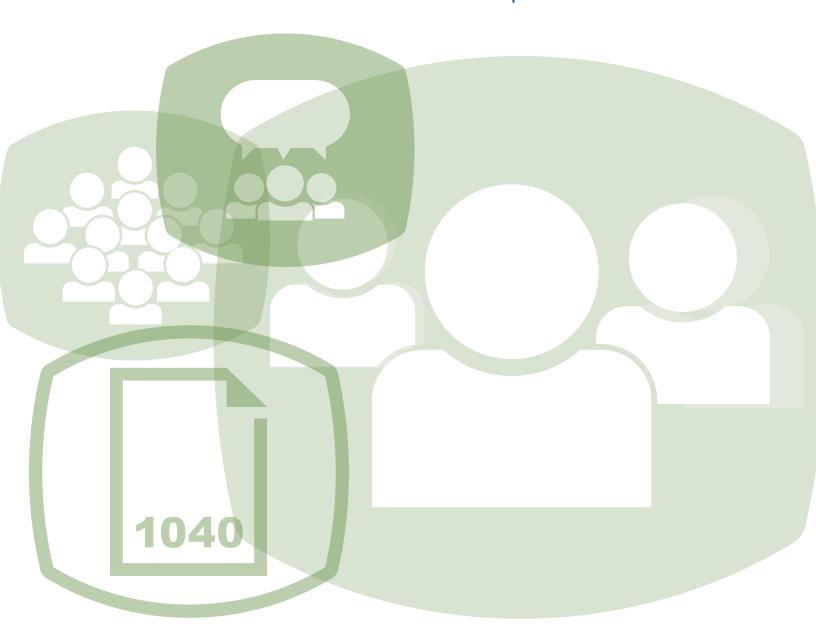


Individual Information Returns 2021 **Line Item Estimates**



www.irs.gov/statistics

Department of the Treasury Internal Revenue Service

2021 Individual Information Returns, Line Item Estimates

(Rev. 6-2024)

Daniel I. Werfel IRS Commissioner

Barry W. Johnson Chief Data & Analytics Officer, Director Statistics of Income Division, RAAS

Victoria L. Bryant Chief Individual & Tax Exempt Branch, Statistics of Income This 2021 Statistics of Income (SOI) Information Returns, Line Item Estimates publication provides estimates of frequencies and amounts of the entries on the lines of the forms filed for selected information returns that accompany the 2021 Individual SOI complete report weighted file. The estimates presented here are based on returns filed in Processing Year 2022 that were sampled statistically and then weighted to estimate the entire 2021 Tax Year.

For each information return, we provide three sets of counts. These include frequencies per form line entry, number of individuals per form line entry, and total amount per form line entry. The frequencies per form line entry were computed by selecting all information returns filed, excluding those returns that were filed in duplicate or corrected by a subsequently filed amended. The number of individuals per form line entry was computed by aggregating frequencies per form line entry to the individual level, as several information returns can be filed on behalf of a single individual. The amounts represent the dollar sum in thousands of dollars reported for each line item.

Suggested Citation

Statistics of Income--2021 Individual Information Returns Line Item Estimates Internal Revenue Service Washington, D.C.

Description of the Sample for the Line Item Estimates

This section describes the domain of the study, the sample design and selection, data capture and cleaning, the method of estimation, and the sampling variability of the estimates.

Domain of Study

The statistics in this report are estimates from a probability sample of Individual Information Returns, filed by third parties about certain business and money transactions on behalf of U.S. citizens and residents selected for inclusion in the sample of unaudited Individual Income Tax Returns, Form 1040 (including electronic returns) filed during Calendar Year 2022, being reported as a dependent on a selected Tax Return, or if the citizen or resident for which the information return was filed possesses certain combinations of the four ending digits of the social security number (SSN) but no Tax Return was filed. To avoid double counting, information returns associated with dependent tax returns were excluded because they were instead included in association with their parents returns.

All returns processed during 2022 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns were excluded in the selection of the Information Returns sample and in calculating estimates.

The estimates in this report are intended to represent all Information Returns filed for Tax Year 2021. While most of the returns processed during Calendar Year 2022 were filed for Tax Year 2021, a small portion of returns were for prior years.

Sample Design and Selection

The sample design is a stratified probability sample in which the population of tax returns is classified into subpopulations, called strata, and an independent sample is randomly selected from each stratum. Strata are defined by the following characteristics:

- 1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.
- 2. High business receipts of \$50,000,000 or more.
- 3. Presence or absence of special forms or schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).
- 4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type Price Index for the Gross Domestic Product to represent a base year of 2016.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2022 were used to assign each taxpayer's record to the appropriate stratum and to determine whether the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of their Social Security number (SSN), or if their five ending digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

The portion of the sample covering those with no filed tax return is designed as a simple random sample of recipients of information returns possessing certain combinations of the four ending digits of the SSN.

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors.

The administrative data and controlling information for each record designated for this sample were then run through an automated corrections process. The process resolves inconsistencies resulting from duplicated filings and replaces erroneous returns with filed amended returns.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sampled returns for that stratum. The weights were adjusted to correct for misclassified returns and were then applied to the sample data to produce all the estimates in this report.

For returns having no matching tax return, weights were obtained by calculating the inverse of the sampling share (10 in 9,999).

Sampling Variability

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The standard error of an estimate is a measure of the variation among the estimates from the possible samples and, thus, is a measure of the precision with which an estimate from a particular sample approximates the average of the estimates calculated from all possible samples.

Form **1099-K**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN		OMB No. 1545-2205		
Total of all forms filed = 3,553,301	card/third p transactions	1a Gross amount of payment card/third party network transactions		Payr	nent Card and Third Party Network Transactions
	1b Card Not Pr		Form 1099-K 2 Merchant categor	v code	Conv. 1
Check to indicate if FILER is a (an): Check to indicate transactions	transactions			ĺ	Copy 1 For State Tax
reported are:	3 Number of p	2,164,377	4 Federal income ta	,	Department
Payment settlement entity (PSE) Payment card Electronic Payment Facilitator	transactions		withheld	^	
(EPF)/Other third party			\$	20,304	
PAYEE'S name	5a January		5b February		
	\$	2,178,076	\$ 2,	240,366	
	5c March		5d April		
Street address (including apt. no.)	\$	2,380,883	T .	439,253	
	5e May		5f June		
	\$	2,482,870	, ·	522,396	
	5g July		5h August		
City or town, state or province, country, and ZIP or foreign postal code	\$	2,569,068	ΙΨ .	581,686	
	5i September		5j October		
PSE'S name and telephone number	\$	2,617,953	<u> </u>	637,713	
	5k November		5I December		
	\$	2,590,784	+	574,722	
Account number (see instructions)	6 State		7 State identification	n no.	8 State income tax withheld \$
	 		†		· Š

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099K

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN	OMB No. 1545-2205	ment Card and
Total of all individuals represented = 2,887,505	PAYEE'S TIN	2021	Third Party Network
	1a Gross amount of payment card/third party network transactions		Transactions
	\$ 2,879,059	Form 1099-K	
	1b Card Not Present transactions	2 Merchant category code	Copy 1
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	\$ 1,769,248		For State Tax
Payment settlement entity (PSE) Payment card	3 Number of payment transactions	4 Federal income tax withheld	Department
Electronic Payment Facilitator (EPF)/Other third party Third party network	ti di isactions	\$ 20,292	
PAYEE'S name	5a January	5b February	
	\$ 1,883,156	\$ 1,935,237	
	5c March	5d April	
Street address (including apt. no.)	\$ 2,036,512	\$ 2,096,216	
	5e May	5f June	
	\$ 2,140,763	\$ 2,172,926	
	5g July	5h August	
City or town, state or province, country, and ZIP or foreign postal code	\$ 2,213,692	¥ , ,	
	5i September	5j October	
PSE'S name and telephone number	\$ 2,236,880	, ,	
	5k November	5I December	
	\$ 2,204,680	-,,	
Account number (see instructions)	6 State	7 State identification no.	8 State income tax withheld
I .		1	1.\$

Form **1099-K**

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

Form 1099-K

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S TIN		OMB No. 1545-2205		
Total of all forms filed = 3,553,301	card/third p	_	20 21	Payr	nent Card and Third Party Network Transactions
	\$ 1b Card Not P		Form 1099-K 2 Merchant category	y code	Copy 1
Check to indicate if FILER is a (an): Check to indicate transactions	transaction	s 80,164,453			For State Tax
Payment settlement entity (PSE) reported are: Payment card	3 Number of transaction	payment	4 Federal income ta withheld	×	Department
Electronic Payment Facilitator (EPF)/Other third party Third party network			\$	128,362	
PAYEE'S name	5a January		5b February		
	\$	15,624,120	\$ 15,	369,417	
	5c March		5d April		
Street address (including apt. no.)	\$	20,222,574	Ψ -7	415,400	
	5e May		5f June		
	\$	22,288,683	7	260,767	
	5g July		5h August		
City or town, state or province, country, and ZIP or foreign postal code	\$	20,449,358	\$ 20,	855,536	
	5i September		5j October		
PSE'S name and telephone number	\$	20,592,153	\$ 20,	593,639	
	5k November		5I December		
	\$	20,037,451	\$ 21,	810,332	
Account number (see instructions)	6 State		7 State identification	n no.	8 State income tax withheld
					\$
					\$

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099K

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

22222		a Employee's social security number	OMB No. 154	5-0008	1					
b Employer identification	number	(EIN)	OWE NO. 10	1 W	ax withheld 24,331,565					
c Employer's name, add	c Employer's name, address, and ZIP code						4 Social security tax withheld 263,637,636			
Total of all forms filed = 277,981,454					ledicare wages an 271	d tips , 591,513	6 Medicare tax withheld 266,312,754			
				7 Sc	ocial security tips	,620,946	8 Allocat	ed tips	55,898	
d Control number				9			10 Depen		oenefits 1,853,367	
e Employee's first name	and initia	I Last name	Suff.	11 N	lonqualified plans		12a c "C", "D' "E", "F"	, 7	73,363,918	
				13 Sta	tatutory Retirement mployee plan	Third-party sick pay	12b g"AA"		10,205,620	
				14 Ot	ther		12c "DD"	7	76,633,581	
							12d © "W"	1	5,741,068	
f Employee's address an	d ZIP cod	de								
15 State Employer's state	e ID numb	neer 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wage	es, tips, etc.	19 Local inco	me tax	20 Locality name	

Form **W-2** Wage and Tax Statement Copy 1—For State, City, or Local Tax Department

5057

Department of the Treasury-Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

22222	a Employee's social security number	OMB No. 154	5-0008					
b Employer identification number	(EIN)		1 Wa	ages, tips, other compensation 183,353,956	2 Federal income tax withheld 165,827,831			
c Employer's name, address, and	ZIP code		3 Sc	ocial security wages 176,700,487	4 Social security tax withheld 176,180,670 6 Medicare tax withheld 179,827,680			
Total of all individuals re	presented = 183,836,567		5 M	edicare wages and tips 180,971,933				
			7 Sc	ocial security tips 10,479,941	8 Allocated	tips 55,898		
d Control number		9		10 Dependent care benefits 1,778,045				
e Employee's first name and initia	al Last name	Suff.	11 No	onqualified plans	126","D", "E","F"	68,227,771		
			13 Sta	atutory Retirement Third-party sployee plan sick pay	12b ^C "AA"	9,764,940		
			14 Ot	her	12c c"DD"	70,880,936		
					12d	15,031,703		
f Employee's address and ZIP co	de							
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income	e tax 20 Locality name		

