7979 UVOID 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 2024 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions
ADDRESS ST. Or 1234 POST OFFICE ADDRESS	1a Description of property (Exa VOLUNTARY CONVEY)		INSTRUMENT
CITY / TOWN, ST 12345 (123) 456-7890	1b Date acquired DATE YOU RECEIVED TO	Date sold or disposed DATE SENT BANK / CORP.	
PAYER'S TIN RECIPIENT'S TIN	The state of the s	Cost or other basis	Copy A
SSN-XX-XXXX (LEAVE BLANK)	\$ AMOUNT* \$ If Accrued market discount 1g \$ -0- \$	-0- Wash sale loss disallowed -0-	For Internal Revenue
RECIPIENT'S name	2 Short-term gain or loss 3	Check if proceeds from:	Service Center
BANK / CORP. NAME HERE	Long-term gain or loss Ordinary	Collectibles QOF	File with Form 1096.
Street address (including apt. no.) 1234 THEIR ADDRESS ST.	\$ AMOUNT*	Check if noncovered security Check if loss is not allowed	FOR BROKERS
City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345	Gross proceeds X	based on amount in 1d Unrealized profit or (loss) on	For Privacy Act and Paperwork Reduction Act Notice, see the
Account number (see instructions) ACCOUNT NUMBER		open contracts-12/31/2023	2024 General Instructions for Certain
(LEAVE BLANK) FATCA filing requirement	open contracts—12/31/2024	Aggregate profit or (loss) on contracts	Information Returns.
14 State name (LEAVE BLANK) \$ -0-	\$ (L E A V E \$ 1 12 Check if basis reported to 13 S	B L A N K) Bartering -0-	
Form 1099-B Cat. No. 14411V	www.irs.gov/Form1099B	Department of the Treasury -	Internal Revenue Service

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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.

☐ VOID ☐ CORRE	CTED		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Applicable checkbox on Form 89	949 OMB No. 1545-0715	Proceeds From
FIRST MIDDLE LAST	_	2024	Broker and Barter Exchange
1234 YOUR GENERAL DELIVERY		Form 1099-B	Transactions
ADDRESS ST. Or 1234 POST OFFICE ADDRESS	1a Description of property (E VOLUNTARY CONVE	- 17 Maria 18 Maria 18 Maria - 18 Maria Maria 18 Maria 1) INSTRUMENT
CITY / TOWN, ST 12345 (123) 456-7890	1b Date acquired DATE YOU	1c Date sold or disposed DATE SENT	- As
PAYER'S TIN RECIPIENT'S TIN		TO BANK / CORP. 1e Cost or other basis	Copy 1
	\$ AMOUNT*	5 -0-	For State Tax
SSN-XX-XXXX (LEAVE BLANK)	1f Accrued market discount	1g Wash sale loss disallowed	Department
	\$ -0-	\$ -0-	520
RECIPIENT'S name	2 Short-term gain or loss	3 If checked, proceeds from:	
BANK / CORP. NAME HERE	Long-term gain or loss	Collectibles	
	Ordinary X	QOF	FOR BROKERS
Street address (including apt. no.)	Federal income tax withheld AMOUNT*	5 If checked, noncovered security	ONLY.
1234 THEIR ADDRESS ST.	Ψ	7 If checked, loss is not allowed	ONLI.
City or town, state or province, country, and ZIP or foreign postal code	Gross proceeds	based on amount in 1d	
CITY / TOWN, ST 12345	Net proceeds	X	1
CITY / TOWN, ST 12345	8 Profit or (loss) realized in 2024 on closed contracts	9 Unrealized profit or (loss) on open contracts—12/31/2023	
Account number (see instructions)	/ T D 7 17 D	70	
ACCOUNT NUMBER	* .	BLANK)	~
CUSIP number (LEAVE BLANK) FATCA filing requirement	open contracts-12/31/2024	I1 Aggregate profit or (loss) on contracts	
14 State name 15 State identification no. 16 State tax withheld	\$ (LEAVE §	BLANK)	
(LEAVE BLANK) \$ -0-	to IBS	13 Bartering	
1000 B		\$ -0-	
Form 1099-B	www.irs.gov/Form1099R	Department of the Treasury -	Internal Revenue Service

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CORRECTED (if checked)

