRESS ST. ^{OR} 1234 POST OFFICE ADDRESS CITY / TOWN, ST 12345 (123) 456-7890		Applicable checkbox on Form 8949 C	OMB No. 1545-0715 2024 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
1a Description of property (Example: 100 sh. XYZ Co.) VOLUNTARY CONVEYANCE OF ISSUED INSTRUMENT		1b Date acquired DATE YOU RECEIVED	1c Date sold or disposed DATE SENT TO BANK / CORP.	
PAYER'S TIN SSN-XX-XXXX	RECIPIENT'S TIN (LEAVE BLANK)	1d Proceeds \$ AMOUNT*	1e Cost or other basis \$ -0-	Copy A For Internal Revenue Service Center File with Form 1096. FOR BROKERS ONLY. For Privacy Act and Paperwork Reduction Act Notice, see the 2024 General Instructions for Certain Information Returns.
RECIPIENT'S name BANK / CORP. NAME HERE		1f Accrued market discount \$ -0-	1g Wash sale loss disallowed \$ -0-	
Street address (including apt. no.) 1234 THEIR ADDRESS ST.		2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input checked="" type="checkbox"/>	3 Check if proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		4 Federal income tax withheld \$ AMOUNT*	5 Check if noncovered security <input type="checkbox"/>	
Account number (see instructions) ACCOUNT NUMBER	2nd TIN not. <input type="checkbox"/>	6 Reported to IRS: Gross proceeds <input checked="" type="checkbox"/> Net proceeds <input type="checkbox"/>	7 Check if loss is not allowed based on amount in 1d <input checked="" type="checkbox"/>	
CUSIP number (LEAVE BLANK)	FATCA filing requirement <input type="checkbox"/>	8 Profit or (loss) realized in 2024 on closed contracts \$ (LEAVE BLANK)	9 Unrealized profit or (loss) on open contracts—12/31/2023 \$ BLANK)	
14 State name (LEAVE BLANK)	15 State identification no. BLANK)	10 Unrealized profit or (loss) on open contracts—12/31/2024 \$ (LEAVE BLANK)	11 Aggregate profit or (loss) on contracts \$ BLANK)	
16 State tax withheld \$ -0-		12 Check if basis reported to IRS <input type="checkbox"/>	13 Bartering \$ -0-	

Form **1099-B** Cat. No. 14411V www.irs.gov/Form1099B Department of the Treasury - Internal Revenue Service

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

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
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RECIPIENT'S name BANK / CORP. NAME HERE			1f Accrued market discount \$ -0-	1g Wash sale loss disallowed \$ -0-	
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Street address (including apt. no.) 1234 THEIR ADDRESS ST.		2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input checked="" type="checkbox"/>	3 If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>	
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(Keep for your records)

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