Form **W-2** Wage and Tax Statement Copy 1—For State, City, or Local Tax Department

5057

Department of the Treasury-Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

55555	a Employee's social security number	OMB No. 154	1545-0008							
b Employer identification number	EIN)		1 Waq	ges, tips, other compensation 9,920,000,000	2 Federal income 1,3	tax withheld 90,000,000				
c Employer's name, address, and Total of all forms filed			3 Soc	sial security wages 8,150,000,000	4 Social security to 5	ax withheld 08,628,000				
Total of all forms med	211,001,101		5 Me	dicare wages and tips 10,300,000,000	6 Medicare tax withheld 160,565,000					
		7 Soc	55,897,014	8 Allocated tips 100,331						
d Control number		9	9 10 Dependent care ben 5,							
e Employee's first name and initial Last name Suff.				nqualified plans	12a °"C", "D" °"E", "F"	389,734,865				
			13 Statu	utory Retirement Third-party loyee plan sick pay	12b "AA"	45,230,064				
			14 Oth	er	12c	762,221,000				
					12d ^C "W"	37,610,915				
f Employee's address and ZIP cod	de									
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				

Form **W-2** Wage and Tax Statement Copy 1—For State, City, or Local Tax Department

5057

Department of the Treasury-Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

CORRECTED (if checked) TRANSFEROR'S name, street address, city or town, state or province, OMB No. 1545-2129 1 Date option granted country, and ZIP or foreign postal code Exercise of an Form 3921 **Incentive Stock Option Under** 2 Date option exercised Total of all forms filed = 404,887 Section 422(b) (Rev. October 2017) TRANSFEROR'S TIN EMPLOYEE'S TIN Copy B 3 Exercise price per share 4 Fair market value per share on exercise date For Employee EMPLOYEE'S name 321,176 |\$ 372,741 This is important tax 5 No. of shares transferred information and is being furnished to the IRS. If you are required Street address (including apt. no.) 6 If other than TRANSFEROR, name, address, and TIN of to file a return, a negligence penalty or corporation whose stock is being transferred other sanction may be imposed on you if this item is required to be City or town, state or province, country, and ZIP or foreign postal code reported and the IRS determines that it has Account number (see instructions) not been reported. Form **3921** (Rev. October 2017) (keep for your records) www.irs.gov/Form3921

Department of the Treasury - Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

OMB No. 1545-2129 TRANSFEROR'S name, street address, city or town, state or province, 1 Date option granted country, and ZIP or foreign postal code Exercise of an **Incentive Stock** Form 3921 **Option Under** Total of all individuals represented = 141,228 2 Date option exercised Section 422(b) (Rev. October 2017) TRANSFEROR'S TIN EMPLOYEE'S TIN Copy B 3 Exercise price per share 4 Fair market value per share on exercise date For Employee EMPLOYEE'S name 110,773 128,263 This is important tax information and is 5 No. of shares transferred being furnished to the IRS. If you are required to file a return, a Street address (including apt. no.) 6 If other than TRANSFEROR, name, address, and TIN of negligence penalty or other sanction may be corporation whose stock is being transferred imposed on you if this City or town, state or province, country, and ZIP or foreign postal code item is required to be reported and the IRS determines that it has Account number (see instructions) not been reported. Form **3921** (Rev. October 2017) (keep for your records) www.irs.gov/Form3921 Department of the Treasury - Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

CORRECTED (if checked) TRANSFEROR'S name, street address, city or town, state or province, OMB No. 1545-2129 1 Date option granted country, and ZIP or foreign postal code Exercise of an Form 3921 **Incentive Stock Option Under** 2 Date option exercised Total of all forms filed = 404,887 Section 422(b) (Rev. October 2017) EMPLOYEE'S TIN TRANSFEROR'S TIN Copy B 3 Exercise price per share 4 Fair market value per share on exercise date For Employee EMPLOYEE'S name <u>8,458</u> |\$ 43,288 This is important tax 5 No. of shares transferred information and is being furnished to the IRS. If you are required Street address (including apt. no.) 6 If other than TRANSFEROR, name, address, and TIN of to file a return, a negligence penalty or corporation whose stock is being transferred other sanction may be imposed on you if this City or town, state or province, country, and ZIP or foreign postal code item is required to be reported and the IRS determines that it has Account number (see instructions) not been reported. Form **3921** (Rev. October 2017)

www.irs.gov/Form3921

Department of the Treasury - Internal Revenue Service

(keep for your records)

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line □ VOID □ CORRECTED

5656 OMB No. 1545-2129 CORPORATION'S name, street address, city or town, state or province, 1 Date option granted **Transfer of Stock** country, and ZIP or foreign postal code **Acquired Through** Form 3922 an Employee **Stock Purchase** Total of all forms filed = 6,407,367 2 Date option exercised **Plan Under** (Rev. September 2016) Section 423(c) CORPORATION'S federal identification number EMPLOYEE'S identification number 3 Fair market value per share Copy A 4 Fair market value per share on grant date on exercise date **Internal Revenue** EMPLOYEE'S name 6,407,317 |\$ 6,406,657 **Service Center** 5 Exercise price paid per share 6 No. of shares transferred File with Form 1096. 6,406,575 Street address (including apt. no.) 7 Date legal title transferred For Privacy Act and Paperwork Reduction Act Notice, see the City or town, state or province, country, and ZIP or foreign postal code current version of the 8 Exercise price per share determined as if the option was General Instructions for exercised on the date shown in box 1 **Certain Information** Account number (see instructions) Returns. 6,133,809

Form **3922** (Rev. 9-2016) Cat. No. 41180P www.irs.gov/form3922 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**

2021 Information Return Line Item Estimates - All figures are estimates based on samples.

5656 OMB No. 1545-2129 CORPORATION'S name, street address, city or town, state or province, 1 Date option granted **Transfer of Stock** country, and ZIP or foreign postal code **Acquired Through** an Employee Form 3922 Total of all individuals represented = 2,193,363 **Stock Purchase** 2 Date option exercised **Plan Under** (Rev. September 2016) Section 423(c) CORPORATION'S federal identification number EMPLOYEE'S identification number 3 Fair market value per share Copy A 4 Fair market value per share on grant date on exercise date **Internal Revenue** EMPLOYEE'S name 2,193,355 \$ 2,193,004 **Service Center** 5 Exercise price paid per share 6 No. of shares transferred File with Form 1096. 2,192,912 Street address (including apt. no.) 7 Date legal title transferred For Privacy Act and Paperwork Reduction Act Notice, see the City or town, state or province, country, and ZIP or foreign postal code current version of the 8 Exercise price per share determined as if the option was General Instructions for exercised on the date shown in box 1 **Certain Information** Account number (see instructions) Returns. 2,145,209

Form **3922** (Rev. 9-2016) Cat. No. 41180P www.irs.gov/form3922 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**

CORPORATION'S name, street address country, and ZIP or foreign postal code Total of all forms filed	9	1 Date optio 2 Date optio		OMB No. 1545-2129 Form 3922 (Rev. September 2016)	Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)
CORPORATION'S federal identification number	EMPLOYEE'S identification number	er 3 Fair marke on grant d	t value per share ate	4 Fair market value per shon exercise date	are Copy A
EMPLOYEE'S name		\$	893,637	\$ 986,	055 Internal Revenue
		5 Exercise pr	ice paid per share	6 No. of shares transferred	Service Center
		\$	808,307		File with Form 1096
Street address (including apt. no.)		7 Date legal	title transferred		For Privacy Act and Paperwork Reduction
City or town, state or province, country	, and ZIP or foreign postal code				Act Notice, see the current version of the
		8 Exercise p	General Instructions fo		
Account number (see instructions)		exercised	on the date shown	IN DOX 1	Certain Information Returns
		l\$		762,	

Form 3922 (Rev. 9-2016) Cat. No. 41180P www.irs.gov/form3922 Department of the Treasury - Internal Revenue Service

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2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

	U VOID U CORRE	CIED				
TRUSTEE'S name, street address, citzer ziP or foreign postal code, and telepher Total of all forms fi	1 Employee or se person's Archer contributions m and 2022 for 20 \$ 2 Total contributions	MSA ade in 2021 21 1,085	Med	HSA, Archer MSA, o Medicare Advantage MSA Information		
		\$	17,408,777	Form 5498-SA		
TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or Are	cher MSA con	tributions made in 2022	for 2021	Copy A
		\$		2,4	419,461	Fo
PARTICIPANT'S name		4 Rollover contrib	outions	5 Fair market value of Archer MSA, or MA	,	Internal Revenue Service Cente
		\$	18,535	\$ 22,3	317,847	File with Form 1096
Street address (including apt. no.)		6 HSA [Archer MSA [For Privacy Act and Paperworl Reduction Ac
City or town, state or province, country	y, and ZIP or foreign postal code	MA MSA [Notice, see the 2021 Genera Instructions fo
Account number (see instructions)						Certain Information Returns
= 100 O A						

Form 5498-SA Cat. No. 38467V www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

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2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

2727	U VOID		CTED				
TRUSTEE'S name, street address, cit ZIP or foreign postal code, and teleph Total of all individuals repres	one number	1 Employee or person's Arch contributions and 2022 for \$	ner MSA made in 2021 2021 1,085	OMB No. 1545-1518 2021	Med	., Archer MSA, or licare Advantage MSA Information	
			\$	16,336,277	Form 5498-SA		
TRUSTEE'S TIN	PARTICIPANT'S TIN		3 Total HSA or	Archer MSA con	tributions made in 2022	for 2021	Сору А
			\$		2,	302,399	
PARTICIPANT'S name			4 Rollover cont	ributions	5 Fair market value of Archer MSA, or MA	,	Internal Revenue Service Center
			\$	18,535	\$ 20.	516,023	File with Form 1096.
Street address (including apt. no.)			6 HSA Archer MSA			Í	For Privacy Act and Paperwork Reduction Act
City or town, state or province, countr	y, and ZIP or foreign posta	al code	MA MSA				Notice, see the 2021 General Instructions for
Account number (see instructions)							Certain Information Returns.
E400 04							

Form 5498-SA Cat. No. 38467V www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

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2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED

TRUSTEE'S name, street address, cit ZIP or foreign postal code, and teleph		person's Arc	made in 2021	ı	, Archer MSA, or licare Advantage		
Total of all forms fi	\$	2,993 ons made in 2021	ı	MSA Information			
	2 Total contributi		5400 OA				
		\$	44,287,213	Form 5498-SA			
TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or	Archer MSA con	tributions made in 2022	for 2021	Сору А	
		\$		1,	529,382		
PARTICIPANT'S name		4 Rollover cont	ributions	5 Fair market value of Archer MSA, or MA	Service Cente		
		\$	165,788	\$ 94,	440,060	File with Form 1096.	
Street address (including apt. no.)		6 HSA				For Privacy Act and	
		Archer MSA				Paperwork Reduction Act	
City or town, state or province, countri	MA MSA				Notice, see the 2021 General		
Account number (see instructions)						Instructions for Certain Information Returns.	