				•
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state or province, country, ZIP	Applicable checkbox on Form	8949 OMB No. 1545-0715	Proceeds From
	DDLE LAST	~	2024	Broker and
1234 YOUR				Barter Exchange Transactions
1234 100K	GENERAL DELIVERY		Form 1099-B	Transactions
ADDRESS ST. 1234	POST OFFICE ADDRESS		Example: 100 sh. XYZ Co.)	
CITY / TOWN	, ST 12345		EYANCE OF ISSUEI	O INSTRUMENT
	OF CONTRACT REPRESENTATIONS	1b Date acquired DATE YOU	1c Date sold or disposed DATE SENT	
	56-7890	RECEIVED	TO BANK / CORP.	O D
PAYER'S TIN	RECIPIENT'S TIN	1d Proceeds \$ AMOUNT*	1e Cost or other basis	Сору В
SSN-XX-XXXX	(LEAVE BLANK)	Ψ	Ψ	For Recipient
			1g Wash sale loss disallowed	HOD DEOKHEO
RECIPIENT'S name	64 85	\$ -0-	\$ -0-	FOR BROKERS
		2 Short-term gain or loss	3 If checked, proceeds from:	ONLY.
BANK / CORP.	. NAME HERE	Long-term gain or loss	Collectibles	
Street address (including apt. no.)		Ordinary X 4 Federal income tax withheld	QOF 5 If checked, noncovered	This is important tax
(500 mm) 4 mm 4 mm 4 mm 4 mm 4 mm 4 mm 4 m		\$ AMOUNT*	security	information and is being furnished to
1234 THEIR	ADDRESS ST.	6 Reported to IRS:	7 If checked, loss is not allowed	the IRS. If you are
City or town, state or province, coun	try, and ZIP or foreign postal code	Gross proceeds	based on amount in 1d	required to file a
# ## ## ## ## ## ## ## ## ## ## ## ## #	200 St.	Net proceeds	X	return, a negligence penalty or other
CITY / TOWN	, ST 12345	8 Profit or (loss) realized in	9 Unrealized profit or (loss) on	sanction may be
Account number (see instructions)		2024 on closed contracts	open contracts—12/31/2023	imposed on you if
ACCOUNT	NUMBER	\$ (L E A V E	\$BLANK)	this income is taxable and the IRS
CUSIP number	FATCA filing	10 Unrealized profit or (loss) on	11 Aggregate profit or (loss)	determines that it
(LEAVE BLA	ANK) requirement \square	open contracts - 12/31/2024	on contracts	has not been
	ntification no. 16 State tax withheld	\$(LEAVE	\$BLANK)	reported.
LEAVE BLA	$4NK) _{\$} -0-$	12 If checked, basis reported	13 Bartering	
	\$	to IRS	\$ -0-	
Form 1099-B	(Keep for your records)	www.irs.gov/Form1099B	Department of the Treasury -	Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	Applicable checkbox on Form 894	19 OMB No. 1545-0715	Proceeds From
FIRST MIDDLE LAST 1234 YOUR GENERAL DELIVERY	С	20 24 Form 1099-B	Broker and Barter Exchange Transactions
ADDRESS ST. Or 1234 POST OFFICE ADDRESS CITY / TOWN, ST 12345 (123) 456-7890 PAYER'S TIN RECIPIENT'S TIN	VOLUNTARY CONVEY	ANCE OF ISSUED C Date sold or disposed DATE SENT	Copy 2 To be filed with
SSN-XX-XXXX (LEAVE BLANK)	1f Accrued market discount \$ -0- \$	g Wash sale loss disallowed -0-	recipient's state income tax return,
BANK / CORP. NAME HERE	2 Short-term gain or loss 3 Long-term gain or loss 7 Ordinary	If checked, proceeds from: Collectibles QOF	when required.
Street address (including apt. no.) 1234 THEIR ADDRESS ST.	\$ AMOUNT*	If checked, noncovered security	FOR BROKERS
City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345		based on amount in 1d Unrealized profit or (loss) on	
Account number (see instructions) ACCOUNT NUMBER	\$ (L E A V E \$	open contracts-12/31/2023 B L A N K)	
CUSIP number (LEAVE BLANK) FATCA filing requirement	open contracts-12/31/2024	Aggregate profit or (loss) on contracts	T
14 State name (LEAVE BLANK) \$ -0-		B L A N K) Bartering -0-	
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