		CTED	CORRE	☐ VOID ☐	9696
	OMB No. 1545-0117	the year AMOUNT**	, country, .ST	one no.	PAYER'S name, street address, city of ZIP or foreign postal code, and telepher FIRST MID
Original Issue Discount	orm 1099-OID (Rev. January 2024)	Forn	ERY ADDRESS	GENERAL DELIV	1234 YOUR ADDRESS ST. 0° 1234
	For calendar year 24	-0- F	45	ST 123	CITY / TOWN,
Сору А	4 Federal income tax withheld AMOUNT**	3 Early withdrawal penalty 4 F \$ -0-	T 78 3 T T Z \	RECIPIENT'S TIN	PAYER'S TIN
For Internal Revenue	6 Acquisition premium	5 Market discount 6 A	vide)		SSN-XX-XXXX
Service Center	(BLANK)	\$ (BLANK) \$			RECIPIENT'S name
File with Form 1096.	ION OF	7 Description DESCRIPTI	AME	OURT N	E 170 A
For Privacy Act and Paperwork	E DISCHARGE, L, ETC.	DEBT. CASE ELECTRIC BILL	ST.	ADDRESS	Street address (including apt. no.) 1234 THEIR
Reduction Act Notice, see the	9 Investment expenses	U.S. Treasury obligations	345		City or town, state or province, countr
current General Instructions for	6 - 0 - 11 Tax-exempt OID	\$ -0- \$ 10 Bond premium 11	FATCA filing requirement		
Certain Information	-0-	\$ -0- \$			
Returns.	so. 14 State tax withheld \$ -0-	12 State 13 State identification no. (LEAVE BLANK)	2nd TIN not.	NUMBER	Account number (see instructions) ACCOUNT / CASE
Internal Revenue Service	\$ Department of the Treasury -	www.irs.gov/Form1099OID F		Cat No. 14421B	Form 1099-OID (Rev. 1-2024)

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

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

CAN 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).

☐ VOID ☐ CORR	ECTED	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Original issue discount for the year AMOUNT **	
FIRST MIDDLE LAST	\$	720 2 2 200
1234 YOUR GENERAL DELIVERY	Form 1099-OID (Rev. January 2024)	Original Issue Discount
ADDRESS ST. 1234 POST OFFICE ADDRES	3 2 Other periodic interest	
CITY / TOWN, ST 12345	- 0 - For calendar year 24	
PAYER'S TIN RECIPIENT'S TIN	\$ = 0 = \$ AMOUNT * *	Copy 1
SSN-XX-XXXX (LEAVE BLANK)	5 Market discount 6 Acquisition premium	
(or provide)	271 2	For State Tax
RECIPIENT'S name	\$ (BLANK) \$ (BLANK)	Department
COMPANY / COURT NAME	DESCRIPTION OF	
Street address (including apt. no.)	DEBT. CASE DISCHARGE,	
1234 THEIR ADDRESS ST.	ELECTRIC BILL, ETC.	
City or town, state or province, country, and ZIP or foreign postal code CITY / TOWN, ST 12345	8 Original issue discount on U.S. Treasury obligations	
CITY / TOWN, ST 12345	\$ -0- \$ -0-	
FATCA filin requiremen		
	\$ -0- \$ -0-	
Account number (see instructions)	12 State 13 State identification no. 14 State tax withheld	
ACCOUNT / CASE NUMBER	(LEAVE BLANK) \$ -0-	

Form 1099-OID (Rev. 1-2024)

www.irs.gov/Form1099OID

Department of the Treasury - Internal Revenue Service

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

CAN 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).

