Department of the Treasury

(Rev. October 2021)

Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate ► Under sections 143(g)(3) and 148(f) and section 103(c)(6)(D) of the Internal Revenue Code of 1954.

OMB No. 1545-0047

| | Revenue | | ov/Form80381 for instruc | tions and the ia | atest information | 1. | | | |
|----------|--|--|--|--|---|--|---------------------------|---------------------|----------|
| Par | t I | Reporting Authority | | | CI | heck box if An | nended R | eturn 🕽 | <u> </u> |
| 1 | Issuer's | name | | | 2 Issuer's e | mployer identif | ication nu | nber (E | IN) |
| | | | | | | | | | |
| 3 | Numbe | er and street (or P.O. box no. if mail is not delivere | ed to street address) | Room/suite | 4 Report nu | mber (<i>For IRS U</i> : | se Only) | | |
| | | | | | 7 | | | | |
| 5 | City, to | wn, or post office, state, and ZIP code | | • | 6 Date of iss | sue | | | |
| | | | | | | | | | |
| 7 Nam | | of issue | 8 CUSIP number | | | | | | |
| | | | | | | | | | |
| 9 | Name a | and title of officer of the issuer or other person when | 10 Telephone r | number of officer | r or other p | erson | | | |
| | | · | , | | · | | · | | |
| 11 | Typo | of issue ▶ | | | Issue price ► | 11 | | | |
| Pari | | Arbitrage Rebate and Yield Red | uction Dayments | | issue price P | | Amou | nt | |
| | | | | | | | Aiiiou | 111 | |
| 12 | | outation date to which this payment relates | | | | _ _ | | | |
| 13 | Arbitrage rebate payment (see instructions) L check box if less than 100% of rebate amount | | | | | 13 | | | |
| 14 | Yield reduction payment (see instructions) | | | | | 14 | | | |
| 15 | | · · | | escrow (see ins | structions) | 15 | | | |
| Part | | Penalty in Lieu of Arbitrage Reb | ate | | | | | | |
| 16 | _ | er of months since date of issue: | | | | | | | |
| | ∐ 6 | mos 📙 12 mos 📙 18 mos | ☐ 24 mos ☐ Ot | her. No. of mo | os ▶ | _ | | | |
| 17 | Penal | ty in lieu of rebate | | | | 17 | | | |
| 18 | Date of | of termination election (MM/DD/YYYY) . | | | | | | | |
| 19 | Penal | ty upon termination | | | | 19 | | | |
| Part | IV | Late Payments | | | | | | | |
| 20 | Does | failure to pay timely qualify for waiver of pe | enalty? See instructions . | Yes | □ No □ | | | | |
| 21 | Penal | ty for failure to pay on time (see instructions | ns) | | | 21 | | | |
| 22 | Intere | Interest on underpayment (see instructions) | | | | | | | |
| Part | | Total Payment | | | | • | | | |
| 23 | Total | payment. Add lines 13, 14, 15, 17, 19, 21, | , and 22. Enter total here | | | 23 | | | |
| Part | | Miscellaneous | | | | | | | |
| 24 | | ent proceeds as of this computation date | | | | 24 | | | |
| 25 | • | | | | | 25 | | | |
| 26 | | proceeds used for qualified administrative | | | | | | | |
| | | sance escrows | | | indoto (dico) di | 26 | | | |
| 27 | | | | | | 27 | | | |
| 27 | rees | oaid for a qualified guarantee | | | | 21 | | Yes | s No |
| 00 | 1- 4 | innun a variable vete innun0 | | | | | | _ | 110 |
| 28 | | issue a variable rate issue? | | | | | . 2 | - | |
| 29 | Dia th | | e of provider | | | | — I " | | |
| | | | erm of hedge | | | | 2 | 9 | |
| 30 | Were | grood produced invocated in a circ. | e of provider | | | | — I _ | _ | |
| | | | Term of GIC | | | | 3 | | |
| 31 | | any gross proceeds invested beyond an av | _ ' '' _ | | | | . 3 | 1 | |
| 32 | Calcu | lations for filing of this form prepared by: | ☐ Issuer ☐ | Preparer: | | | | | |
| ۵. | _ | Under penalties of perjury, I declare that I have belief, they are true, correct, and complete. I fu | e examined this return, and a urther declare that I consent t | ccompanying scne o the IRS's disclo | edules and statemes sure of the issuer's | ents, and to the l s return informati | best of my ion, as nec | knowied essary t | age and |
| _ | ature | process this return, to the person that I have au | | | | | | , - | |
| and | _ | | 1 | | | | | | |
| Consent | | | | | | | | | |
| | | Signature of issuer's authorized represent | tative Date | | Type or print name | and title | | | |
| Paid | | Print/Type preparer's name | Preparer's signature | | Date | Check if | PTIN | | |
| Preparer | | | | | | self-employed | | | |
| Use Only | | Firm's name ▶ | | | | Firm's EIN ▶ | | | |
| | | | | | | | Phone no. | | |