Form 5498-SA Cat. No. 38467V www.irs.gov/Form5498SA 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

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code			tha	than amounts in boxes 2–4, 8–10, 13a, and 14a)				-0747 1	IRA Contribution			
Total of all	forms file	ed = 140,274,648	2 Ro	ollover	contributions			_		Information		
			\$	41- IDA	7,469,447	_	Form 549			Ī		
				oth IRA nount	conversion	4 Recharacterized contributions				Сору В		
TRUSTEE'S or ISSUER'S	TIN	PARTICIPANT'S TIN	\$		1,602,230	\$		1	38,639			
			5 FM	IV of ac	count		_ife insurand oox 1	e cost i	ncluded in	For Participant		
			\$		133,665,052	\$			*			
PARTICIPANT'S name			7 _{IR}	а 🗌	SEP 🗌	SIMP	LE 🗌	Roth IF	RA 🗌	This information		
				P con	ributions		SIMPLE co	ntributi	ons	is being		
			\$		1,334,426				65,797	furnished to		
Street address (including	apt. no.)			th IRA	contributions		f checked, re		minimum	the IRS.		
			\$		12,770,759					<u> </u> -		
011		1715	12a RN	MD dat	е		RMD amou					
City or town, state or prov	/ince, count	ry, and ZIP or foreign postal code	40 - D	-4		\$	·/ 40-		10,573	-		
			\$	stpone	ed/late contrib. 13,695	13b `	Year 13c	Code				
			14a Re	payme	ents	14b	Code					
			\$		7,702							
Account number (see inst	tructions)		- 1	/IV of c	ertain specified	15b	Code(s)					
			\$		1,874,639							
Form 5498		(keep for your records)	www.irs	.gov/F	orm5498	De	partment of	of the T	reasury -	- Internal Revenue Service		

Department of the Treasury - Internal Revenue Service

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Total of all individuals represented = 78,201,916				thar	n amoun	utions (other hts in boxes 13a, and 14a) 5,688,647	,	1B No. 7	1545-0747 21	7		IRA Contribution Information
					over cor	ntributions						
			;	\$		6,397,645		Form	5498			-
			3	B Roth amo		onversion	4	Recha contrib	racterized outions			Сору В
TRUSTEE'S or ISSUER'S T	IN	PARTICIPANT'S TIN		\$		1,533,905	\$			133,3	12	
			5	FMV	of accou	unt	6	Life insu	urance cost	t include	d in	For Participant
			:	\$		76,006,403	\$				*	
PARTICIPANT'S name		•	7	7 IRA		SEP	SIM	PLE [Roth	IRA [This information
			٤	SEF	contrib	utions	9	SIMPL	.E contribu	utions		is being
				\$		1,203,089	\$		2	2,302,0	04	furnished to
Street address (including ap	ot. no.)		10	Roth	h IRA co	ontributions	11		ed, require		um	the IRS.
			;	\$		11,267,251		distribut	tion for 202	2		
			12	la RMI	D date			RMD a	amount			
City or town, state or provin	ce, count	ry, and ZIP or foreign postal code					\$		3,	,792,3	71	
					tponed/	late contrib.	13k	Year	13c Code	е		
				\$		13,689						
			14	a Rep	ayments	S	14k	Code				
				\$		7,562						
Account number (see instru	ctions)		15	5a FM\ asse		ain specified	15k	Code(s	3)			
				\$		1,710,149						
Form 5498		(keep for your records)	ww\	w.irs.c	ov/For	m5498	·	Departm	ent of the	Treasu	ırv -	Internal Revenue Service

www.irs.gov/Form5498

Department of the Treasury - Internal Revenue Service

(keep for your records)

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code			than a	ontribution amounts in 3–10, 13a, 2	n boxes	20	1545-0747 21		IRA Contribution Information	
Total of a	II forms file	ed = 140,274,648		2 Rollov	ver contrib	utions				iiiioiiiiatioii
				\$	77	7,495,069	Form	5498		
			:	3 Roth I amou	IRA conve	rsion		aracterized butions		Сору В
TRUSTEE'S or ISSUER'	STIN	PARTICIPANT'S TIN		\$	4	3,481,298	\$		820,535	
			-	5 FMV of	f account		6 Life ins	surance cost i	ncluded in	For Participant
				\$	15,35	6,000,000	\$		*	
PARTICIPANT'S name				7 IRA	SI	P 🗌	SIMPLE [Roth IF	RA 🗌	This information
			- 1	8 SEP c	contributio	ns	9 SIMPI	_E contribut	ions	is being
				\$	1	9,287,345	\$	13,6	49,928	furnished to
Street address (including	g apt. no.)				IRA contri	butions		ked, required	minimum	the IRS.
			-	\$		9,118,430				
			12	2a RMD	date		12b RMD	amount		
City or town, state or pro	ovince, count	ry, and ZIP or foreign postal code	\perp				\$		44,045	
					oned/late		13b Year	13c Code		
			_	\$		101,514				
			14	4a Repay	yments		14b Code			
				\$		151,755				
Account number (see in	structions)		15	5a FMV o	of certain	specified	15b Code((s)		
				\$	18	0,255,888				
Form 5498		(keep for your records)	WW	w.irs.go	v/Form5	498	Departn	nent of the T	reasury -	Internal Revenue Service

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

	U VOID U CORRE	CIED				
PAYER'S/TRUSTEE'S name, street a country, ZIP or foreign postal code, a	address, city or town, state or province, and telephone no.	1 Gross distribu	ition	OMB No. 1545-1760		Payments From
Total of all forms filed -	2.675.620	\$	3,670,769	Form 1099-Q		Qualified Education
Total of all forms filed =	3,675,639	2 Earnings		(Rev. November 2019)		Programs
				For calendar year		(Under Sections 529 and 530)
		\$	3,354,009	20		
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis		4 Trustee-to-trustee		Copy A
		\$	3,420,139	transfer		For
RECIPIENT'S name		5 Distribution is	from:	6 Check if the recipier	nt is	Internal Revenue
		Qualified tuition	n program—	not the designated beneficiary		Service Center
		Private	or State			File with Form 1096
Street address (including apt. no.)		Coverdell ESA				For Privacy Act and Paperwork
						Reduction Act
City or town, state or province, coun	try, and ZIP or foreign postal code					Notice, see the
						current General
Account number (see instructions)						Certain Information
Form 1099-Q (Rev. 11-2019)	Cat. No. 32223J	www.irs.gov/Fo	rm1099Q	Department of the T	reasury -	Internal Revenue Service

Form 1099-Q (Rev. 11-2019)

Cat. No. 32223J

Www.irs.gov/Form1099Q

Department of the Treasury - Internal Revenue Service

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2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

		CIED			_	
PAYER'S/TRUSTEE'S name, street a country, ZIP or foreign postal code,	address, city or town, state or province, and telephone no.	1 Gross distribu	ıtion	OMB No. 1545-1760		Payments From
	·	\$	2,603,347	Form 1099-Q		Qualified Education
Total of all individuals rep	resented = 2,607,911	2 Earnings		(Rev. November 2019)		Programs
				For calendar year		(Under Sections 529 and 530)
		\$	2,372,188	20		
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis		4 Trustee-to-trustee		Copy A
		\$	2,410,376	transfer		For
RECIPIENT'S name		5 Distribution is	from:	6 Check if the recipier	nt is	Internal Revenue
		Qualified tuition	n program —	not the designated beneficiary		Service Center
		Private	or State	,	_	File with Form 1096
Street address (including apt. no.)		Coverdell ESA				For Privacy Act
						and Paperwork Reduction Act
City or town, state or province, coun	try, and ZIP or foreign postal code					Notice, see the
						current General
Account number (see instructions)						Instructions for Certain Information Returns
Form 1099-Q (Rev. 11-2019)	Cat. No. 32223J	www.irs.gov/Fo	rm1099Q	Department of the T	reasury -	Internal Revenue Service

Form 1099-Q (Rev. 11-2019)

Cat. No. 32223J

Www.irs.gov/Form1099Q

Department of the Treasury - Internal Revenue Service

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2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) 31.31. CORRECTED

		CIED			_	
PAYER'S/TRUSTEE'S name, stre	et address, city or town, state or province,	1 Gross distrib	oution	OMB No. 1545-1760		Payments From
	,	\$	39,130,020	Form 1099-Q		Qualified Education
Total of all forms filed	= 3,675,639	2 Earnings		(Rev. November 2019)		Programs
		¢	15,235,747	For calendar year 20		(Under Sections 529 and 530)
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis	10,200,141	4 Trustee-to-trustee		Conv. A
PAYER S/TRUSTEE S TIN	RECIPIENT S TIN	\$ Basis	22,087,982	transfer		Copy A For
RECIPIENT'S name		5 Distribution is	s from:	6 Check if the recipier	nt is	Internal Revenue
		Qualified tuition	on program—	not the designated beneficiary		Service Center
		Private	or State	,	_	File with Form 1096.
Street address (including apt. no.)	Coverdell ESA	Α 🔲			For Privacy Act
						and Paperwork Reduction Act
City or town, state or province, co	ountry, and ZIP or foreign postal code					Notice, see the
						current General Instructions for
Account number (see instructions						Certain Information Returns

Form 1099-Q (Rev. 11-2019)

Cat. No. 32223J

Www.irs.gov/Form1099Q

Department of the Treasury - Internal Revenue Service

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Form **W-2G** (Rev. 1-2021)

3232	☐ VOID ☐ CORRE	CTED		_
PAYER'S name, street address, city of	or town, province or state, country,	1 Reportable winnings	2 Date won	OMB No. 1545-0238
and ZIP or foreign postal code		02.050.000		Form W-2G
		\$ 23,859,080		Certain
		3 Type of wager	4 Federal income tax withheld 5 1,563,405	Gambling
Total of all forms filed	d = 24,014,560		Φ , ,	Winnings
		5 Transaction	6 Race	(Rev. January 2021)
				For calendar year
		7 Winnings from identical wagers 156,402	8 Cashier	20
PAYER'S federal identification number	PAYER'S telephone number	Ψ ,		
		9 Winner's taxpayer identification no	. 10 Window	For Privacy Act
				and Paperwork
				Reduction Act
WINNER'S name		11 First identification	12 Second identification	Notice, see the current General
				Instructions for
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings	Certain Information
Street address (including apt. no.)		13 State/Payer's State Identification no.	14 State willings	Returns.
			\$	
City or town, province or state, count	ry, and ZIP or foreign postal code	15 State income tax withheld	16 Local winnings	
				File with Form 1096
		\$	\$	
		17 Local income tax withheld	18 Name of locality	Copy A
				For Internal Revenue
		\$		Service Center
	that, to the best of my knowledge a of this payment and any payments from			
Signature ▶			Date ►	

