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☐ VOID☐ CORRECTED

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|---|---|---|--|---|
| 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 2023 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- | |
| 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"/> | Copy A For Internal Revenue Service Center File with Form 1096. FOR BROKERS ONLY. For Privacy Act and Paperwork Reduction Act Notice, see the 2023 General Instructions for Certain Information Returns. |
| 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 | | 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) | | 8 Profit or (loss) realized in 2023 on closed contracts \$ (LEAVE | 9 Unrealized profit or (loss) on open contracts—12/31/2022 \$ BLANK) | |
| 14 State name (LEAVE | | 15 State identification no. BLANK) | 16 State tax withheld \$ -0- | 10 Unrealized profit or (loss) on open contracts—12/31/2023 \$ (LEAVE |
| 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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| PAYER'S TIN SSN-XX-XXXX | RECIPIENT'S TIN (LEAVE BLANK) | 1d Proceeds \$ AMOUNT* | 1e Cost or other basis \$ -0- | Copy 1 For State Tax Department FOR BROKERS ONLY. |
| 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 If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/> | |
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| FATCA filing requirement <input type="checkbox"/> | | 10 Unrealized profit or (loss) on open contracts—12/31/2023 \$ (LEAVE | 11 Aggregate profit or (loss) on contracts \$ BLANK) | |
| 14 State name (LEAVE | 15 State identification no. BLANK) | 16 State tax withheld \$ -0- | 12 If checked, basis reported to IRS <input type="checkbox"/> \$ -0- | |
| | | 13 Bartering \$ -0- | | |

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