CORRECTED (if checked)								
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			al issue discount for ear* AMOUNT*	N. C.	B No. 1545-0117			
FIRST MID	DLE LA	ST	\$	IIIOONI		4000 OID		12111 0 00
1234 YOUR GENERAL DELIVERY		to report	y not be the correct figure on your income tax return actions on the back.		1099-OID v. January 2024)		Original Issue Discount	
ADDRESS ST. 1234	POST OFFICE	ADDRESS	2 Other	periodic interest	(1.10	v. barraary 2024)		
CITY / TOWN,	ST 123	45	\$	-0-	Fo	r calendar year 24		
PAYER'S TIN	RECIPIENT'S TIN		3 Early	withdrawal penalty	4 Fe	deral income tax wi	100000000000000000000000000000000000000	Сору В
SSN-XX-XXXX	(LEAVE B	LANK)	\$	-0-	\$	*TUUOMA	*	Cop, D
JOI, IIII IIIIII	200 V	25 1452 48	5 Marke	et discount	6 Ac	equisition premium		
	(or prov	vide)		/\	20	(m = = = = = = = = = = = = = = = = = = =		For Recipient
RECIPIENT'S name				(BLANK)	\$	(BLANK)		
COMPANY / C	COURT N	AME	7 Descr	ESCRIP	ΓΙ	ON OF	ľ	This is issued to the
Street address (including apt. no.)			Г	EBT. ca	SE	DISCHARGE	i i	This is important tax information and is
1234 THEIR ADDRESS ST.						1.7	being furnished to	
			70,000		ILL,	s are that protested	600	the IRS. If you are required to file a
City or town, state or province, country, and ZIP or foreign postal code			al issue discount on reasury obligations*	9 In	vestment expenses	id.	return, a negligence	
CITY / TOWN,	ST 12	345	\$	-0-	\$	-0-		penalty or other sanction may be
		FATCA filing requirement	10 Bond	d premium	11 7	ax-exempt OID		imposed on you if this income is taxable and the IRS
			\$	-0-	\$	-0-		determines that it
Account number (see instructions)		12 State		2002 T. M.	14 State tax withhe	eld	has not been reported.	
ACCOUNT / CASE NUMBER		(LE	AVE BLANI	<)	\$ -0-		reported.	
						\$		

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

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

THE SECRETARY OF STATE.

FOR COURTS, YOU MAY LEAVE IT BLANK.

www.irs.gov/Form1099OID

Department of the Treasury - Internal Revenue Service

(keep for your records)

Form 1099-OID (Rev. 1-2024)

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

CORRECTED (if checked)							
PAYER'S name, street address, city or town, state or province, c ZIP or foreign postal code, and telephone no.	coun <mark>t</mark> ry,		al issue discount	B 5.0500.	OMB No. 1545-0117		
FIRST MIDDLE LAS	ST	\$	APIOON		1000 OID		0-1-1
1234 YOUR GENERAL DELIVER	RY	0		F	form 1099-OID		Original Issue Discount
ADDRESS ST. 1234 POST OFFICE	ADDRESS	2 Other	periodic interest		(Rev. January 2024)		
CITY / TOWN, ST 1234	5	\$	-0-		For calendar year24		
PAYER'S TIN RECIPIENT'S TIN			withdrawal penal		4 Federal income tax		Copy 2
SSN-XX-XXXX (LEAVE BI	LANK)	\$ E Marke	- 0 -		AMOUNT 6 Acquisition premium	\longrightarrow	22 NATA
(or prov	ide)	3 Marke	et discount	8	6 Acquisition premiun	1	To be filed with
RECIPIENT'S name	140,	\$	(BLANK)		(BLANK)		recipient's state
COMPANY / COURT NA	AME	7 Desci					income tax return, when required.
Street address (including apt. no.)		Г	EBT.	CVC	E DISCHARG	- I	
1234 THEIR ADDRESS ST.						·,	
City or town, state or province, country, and ZIP or foreign postal code ELECTRIC BILL, ETC. 8 Original issue discount on 9 Investment expenses			.0				
			reasury o <mark>bligation</mark>		a investment expense	.5	
CITY / TOWN, ST 123	945	\$	-0-	,	5 −0−		
	FATCA filing requirement	10 Bon	d premium		11 Tax-exempt OID		
		\$	-0-		\$ − 0−		
Account number (see instructions)		12 State			Andrew Commission of the Commi	neld	
ACCOUNT / CASE NUMBER		(LE	AVE BL	ANK)	μΨΥ		
					 \$		

Form 1099-OID (Rev. 1-2024)

www.irs.gov/Form1099OID

Department of the Treasury - Internal Revenue Service

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

CAN 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).