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www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

Cat. No. 10138V

Form **W-2G** (Rev. 1-2021)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code	1 Reportable winnings	2 Date won	OMB No. 1545-0238
	\$ 4,326,899		Certain
Total of all forms filed = 4,365,605	3 Type of wager	4 Federal income tax withheld \$ 668,505	Gambling Winnings
	5 Transaction	6 Race	(Rev. January 2021) For calendar year
PAYER'S federal identification number PAYER'S telephone number	7 Winnings from identical wagers \$ 58,734	8 Cashier	20
	9 Winner's taxpayer identification no.	10 Window	For Privacy Act and Paperwork Reduction Act
WINNER'S name	11 First identification	12 Second identification	Notice, see the current General Instructions for Certain Information
Street address (including apt. no.)	13 State/Payer's state identification no.	14 State winnings	Returns.
City or town, province or state, country, and ZIP or foreign postal code	15 State income tax withheld \$	16 Local winnings	File with Form 1096
	17 Local income tax withheld \$	18 Name of locality	Copy A For Internal Revenue Service Center
Under penalties of perjury, I declare that, to the best of my knowledge at correctly identify me as the recipient of this payment and any payments from			
Signature ▶		Date ►	

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www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

Cat. No. 10138V

Form **W-2G** (Rev. 1-2021)

PAYER'S name, street address, city or town, province or state, count and ZIP or foreign postal code	ry, 1 Reportable winnings	2 Date won	OMB No. 1545-0238 Form W-2G
	\$ 84,115,975		Certain
Total of all forms filed = 24,014,560	3 Type of wager	4 Federal income tax withheld \$ 3,243,535	Gambling Winnings
	5 Transaction	6 Race	(Rev. January 2021)
			For calendar year
	7 Winnings from identical wagers	8 Cashier	
PAYER'S federal identification number PAYER'S telephone number	\$ 344,891		
	9 Winner's taxpayer identification no.	10 Window	F D.:: A-4
			For Privacy Act and Paperwork Reduction Act
WINNER'S name	11 First identification	12 Second identification	Notice, see the current General Instructions for
Street address (including apt. no.)	13 State/Payer's state identification no.	14 State winnings	Certain Information Returns.
		\$	
City or town, province or state, country, and ZIP or foreign postal cod	e 15 State income tax withheld	16 Local winnings	
			File with Form 1096
	\$	\$	
	17 Local income tax withheld	18 Name of locality	Copy A
	\$		For Internal Revenue Service Center
Under penalties of perjury, I declare that, to the best of my knowle correctly identify me as the recipient of this payment and any payment	edge and belief, the name, address, an		er that I have furnished
Signature ▶		Date ►	

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

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

Cat. No. 10138V

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

Form **8596**(Rev. August 2013)
Internal Revenue Service
Department of the Treasury

Total of all forms filed = 5,028

Information Return for Federal Contracts

Submit with Form 8596-A.

1 Name and address of contractor			Contractor's taxpayer identification number			
3 Name of common parent, if applicable (See instructions.)			4 Common parent's employer identification number, if applicable (See instructions.)			
5	Name of Federal executive	agency	6 Federal executive age identification number	ncy's employer		
7	Date of contract action	8 Expected date of contract completion	9 Total amount obligate \$	d under the contract 5,028		
10	Contract number	11 Agency code	12 Contract office number	13 Contract modification number		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form 8596 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form8596.

Purpose of form. Section 6050M and Regulations section 1.6050M-1 require certain Federal executive agencies to file a return to report information about persons with whom they have entered into contracts. If you are not filing electronically and you have not made the Federal Procurement Data Center (FPDC) election, explained later, use **Forms 8596** and **8596-A**, Quarterly Transmittal of Information Returns for Federal Contracts, to furnish the required information.

How to file. If you file 250 or more reportable contracts during a 1-year period, you must file Form 8596 electronically for each quarter of that 1-year period. For information on filing electronically, see Pub. 1516, Specifications for Filing Form 8596, Information Return for Federal Contracts, Electronically. If you expect to enter into fewer than 250 reportable contracts during a 1-year period, you may file paper Forms 8596 and 8596-A.



The IRS encourages you to file electronically even though you have fewer than 250 reportable contracts.

When to file. You must file Forms 8596 quarterly. The due dates for each quarter are shown below. Do not file before the end of the quarter.

QuarterDue DateJanuary, February, MarchApril 30April, May, JuneJuly 31July, August, SeptemberOctober 31October, November, DecemberJanuary 31

If the regular due date falls on a Saturday, Sunday, or legal holiday, file by the next business day.

Where to file. File Forms 8596 and 8596-A with Internal Revenue Service, Attn: 8596, Enterprise Computing Center at Martinsburg, (IRS/ECC-MTB), 230 Murall Drive, P.O. Box 1359, Kearneysville, West Virginia 25430.

Who must file. The head of every Federal executive agency or his or her delegate must file Forms 8596 and 8596-A to report federal contracts.

Federal executive agency. A Federal executive agency is (a) any executive agency, as defined in 5 U.S.C. 105, other than the Government Accountability Office, (b) any military department, as defined in 5 U.S.C. 102, and (c) the United States Postal Service and the Postal Rate Commission.

Special rules. If a subcontract is entered into by the Small Business Administration (SBA) under a prime contract between the SBA and a procuring agency under section 8(a) of the Small Business Act, the procuring agency, not the SBA, must file Forms 8596 and 8596-A.

A Federal Supply Schedule Contract or an Automated Data Processing Schedule Contract entered into by the General Services Administration (GSA), or a schedule contract entered into by the Department of Veterans Affairs (VA) on behalf of one or more Federal executive agencies, is not to be reported by the GSA or the VA at the time of execution. Rather, when a Federal executive agency, including the GSA or the VA, places an order under a schedule contract, then the Federal executive agency must file Forms 8596 and 8596-A.

FPDC election. In complying with the requirements of the Federal Procurement Data System, if you are required to submit to the FPDC the same contract information that is required by Forms 8596 and 8596-A, you may elect to have the FPDC file Forms 8596 and 8596-A on your behalf for contracts required to be reported to the FPDC. If you make the election, your agency must not file directly with the IRS to report those contracts required to be submitted to the FPDC. However, you must file with the IRS for any contracts that are required to be reported to the IRS but are not required to be submitted to the FPDC.

To make this election, attach to your FPDC submission for the quarter a signed statement that (a) the Director of the FPDC (or his or her delegate) is authorized, in accordance with an election made under 26 CFR 1.6050M-1(d)(5), on the agency's behalf, to make the required returns for that quarter and (b)

Cat. No. 12306H www.irs.gov/form8596 Form **8596** (Rev. 8-2013)

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

Form **8596**(Rev. August 2013)
Internal Revenue Service
Department of the Treasury

Total of all forms filed = 2,834

Information Return for Federal Contracts

Submit with Form 8596-A.

1 Name and address of contractor			2 Contractor's taxpayer identification number				
3 Name of common parent, if applicable (See instructions.)			Common parent's employer identification number, if applicable (See instructions.)				
5	Name of Federal executive a	agency	6 Federal executive age identification number	ncy's employer			
7	Date of contract action	8 Expected date of contract completion	9 Total amount obligated \$	d under the contract 2,834			
10	Contract number	11 Agency code	12 Contract office number	13 Contract modification number			

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form 8596 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form8596.

Purpose of form. Section 6050M and Regulations section 1.6050M-1 require certain Federal executive agencies to file a return to report information about persons with whom they have entered into contracts. If you are not filing electronically and you have not made the Federal Procurement Data Center (FPDC) election, explained later, use **Forms 8596** and **8596-A**, Quarterly Transmittal of Information Returns for Federal Contracts, to furnish the required information.

How to file. If you file 250 or more reportable contracts during a 1-year period, you must file Form 8596 electronically for each quarter of that 1-year period. For information on filing electronically, see Pub. 1516, Specifications for Filing Form 8596, Information Return for Federal Contracts, Electronically. If you expect to enter into fewer than 250 reportable contracts during a 1-year period, you may file paper Forms 8596 and 8596-A.



The IRS encourages you to file electronically even though you have fewer than 250 reportable contracts.

When to file. You must file Forms 8596 quarterly. The due dates for each quarter are shown below. Do not file before the end of the quarter.

QuarterDue DateJanuary, February, MarchApril 30April, May, JuneJuly 31July, August, SeptemberOctober 31October, November, DecemberJanuary 31

If the regular due date falls on a Saturday, Sunday, or legal holiday, file by the next business day.

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Who must file. The head of every Federal executive agency or his or her delegate must file Forms 8596 and 8596-A to report federal contracts.

Federal executive agency. A Federal executive agency is (a) any executive agency, as defined in 5 U.S.C. 105, other than the Government Accountability Office, (b) any military department, as defined in 5 U.S.C. 102, and (c) the United States Postal Service and the Postal Rate Commission.

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To make this election, attach to your FPDC submission for the quarter a signed statement that (a) the Director of the FPDC (or his or her delegate) is authorized, in accordance with an election made under 26 CFR 1.6050M-1(d)(5), on the agency's behalf, to make the required returns for that quarter and (b)

Cat. No. 12306H www.irs.gov/form8596 Form **8596** (Rev. 8-2013)

2021 Information Return Line Item Estimates - All figures are estimates based on samples.

Amount of selected lines filed (in thousands of dollars)

Form **8596**(Rev. August 2013)
Internal Revenue Service
Department of the Treasury

Total of all forms filed = 5,028

Information Return for Federal Contracts

Submit with Form 8596-A.

1 Name and address of contractor			Contractor's taxpayer identification number				
3 Name of common parent, if applicable (See instructions.)			4 Common parent's employer identification number, if applicable (See instructions.)				
5	Name of Federal executive a	agency		Federal executive ager identification number	ncy's employer		
7	Date of contract action	8 Expected date of contract completion	9	Total amount obligated	d under the contract		
				\$	2,922,941		
10	Contract number	11 Agency code		Contract office number	13 Contract modification number		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form 8596 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form8596.

Purpose of form. Section 6050M and Regulations section 1.6050M-1 require certain Federal executive agencies to file a return to report information about persons with whom they have entered into contracts. If you are not filing electronically and you have not made the Federal Procurement Data Center (FPDC) election, explained later, use **Forms 8596** and **8596-A**, Quarterly Transmittal of Information Returns for Federal Contracts, to furnish the required information.

How to file. If you file 250 or more reportable contracts during a 1-year period, you must file Form 8596 electronically for each quarter of that 1-year period. For information on filing electronically, see Pub. 1516, Specifications for Filing Form 8596, Information Return for Federal Contracts, Electronically. If you expect to enter into fewer than 250 reportable contracts during a 1-year period, you may file paper Forms 8596 and 8596-A.



The IRS encourages you to file electronically even though you have fewer than 250 reportable contracts.

When to file. You must file Forms 8596 quarterly. The due dates for each quarter are shown below. Do not file before the end of the quarter.

