6969 ☐ CORRECTED

For Official Use Only ☐

Form **1096**
Department of the Treasury
Internal Revenue Service

Annual Summary and Transmittal of U.S. Information Returns

OMB No 1545-0108

1985

Type or machine print FILER'S name

Street address

City, state, and ZIP code

Enter in Box 1 or 2 below the identification number you used as the filer on the attached information returns. Do not fill in both Boxes 1 and 2.

1 Employer identification number	2 Social security number
3 Total number of documents	4 Number without taxpayer identification numbers

Check only one box below to indicate the type of forms attached.