QuarterDue DateJanuary, February, MarchApril 30April, May, JuneJuly 31July, August, SeptemberOctober 31October, November, DecemberJanuary 31

If the regular due date falls on a Saturday, Sunday, or legal holiday, file by the next business day.

Where to file. File Forms 8596 and 8596-A with Internal Revenue Service, Attn: 8596, Enterprise Computing Center at Martinsburg, (IRS/ECC-MTB), 230 Murall Drive, P.O. Box 1359, Kearneysville, West Virginia 25430.

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Special rules. If a subcontract is entered into by the Small Business Administration (SBA) under a prime contract between the SBA and a procuring agency under section 8(a) of the Small Business Act, the procuring agency, not the SBA, must file Forms 8596 and 8596-A.

A Federal Supply Schedule Contract or an Automated Data Processing Schedule Contract entered into by the General Services Administration (GSA), or a schedule contract entered into by the Department of Veterans Affairs (VA) on behalf of one or more Federal executive agencies, is not to be reported by the GSA or the VA at the time of execution. Rather, when a Federal executive agency, including the GSA or the VA, places an order under a schedule contract, then the Federal executive agency must file Forms 8596 and 8596-A.

FPDC election. In complying with the requirements of the Federal Procurement Data System, if you are required to submit to the FPDC the same contract information that is required by Forms 8596 and 8596-A, you may elect to have the FPDC file Forms 8596 and 8596-A on your behalf for contracts required to be reported to the FPDC. If you make the election, your agency must not file directly with the IRS to report those contracts required to be submitted to the FPDC. However, you must file with the IRS for any contracts that are required to be reported to the IRS but are not required to be submitted to the FPDC.

To make this election, attach to your FPDC submission for the quarter a signed statement that (a) the Director of the FPDC (or his or her delegate) is authorized, in accordance with an election made under 26 CFR 1.6050M-1(d)(5), on the agency's behalf, to make the required returns for that quarter and (b)

Cat. No. 12306H www.irs.gov/form8596 Form **8596** (Rev. 8-2013)

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

651121

	Total of all forms filed = 24,747,978		Final K-1 Amended	l K-1	OMB No. 1545-0123
Sch	edule K-1 20 21	Pa	art III Partner's Share o	f Cur	rent Year Income,
(Fo	rm 1065)		Deductions, Cred	its, a	nd Other Items
	rtment of the Treasury al Revenue Service For calendar year 2021, or tax year	1	Ordinary business income (loss) 11,523,305	14	Self-employment earnings (loss)
_	beginning / / 2021 ending / /	2	Net rental real estate income (loss) 7,299,759		
	tner's Share of Income, Deductions,	3	Other net rental income (loss)	15	Credits
Cre	dits, etc. See back of form and separate instructions.		372,871		
F	art I Information About the Partnership	4a	Guaranteed payments for services		
Α	Partnership's employer identification number				
В	Partnership's name, address, city, state, and ZIP code	4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked
	· autoromp o manto, addresse, only, state, and in section	4c	Total guaranteed payments 837,227	17	Alternative minimum tax (AMT) items
		5	Interest income 6,099,862		
С	IRS center where partnership filed return ▶	6a	Ordinary dividends		
D	Check if this is a publicly traded partnership (PTP)		3,380,687		
P	art II Information About the Partner	6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)			1	nondeductible expenses
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions.	6c	Dividend equivalents 84,578		
		7	Royalties		
			631,886	1	
		8	Net short-term capital gain (loss) 2,282,209	19	Distributions
G	General partner or LLC Limited partner or other LLC member-manager member	9a	Net long-term capital gain (loss) 3,038,253		
Н1	☐ Domestic partner ☐ Foreign partner	9b	Collectibles (28%) gain (loss)		
H2	If the partner is a disregarded entity (DE), enter the partner's:			20	Other information
	TIN Name	9с	Unrecaptured section 1250 gain		
11	What type of entity is this partner?	-		-	
12	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ▶	10	Net section 1231 gain (loss)		
J	Partner's share of profit, loss, and capital (see instructions): Beginning Ending	11	Other income (less)	-	
		''	Other income (loss) 2,131		
	Profit % % Loss % %		,		
	Loss % % Capital % %				
	Check if decrease is due to sale or exchange of partnership interest .	12	Section 179 deduction	21	Foreign taxes paid or accrued
к	Partner's share of liabilities:		394,269		
	Beginning Ending	13	Other deductions		
	Nonrecourse \$		5,432	2	
	Qualified nonrecourse				
	financing \$				
	Recourse \$ \$				
 	Check this box if Item K includes liability amounts from lower tier partnerships	22	More than one activity for at-ris	k purpe	2000*
L	Partner's Capital Account Analysis Beginning capital account \$	23	More than one activity for passi		
	Capital contributed during the year \$	_	ee attached statement for ad		
	Current year net income (loss) \$				
	Other increase (decrease) (attach explanation) \$				
	Withdrawals and distributions \$ ()	슬			
	Ending capital account \$	For IRS Use Only			
		⊢Ns			
М	Did the partner contribute property with a built-in gain (loss)?	SF.			
<u> </u>	Yes No If "Yes," attach statement. See instructions.	_ <u>`</u>			
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	Ĕ			
	Beginning				
ı	шину Ф	1			I

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

651121

	Total of all individuals represented = 12	,590,256		Final K-1	Amended	K-1	OMB No. 1545-0123
Sch	edule K-1	2021	Pa				rent Year Income,
(For	m 1065)			Deduction	ons, Credi	ts, a	nd Other Items
	tment of the Treasury al Revenue Service For calendar y	ear 2021, or tax year	1	Ordinary business inc	ome (loss) 7,260,287	14	Self-employment earnings (loss)
D	beginning / / 2021 ending	/ /	2	Net rental real estate	income (loss) 4,057,946		
	tner's Share of Income, Deduction dits, etc. See back of form and s		3	Other net rental incor	ne (loss) 295,854	15	Credits
■ P	art I Information About the Partnersh	nip	4a	Guaranteed payment	s for services		
Α	Partnership's employer identification number		4b	Guaranteed payment	s for capital	16	Schedule K-3 is attached if
В	Partnership's name, address, city, state, and ZIP code		4c	Total guaranteed pay	· 	17	checked ▶ ☐ Alternative minimum tax (AMT) items
					745,397	17	Alternative minimum tax (Aivir) items
			5	Interest income	3,308,936		
С	IRS center where partnership filed return ▶		6a	Ordinary dividends	0.454.400		
D	Check if this is a publicly traded partnership (PTP)				2,154,196		
P	art II Information About the Partner		6b	Qualified dividends		18	Tax-exempt income and nondeductible expenses
Е	Partner's SSN or TIN (Do not use TIN of a disregarded en	tity. See instructions.)	6c	Dividend equivalents	65 494		Tiorideductible expenses
F	Name, address, city, state, and ZIP code for partner entered	I in E. See instructions.			65,481		
			7	Royalties	440,136		
			8	Net short-term capita	1,496,513	19	Distributions
G	General partner or LLC Limited partner member-manager member	er or other LLC	9a	Net long-term capital	gain (loss) 1,713,255		
H1	☐ Domestic partner ☐ Foreign partner	er	9b	Collectibles (28%) ga	in (loss)		
H2	If the partner is a disregarded entity (DE), enter the partner is a disregarded entity (DE), enter the partner is a disregarded entity (DE).	artner's:				20	Other information
	TIN Name		9с	Unrecaptured section	n 1250 gain		
l1	What type of entity is this partner?						
12	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), of	_	10	Net section 1231 gair	n (loss)		
J	Partner's share of profit, loss, and capital (see instructions Beginning Er	s): Iding	11	Other income (less)			
		•		Other income (loss)	1,189		
	Profit % Loss %	<u>%</u> %			,		
	Capital %						
	Check if decrease is due to sale or exchange of partnersh		12	Section 179 deduction	n	21	Foreign taxes paid or accrued
к	Partner's share of liabilities:				348,285		
	Beginning	Ending	13	Other deductions			
	Nonrecourse \$				4,297		
	Qualified nonrecourse						
	financing \$ \$						
	Recourse \$ \$ Check this box if Item K includes liability amounts from lower	tior partnerships •					
L	Partner's Capital Account Analysis	<u> </u>	22	More than one ac	tivity for at-risk	nurno	SPS*
_	Beginning capital account \$		23	More than one ac	•		
	Capital contributed during the year \$		*Se	ee attached stater			
	Current year net income (loss) \$	i i					
	Other increase (decrease) (attach explanation) \$						
	Withdrawals and distributions \$ (<u>)</u>	Only				
	Ending capital account \$		e 0				
			Ν				
М	Did the partner contribute property with a built-in gain (los	,	RS				
	Yes No If "Yes," attach statement. See i		For IRS Use				
N	Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	Щ				
	Beginning						

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

651121

Total of all forms filed = 24,747,978		Г	Final K-1	Amended	K-1	OMB No. 1545-0123	
Schedule K-1		Part III Partner's Share of Current Year Income,					
(Form 1065)		Deductions, Credits, and Other Items					
	tment of the Treasury al Revenue Service		1	Ordinary b	usiness income (loss)	14	Self-employment earnings (loss)
IIICIII	beginning / / 2021 ending	endar year 2021, or tax year	2	Net rental	269,416,861 real estate income (loss)		
Par	tner's Share of Income, Deduc			11011011011	10,753,600		
		and separate instructions.	3	Other net i	rental income (loss) 1,055,821	15	Credits
I P	art I Information About the Partr	nership	4a	Guarantee	ed payments for services		
Α	Partnership's employer identification number						
В	Partnership's name, address, city, state, and ZIP c	ode	4b	Guarantee	d payments for capital	16	Schedule K-3 is attached if checked ▶
	, , , , , , , , , , ,		4c	Total guara	anteed payments 66,593,907	17	Alternative minimum tax (AMT) items
			5	Interest inc	31,451,849		
С	IRS center where partnership filed return ▶		6a	Ordinary d	lividends		
D	Check if this is a publicly traded partnership (P	TP)			49,635,737		
P	art II Information About the Partr	ner	6b	Qualified o	dividends	18	Tax-exempt income and
E	Partner's SSN or TIN (Do not use TIN of a disregard	ded entity. See instructions.)					nondeductible expenses
			6с	Dividend e	•		
F	Name, address, city, state, and ZIP code for partner	entered in E. See instructions.			146,561		
			7	Royalties			
					12,100,087		
			8	Net short-	term capital gain (loss) 30,463,272	19	Distributions
G	General partner or LLC Limited member-manager member	partner or other LLC r	9a	Net long-to	erm capital gain (loss) 399,223,290		
Н1	☐ Domestic partner ☐ Foreign	partner	9b	Collectible	es (28%) gain (loss)		
H2	If the partner is a disregarded entity (DE), enter	the partner's:				20	Other information
	TIN Name		9с	Unrecaptu	red section 1250 gain		
11	What type of entity is this partner?						
12	If this partner is a retirement plan (IRA/SEP/Keogh/	etc.), check here ▶ ☐	10	Net section	n 1231 gain (loss)		
J	Partner's share of profit, loss, and capital (see instr	′	44	011	4		
	Beginning	Ending	11	Other inco	12,529		
	Profit %	<u>%</u>			12,020		
	Loss %	<u>%</u>					
	Capital % Check if decrease is due to sale or exchange of particles.	<u>%</u>	12	Section 17	'9 deduction	21	Foreign taxes paid or accrued
ĸ	Partner's share of liabilities:	thership interest . >		Coolion	5,981,403		Toroigi taxoo pala or aooraoa
``	Beginning	Ending	13	Other ded	uctions		
	Nonrecourse \$	\$			31,173		
	Qualified nonrecourse	· · · · · · · · · · · · · · · · · · ·					
	financing \$	\$					
	Recourse \$	\$					
	Check this box if Item K includes liability amounts from	lower tier partnerships ►					
L	Partner's Capital Account Ar	nalysis	22	More t	han one activity for at-risk	c purpo	oses*
Beginning capital account \$		23 More than one activity for passive activity purposes*					
Capital contributed during the year \$		*Se	ee attache	ed statement for add	dition	al information.	
Current year net income (loss) \$							
Other increase (decrease) (attach explanation) \$		_					
	Withdrawals and distributions \$() I				
	Ending capital account \$) e				
<u> </u>) i				
M Did the partner contribute property with a built-in gain (loss)? Yes No If "Yes," attach statement. See instructions.		For IRS Use Only					
 	· · · · · · · · · · · · · · · · · · ·		ō				
N	Partner's Share of Net Unrecognized Section Beginning	1 704(C) Gain or (LOSS)	"				
	Ending						

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

661117

Total of all forms filed = 3,372,280		Final K-1	Amend	led K-1	OMB No. 1545-0092
Schedule K-1 (Form 1041) 2021	P	art III			of Current Year Income,
		a. t	Deductions, Cre	dits,	and Other Items
Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service	1	Interest	income 962,111	11	Final year deductions
beginning / / 2021 ending / /	2a	Ordinary	/ dividends 1,283,016		
Beneficiary's Share of Income, Deductions, Credits, etc.	1 -	Qualified	d dividends		
	_	N			
Part I Information About the Estate or Trust A Estate's or trust's employer identification number	3	Net sho	rt-term capital gain 201,840		
	4a	Net long	-term capital gain 551,021		
B Estate's or trust's name	4b	28% rat	e gain	12	Alternative minimum tax adjustment
	4c	Unrecap	tured section 1250 gain		
C Fiduciary's name, address, city, state, and ZIP code	5		ortfolio and ness income 543,327		
	6	Ordinary	business income 120,172		
	7	Net rent	al real estate income 296,143	13	Credits and credit recapture
	8	Other re	ntal income 15,109		
D Check if Form 1041-T was filed and enter the date it was filed	9	Directly a	apportioned deductions		
				14	Other information
E Check if this is the final Form 1041 for the estate or trust					1,866,221
Part II Information About the Beneficiary F Beneficiary's identifying number	10	Estate ta	ax deduction		
G Beneficiary's name, address, city, state, and ZIP code	-				
	*S	ee attacl	ned statement for a	L dditic	nal information.
	be de	Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.			directly apportioned
	_ ≥				
	For IRS Use Only				
	RS (
H Domestic beneficiary Foreign beneficiary	For I				

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Cat. No. 11380D

Schedule K-1 (Form 1041) 2021

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

-								
		661117						
d	ed K-1	OMB No. 1545-0092						
1	nare of Current Year Income,							
edits, and Other Items								
	11	11 Final year deductions						

Total of all individuals represented = 2,883,958		Final K-1		Amend		OMB No. 1545-0092	
Schedule K-1 (Form 1041) 2021	Pa	art III				of Current Year Income,	
(* ************************************		· · · · · · · · · · · · · · · · · · ·		ons, Cre		and Other Items	
Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service	1	Interest i	ncome	883,346	11	Final year deductions	
beginning / / 2021 ending / /	2a	Ordinary	dividends	,087,582			
Beneficiary's Share of Income, Deductions, Credits, etc. See back of form and instructions.	2b	Qualified	I dividends				
Part I Information About the Estate or Trust	3	Net shor	t-term capita	ıl gain			
A Estate's or trust's employer identification number	ľ		t tom ouplie	195,900			
	4a	Net long	-term capital	gain 519,092			
B Estate's or trust's name	4b	28% rate	e gain		12	Alternative minimum tax adjustment	
	4c	Unrecap	tured section	1250 gain			
C Fiduciary's name, address, city, state, and ZIP code	. 5		ortfolio and ness income	511,048			
	6	Ordinary	business inc	ome 109,593			
	7	Net renta	al real estate	income 274,436	13	Credits and credit recapture	
	8	Other re	ntal income	12,487			
D Check if Form 1041-T was filed and enter the date it was filed	9	Directly a	apportioned d	eductions			
					14	Other information	
E Check if this is the final Form 1041 for the estate or trust						1,599,190	
Part II Information About the Beneficiary F Beneficiary's identifying number	10	Estate ta	ax deduction				
G Beneficiary's name, address, city, state, and ZIP code	-						
	*Se	ee attached statement for additional information.					
	Note: A statement must be attached showing the beneficiary's share of income and directly apporti deductions from each business, rental real estate other rental activity.			lirectly apportioned			
	For IRS Use Only						
	3S I						
H Domestic beneficiary Foreign beneficiary	For II						

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Cat. No. 11380D

Schedule K-1 (Form 1041) 2021

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

Total of all forms filed = 3,372,280	П	Final K-1	Amend	ed K-1	OMB No. 1545-0092
Schedule K-1 20 21		rt III	Beneficiary's Sh	are c	of Current Year Income,
					and Other Items
Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service	1	Interest in	3,165,818	11	Final year deductions
beginning / / 2021 ending / /	2a	Ordinary	dividends 26,994,227		
Beneficiary's Share of Income, Deductions, Credits, etc. > See back of form and instructions.	2b	Qualified	dividends		
Part I Information About the Estate or Trust	3	Net short	-term capital gain		
A Estate's or trust's employer identification number	Ľ		1,205,795		
	4a	Net long-	term capital gain 26,795,450		
B Estate's or trust's name	4b	28% rate	gain	12	Alternative minimum tax adjustment
	4c	Unrecapt	ured section 1250 gain		
C Fiduciary's name, address, city, state, and ZIP code	- 5		tfolio and ess income 13,132,036		
	6	Ordinary	business income 7,967,407		
	7	Net renta	1 real estate income 12,225,460	13	Credits and credit recapture
	8	Other ren	tal income 165,008		
D Check if Form 1041-T was filed and enter the date it was filed	9	Directly ap	oportioned deductions		
				14	Other information
E Check if this is the final Form 1041 for the estate or trust				14	17,947,989
Part II Information About the Beneficiary F Beneficiary's identifying number	10	Estate tax	k deduction		
G Beneficiary's name, address, city, state, and ZIP code					
	*Se	e attach	ed statement for a	dditio	nal information.
	bei dec	neficiary'	from each busines	and c	d showing the directly apportioned ntal real estate, and
	>				
	l o				
	For IRS Use Only				
H Domestic beneficiary Foreign beneficiary	For				

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

Total of all forms filed = 8,576,493		Final K-1 Amended	K-1	OMB No. 1545-0123
Schedule K-1 (Form 1120-S) 2021	Pa	Shareholder's Share Deductions, Credits		
Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service	1	Ordinary business income (loss) 7,793,915	13	Credits 319,381
beginning / / 2021 ending / /	2	Net rental real estate income (loss)		
Shareholder's Share of Income, Deductions,	3	707,485 Other net rental income (loss)		
Credits, etc. See separate instructions.		50,165		
Part I Information About the Corporation	4	Interest income		
A Corporation's employer identification number	5a	1,682,126 Ordinary dividends		
A Corporation's employer identification number		306,457		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified dividends	14	Schedule K-3 is attached if checked ▶ □
	6	Royalties 46,042	15	Alternative minimum tax (AMT) items
	7	Net short-term capital gain (loss) 145,586		
C IRS Center where corporation filed return	8a	Net long-term capital gain (loss) 303,209		
D Corporation's total number of shares	8b	Collectibles (28%) gain (loss)		
Beginning of tax year	8c	Unrecaptured section 1250 gain		
	9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
Part II Information About the Shareholder			10	items affecting shareholder basis
E Shareholder's identifying number	10	Other income (loss)		
F Shareholder's name, address, city, state, and ZIP code				
G Current year allocation percentage%	11	Section 179 deduction	17	Other information
H Shareholder's number of shares	''	663,415		
Beginning of tax year	12	Other deductions		
Loans from shareholder Beginning of tax year				
δίμο				
For IRS Use Only				
<u>я</u>				
ш	18 19	More than one activity for at-risk More than one activity for passiv		
		* See attached statement f	or ad	ditional information.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

	Total of all individuals represented = nedule K-1 rm 1120-S)	7,086,291 20 21	Pa				of C	OMB No. 1545 urrent Year Income, Other Items	-0123
Depa	artment of the Treasury	year 2021, or tax year	1		siness incom	•	13	Credits 263,	705
	beginning / / 2021 ending	/ /	2	Net rental re	eal estate inc	ome (loss)		200,	703
Sh	areholder's Share of Income, Dedu	ctions,	3	Other net re	ental income	604,084 (loss)			
Cre	edits, etc. ▶See separate in	structions.				45,449			
	Part I Information About the Corporat	tion	4	Interest inco		,505,083			
Α	Corporation's employer identification number		5а	Ordinary div		282,073			
В	Corporation's name, address, city, state, and ZIP code		5b	Qualified div	vidends		14	Schedule K-3 is attached if checked	\Box
			6	Royalties		42,894	15	Alternative minimum tax (AMT)	=
			7	Net short-te	erm capital ga	ain (loss)			
С	IRS Center where corporation filed return		8a	Net long-ter	rm capital ga				
D	Corporation's total number of shares		8b	Collectibles	(28%) gain (282,861 loss)			
	Beginning of tax year				. , , , ,	,			
	End of tax year		8c	Unrecapture	ed section 12	250 gain			
F	Part II Information About the Sharehol	der	9	Net section	1231 gain (lo	oss)	16	Items affecting shareholder	basis
Е	Shareholder's identifying number		10	Other incom	ne (loss)				
F	Shareholder's name, address, city, state, and ZIP code								
							17	Other information	
G	Current year allocation percentage	<u>%</u>	11	Section 179) doduction				
Н	Shareholder's number of shares		''	Section 179	deduction	629,952			
	Beginning of tax year		12	Other deduc	ctions				
	End of tax year								
ı	Loans from shareholder								
	Beginning of tax year								
	End of tax year								
nly									
se C									
For IRS Use Only									
-or			18	More the	an one activi	tv for at-rick	purno	ses*	
			19			-		ity purposes*	
				* See at	tached sta	atement f	or ad	ditional information.	

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

Total of all form	ns filed = 8,576,493		☐ Final K-1	I Amended	K-1	OMB No. 1545-0123
Schedule K-1 (Form 1120-S)	2021	Pa		Shareholder's Share Deductions, Credits		urrent Year Income, Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2021, or tax year	1	Ordinary	business income (loss) 686,566,571	13	Credits 3,489,292
beginning / / 20	021 ending / /	2	Net renta	Il real estate income (loss)		3,133,252
Shareholder's Share of	Income Deductions			10,568,101		
Credits, etc.	See separate instructions.	3	Other net	t rental income (loss) 1,280,616		
	out the Corporation	4	Interest in			
	•	L.		7,325,240		
Corporation's employer identificat	tion number	5a	Ordinary	dividends 8,367,380		
B Corporation's name, address, city	y, state, and ZIP code	5b	Qualified	dividends	14	Schedule K-3 is attached if checked ▶ □
		6	Royalties	2,904,587	15	Alternative minimum tax (AMT) items
		7	Net short	-term capital gain (loss) 2,139,659		
C IRS Center where corporation filed	d return	8a	Net long-	term capital gain (loss)		
D Corporation's total number of sha	ares	8b	Collectible	les (28%) gain (loss)		
Beginning of tax year		8c	Unrecapt	tured section 1250 gain		
,		┸				
Part II Information Abo	out the Shareholder	9	Net section	on 1231 gain (loss)	16	Items affecting shareholder basis
E Shareholder's identifying number		10	Other inc	ome (loss)		
F Shareholder's name, address, city	y, state, and ZIP code					
O					17	Other information
G Current year allocation percentage	e <u>%</u>	11	Section 1	79 deduction		
H Shareholder's number of shares				26,774,201		
Beginning of tax year		12	Other de	ductions		
End of tax year						
I Loans from shareholder		1				
Beginning of tax year						
End of tax year	\$					
		1				
≥						
O						
Use						
For IRS Use Only						
o		18	More	than one activity for at-risk	L c purpo	l oses*
_		19	_	than one activity for passiv		
			* 500	attached statement f	or ad	ditional information
			366	anaoneu sialement i	oi au	unionai imonnation.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

		LOILD			
PAYER'S name, street addres or foreign postal code, and tel	s, city or town, state or province, country, ZII ephone no.		OMB No. 1545-0116		
Total of all fo	orms filed = 38,003,140		2021		Nonemployee Compensation
			Form 1099-NEC		
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compe	nsation 37,654	,166	Copy 1
RECIPIENT'S name		consumer products	ales totaling \$5,000 or more of to recipient for resale		For State Tax Department
Street address (including apt.	no.)	4 Federal income tax	withheld		
City or town, state or province	e, country, and ZIP or foreign postal code	\$	104	1,212	
		5 State tax withheld	6 State/Payer's state no.		7 State income
Account number (see instructi	ons)	\$			\$
		 \$			\$

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line VOID CORRECTED

		-0.22			
PAYER'S name, street add or foreign postal code, and Total of all individua	·		OMB No. 1545-0116		Nonemployee Compensation
			Form 1099-NEC		
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compe \$	nsation 25,810,	918	Copy 1
RECIPIENT'S name	·		ales totaling \$5,000 or more of to recipient for resale		For State Tax Department
Street address (including a	ot. no.)	4 Federal income tax v	vithheld		
City or town, state or proving	nce, country, and ZIP or foreign postal code	\$	97	,209	
		5 State tax withheld	6 State/Payer's state no.		7 State income
Account number (see instru	actions)	\$			\$
		 \$			 \$

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

or foreign postal code, and	AYER'S name, street address, city or town, state or province, country, ZIF r foreign postal code, and telephone no. Total of all forms filed = 38,003,140		OMB No. 1545-0116		Nonemployee Compensation
			Form 1099-NEC		
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compe	ensation 658,005,	225	Copy 1
RECIPIENT'S name		1 '	ales totaling \$5,000 or more of to recipient for resale		For State Tax Department
Street address (including ap	ot. no.)				
City or town, state or provir	nce, country, and ZIP or foreign postal code	4 Federal income tax v		5,674	
Account number (see instru	actions)	5 State tax withheld	6 State/Payer's state no.		7 State income
		\$			\$

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

		NNECTED		
TRUSTEE'S or ISSUER'S name, street province, country, and ZIP or foreign p		1 Coverdell ESA contributions	OMB No. 1545-1815	
Total of all forms filed	i = 354,039	\$ 342,774 2 Rollover contributions	2021	Coverdell ESA Contribution Information
		\$ 7,026	Form 5498-ESA	
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN			Copy A
BENEFICIARY'S name				Internal Revenue Service Center
				File with Form 1096
Street address (including apt. no.) City or town, state or province, countr	y, and ZIP or foreign postal cod	e		For Privacy Act and Paperwork Reduction Act Notice, see the
Account number (see instructions)				2021 Genera Instructions for Certain Information
Account number (see instructions)				Returns

Form 5498-ESA Cat. No. 34011J www.irs.gov/Form5498ESA 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

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

	_		D	ORRECTE	Ш	VOID		7272	
0		OMB No. 1545-1815	overdell ESA contributions	or 1 C	, state			S or ISSUER'S name, streecountry, and ZIP or foreign	
Coverdell ESA Contribution Information		2021	287,982 Illover contributions	\$ 2 R	1	= 298,034	sente	of all individuals repre	Total of
		Form 5498-ESA	6,819	\$					
Copy A For						CIARY'S TIN	BENE	'S/ISSUER'S TIN	TRUSTEE'S/
Internal Revenue Service Center								ARY'S name	BENEFICIAR
File with Form 1096.									
For Privacy Act and Paperwork Reduction								lress (including apt. no.)	Street addres
Act Notice, see the 2021 General Instructions for				ode	ostal	or foreign p	ry, and	vn, state or province, coun	City or town,
Certain Information Returns.								umber (see instructions)	
								^ FOA	E 400

Form 5498-ESA Cat. No. 34011J www.irs.gov/Form5498ESA 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

Amount of selected lines filed (in thousands of dollars)

1616		LOILD		
TRUSTEE'S or ISSUER'S name, st province, country, and ZIP or foreign	reet address, city or town, state or gn postal code	1 Coverdell ESA contributions	OMB No. 1545-1815	0
Total of all forms filed = 354,039		\$ 351,161 2 Rollover contributions	2021	Coverdell ESA Contribution Information
		\$ 62,062	Form 5498-ESA	
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN			Copy A For
BENEFICIARY'S name				Internal Revenue Service Center
				File with Form 1096.
Street address (including apt. no.)	untry, and ZIP or foreign postal code			For Privacy Act and Paperwork Reduction Act Notice, see the
Oity of town, state of province, con	unity, and zir or loreign postal code			2021 General Instructions for
Account number (see instructions)				Certain Information Returns.
- E400 ECA				

Number of Forms filed for selected line CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Total of all forms filed = 4,875,750		1 Date of c		OMB No. 1545-0997	Proceeds From Real Estate Transactions		
		\$	4,835,700			ate Transactions	
FILER'S TIN	TRANSFEROR'S TIN	3 Address (i	ncluding city, state,	and ZIP code) or legal de	Copy B		
						For Transferor	
TRANSFEROR'S name					This is important tax information and is being furnished to the IRS. If		
Street address (including a	1	r received or will re the consideration	eceive property or servio (if checked)	ces	you are required to file a return, a negligence		
City or town, state or provi	alien, foreign partnership, foreign estate, or foreign trust) sanction ma				penalty or other sanction may be imposed on you if this item is required to be reported and the IRS		
Account number (see instructions)		6 Buyer's p	determines that it has not been reported.				
Form 1099-S	(keep for your records)	www.irs.gov/	Form1099S	Department of the	Freasury -	Internal Revenue Service	

www.irs.gov/Form1099S

Department of the Treasury - Internal Revenue Service

(keep for your records)

Form **1099-S**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

CORRECTED (if checked) FILER'S name, street address, city or town, state or province, country, 1 Date of closing OMB No. 1545-0997 ZIP or foreign postal code, and telephone number **Proceeds From Real** Total of all individuals represented = 4,451,595 **Estate Transactions** 2 Gross proceeds 4,420,098 Form **1099-S** FILER'S TIN TRANSFEROR'S TIN 3 Address (including city, state, and ZIP code) or legal description Copy B For Transferor TRANSFEROR'S name This is important tax information and is being furnished to the IRS. If 4 Transferor received or will receive property or services you are required to file a as part of the consideration (if checked) . . . return, a negligence Street address (including apt. no.) penalty or other 5 If checked, transferor is a foreign person (nonresident sanction may be alien, foreign partnership, foreign estate, or foreign City or town, state or province, country, and ZIP or foreign postal code imposed on you if this item is required to be reported and the IRS Account number (see instructions) 6 Buyer's part of real estate tax determines that it has 1,531,835 not been reported.

www.irs.gov/Form1099S

Department of the Treasury - Internal Revenue Service

(keep for your records)

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Date	1 Date of closing OMB No. 1545-09			
Total of all forms filed = 4,875,750			proceeds	2021		
		\$	1,859,900,000			
FILER'S TIN	TRANSFEROR'S TIN	3 Addre	ss (including city, state,	and ZIP code) or legal de	escription	Copy B
						For Transferor
TRANSFEROR'S name						This is important tax information and is being furnished to the IRS. If
Street address (including apt. no.))	4 Transferor received or will receive property or services as part of the consideration (if checked)				
City or town, state or province, country, and ZIP or foreign postal code			5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign imposed on you trust)			
Account number (see instructions)			's part of real estate ta		determines that it has	
		\$		1,	375,259	not been reported.
Form 1099-S	(keep for your records)	www.irs.g	jov/Form1099S	Department of the 1	Freasury -	Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line OORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all forms filed = 2,586,716,551			<i>P</i>	opplicable checkbox on Form	8949	OMB No. 1545-0715 2021 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions	
				1	a Description of property	(Exa	ample: 100 sh. XYZ Co.)	
				1	b Date acquired	10	Date sold or disposed	
PAYER'S TIN		RECIPIE	NT'S TIN	\$	d Proceeds 2,440,012,504	1 .	Cost or other basis 2,073,870,375	Copy 1 For State Tax
				\$	f Accrued market discount 600,679	. ~	Wash sale loss disallowed 387,524,241	Department
RECIPIENT'S name				2	Short-term gain or loss	3	If checked, proceeds from:	
					Long-term gain or loss Ordinary		Collectibles	
Street address (inclu	ding apt. no.)			\$	Federal income tax withheld 417,980		If checked, noncovered security	
0		1710		- 6	Reported to IRS:		If checked, loss is not allowed based on amount in 1d	
City or town, state or	province, country,	, and ∠IP o	r foreign postal code		Gross proceeds Net proceeds			
				8	Profit or (loss) realized in 2021 on closed contracts		Unrealized profit or (loss) on open contracts—12/31/2020	
Account number (see instructions)			•	3,904,053	1	640,607		
CUSIP number			FATCA filing requirement	10	Unrealized profit or (loss) on open contracts—12/31/2021	11	Aggregate profit or (loss) on contracts	
14 State name	15 State identif	ication no.	16 State tax withheld	\$	190,859	\$	3,982,863	
			\$	12	2 If checked, basis reported to IRS	13	Bartering 25,354]

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line OORRECTED

Proceeds From Broker and Barter Exchange Transactions	OMB No. 1545-0715 2021 Form 1099-B	n 894	Applicable checkbox on Form	PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no. Total of all individuals represented = 54,977,235			
	example: 100 sh. XYZ Co.)	/ (Ex	a Description of property				
	1c Date sold or disposed	1	b Date acquired				
Copy 1 For State Tax	1e Cost or other basis 47,550,700	4 \$	d Proceeds 53,930,934	S TIN	ENT'S	RECIPI	PAYER'S TIN
Department	1g Wash sale loss disallowed 11,699,350	- 1	f Accrued market discount 248,685				
	3 If checked, proceeds from: Collectibles QOF	3	2 Short-term gain or loss Long-term gain or loss Ordinary				RECIPIENT'S name
	5 If checked, noncovered security		Federal income tax withheld 129,969			no.)	Street address (including
	7 If checked, loss is not allowed based on amount in 1d	7	Gross proceeds Net proceeds	reign postal code	or for	e, country, and ZIP	City or town, state or pro-
	9 Unrealized profit or (loss) on open contracts—12/31/2020	2	Profit or (loss) realized in 2021 on closed contracts 554,662			ions)	Account number (see inst
	1 Aggregate profit or (loss) on contracts	\$ 11	Unrealized profit or (loss) on open contracts — 12/31/2021	FATCA filing requirement			CUSIP number
	<u> </u>	12	111,138	State tax withheld	16	State identification no.	14 State name
	3 Bartering 7,582	13	2 If checked, basis reported to IRS		\$		

Form **1099-B**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

Proceeds From Broker and Barter Exchange Transactions	OMB No. 1545-0715 2021 Form 1099-B	8949	Applicable checkbox on Form	A	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all forms filed = 2,586,716,551				
	ample: 100 sh. XYZ Co.)	(Examp	1a Description of property (1					
	c Date sold or disposed	1c Date	1b Date acquired	11					
Copy 1 For State Tax	e Cost or other basis 14,200,000,000		1d Proceeds 15,223,000,000	\$	S TIN	ENT'S	RECIPIE		PAYER'S TIN
Department	g Wash sale loss disallowed 723,722,466	1g Was	1f Accrued market discount 302,243	11 \$					
	If checked, proceeds from: Collectibles QOF	Coll	2 Short-term gain or loss Long-term gain or loss Ordinary	2			•		RECIPIENT'S name
	If checked, noncovered security	secu	4 Federal income tax withheld 190,768	\$				g apt. no.)	Street address (including
	based on amount in 1d Unrealized profit or (loss) on	base 9 Unre	6 Reported to IRS: Gross proceeds Net proceeds 8 Profit or (loss) realized in		reign postal code	or for	and ZIP	rovince, country,	City or town, state or pro
	open contracts—12/31/2020 365,023		2021 on closed contracts 10,759,755	\$				structions)	Account number (see ins
	Aggregate profit or (loss) on contracts	on c	O Unrealized profit or (loss) on open contracts—12/31/2021	10	FATCA filing requirement				CUSIP number
	-2,012,505	\$	-206,163	\$	State tax withheld	16	ication no.	15 State identif	14 State name
	Bartering 83,307	13 Bart	2 If checked, basis reported to IRS	12		\$		ļ	

www.irs.gov/Form1099B

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

		LOTED (II officiality			
LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all forms filed = 128,798			OMB No. 1545-0877	Ab	Acquisition or andonment of cured Property
			Form 1099-A		
		1 Date of lender's acquisition or	2 Balance of principal		Copy B
LENDER'S TIN	BORROWER'S TIN	knowledge of abandonment	outstanding		For Borrower
			 \$	128,798	This is important tax
BORROWER'S name		3	4 Fair market value of		information and is being furnished to the IRS. If you are required to file a
Street address (including apt. no.)		5 If checked, the borrower was personally liable for repayment of the debt ▶			penalty or other sanction may be imposed on you if
City or town, state or province, country, and ZIP or foreign postal code		6 Description of property			taxable income results from this transaction and the IRS determines
Account number (see instru	ctions)				that it has not been reported.
Form 1099-A	(keep for your records)	www.irs.gov/Form1099A	Department of the T	reasury -	- Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

		LOTED (II official)			
LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all individuals represented = 126,611		r	OMB No. 1545-0877 2021 Form 1099-A	Ab	Acquisition or andonment of cured Property
		1 Date of lender's acquisition or	2 Balance of principal		Сору В
LENDER'S TIN	BORROWER'S TIN	knowledge of abandonment	outstanding		For Borrower
			\$	126,611	This is important tax
BORROWER'S name	·	3	4 Fair market value of	property	information and is being furnished to the IRS. It you are required to file a
			\$	125,602	1
Street address (including apt. no.)		5 If checked, the borrower was personally liable for repayment of the debt ▶			penalty or other sanction may be imposed on you it
City or town, state or province, country, and ZIP or foreign postal code		6 Description of property			taxable income results from this transaction and the IRS determines
Account number (see instru	uctions)				that it has not been reported.
Form 1099-A	(keep for your records)	www.irs.gov/Form1099A	Department of the T	reasury -	Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all forms filed = 128,798			OMB No. 1545-0877 2021 Form 1099-A	Ab	Acquisition or candonment of cured Property
		Date of lender's acquisition or knowledge of abandonment		•	Сору В
LENDER'S TIN	BORROWER'S TIN	knowledge of abandonment	outstanding		For Borrower
			\$ 11,3	326,175	This is important tax
BORROWER'S name	·	3	4 Fair market value of	property	information and is being furnished to the IRS. If you are required to file a
			\$ 134	450,860	l '
Street address (including apt. no.)		5 If checked, the borrower was personally liable for repayment of the debt			nenalty or other
City or town, state or province, country, and ZIP or foreign postal code		6 Description of property			taxable income results from this transaction and the IRS determines
Account number (see instr	ructions)]			that it has not been reported.
Form 1099-A	(keep for your records)	www.irs.gov/Form1099A	Department of the T	reasury -	- Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

RECIPIENT'S/LENDER'S TIN PAYER'S/BORROWER'S TIN PAYER'S/BORROWER'S TIN PAYER'S/BORROWER'S name \$ 85,956,086 For F Bor The information in through 9 a important tax information in through 9 a import	ortgage nterest tement
RECIPIENT'S/LENDER'S TIN PAYER'S/BORROWER'S TIN 2 Outstanding mortgage principal \$ 85,013,429 4 Refund of overpaid interest PAYER'S/BORROWER'S name 5 Mortgage insurance premiums 4 Interest 5 Mortgage insurance premiums 5 Mortgage insurance premiums 4 Interest 5 Mortgage insurance premiums 4 Interest 5 Mortgage insurance premiums 5 Mortgage insurance premiums 6 Points paid on purchase of principal residence 9 Penalty or other may be imposed	Copy B or Payer/
6 Points paid on purchase of principal residence penalty or other may be imposed	Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or
Ψ the IDC do	
Street address (including apt. no.) 7	
City or town, state or province, country, and ZIP or foreign postal code 8 Address or description of property securing mortgage these points, report the securing mortgage these points are securing mortgage.	
11 Mortgage	eductible item. ge
Account number (see instructions) acquisition date Form 1098 (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue	

Form **1098**

(Keep for your records)

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street province, country, ZIP or foreign posts Total of all individuals representations.	al code, and telephone no.	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	2021		Mortgage Interest Statement
		1 Mortgage interest received f)* 982,006	Copy B For Payer/
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal \$ 59,816,914 4 Refund of overpaid	3 Mortgage origination 5 Mortgage insurance		Borrower The information in boxes 1 through 9 and 11 is important tax information
PAYER'S/BORROWER'S name		\$ 109,288 6 Points paid on purchase of p	\$ 14,02 principal residence	20,160 59,579	and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if
Street address (including apt. no.)		7 If address of property se as PAYER'S/BORROWER'S a the address or description is e		the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for	
City or town, state or province, countr		8 Address or description of pro	operty securing mortgaç	ge	these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or
9 Number of properties securing the mortgage	10 Other				because you claimed a nondeductible item.
Account number (see instructions)					11 Mortgage acquisition date

www.irs.gov/Form1098

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

CORRECTED (if checked) RECIPIENT'S/LENDER'S name, street address, city or town, state or Caution: The amount shown may OMB No. 1545-1380 province, country, ZIP or foreign postal code, and telephone no. not be fully deductible by you. Mortgage Limits based on the loan amount and the cost and value of the 2021 Interest secured property may apply. Also, you may only deduct interest to the Statement extent it was incurred by you, actually paid by you, and not Total of all forms filed = 86,897,924 reimbursed by another person. Form 1098 1 Mortgage interest received from payer(s)/borrower(s)* Copy B 451,299,972 For Payer/ RECIPIENT'S/LENDER'S TIN PAYER'S/BORROWER'S TIN 2 Outstanding mortgage 3 Mortgage origination date Borrower principal The information in boxes 1 \$ 18,083,000,000 through 9 and 11 is important tax information 4 Refund of overpaid 5 Mortgage insurance and is being furnished to interest premiums the IRS. If you are required PAYER'S/BORROWER'S name 106,365 23,389,759 \$ to file a return, a negligence 6 Points paid on purchase of principal residence penalty or other sanction may be imposed on you if 7,502,492 the IRS determines Street address (including apt. no.) If address of property securing mortgage is the same that an underpayment of as PAYER'S/BORROWER'S address, the box is checked, or tax results because you the address or description is entered in box 8. overstated a deduction for this mortgage interest or for City or town, state or province, country, and ZIP or foreign postal code 8 Address or description of property securing mortgage these points, reported in boxes 1 and 6: or because you didn't report the refund of interest (box 4): or because you claimed a 9 Number of properties securing the 10 Other nondeductible item. mortgage 11 Mortgage acquisition date Account number (see instructions)

Form **1098**

(Keep for your records)

www.irs.gov/Form1098

Form **1098-T**

(keep for your records)

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED

FILER'S name, street address, city or town, sta foreign postal code, and telephone number	te or province, country, ZIP	or	1 Payments received qualified tuition expenses		OMB No. 1545-1574		
Total of all forms filed = 2	7,936,857	1	\$ 2	26,730,799	2021		Tuition Statement
				0	Form 1098-T		
FILER'S employer identification no. STUDE	NT'S TIN		3				Copy B
							For Student
STUDENT'S name			4 Adjustments ma prior year	de for a	5 Scholarships or grad	nts	This is important tax information
		- [:	\$	1,294,343	\$ 15,9	954,935	and is being
Street address (including apt. no.)			6 Adjustments to scholarships or for a prior year	cholarships or grants in box 1 includes amounts for an			furnished to the IRS. This form must be used to
City or town, state or province, country, and Z	P or foreign postal code		\$	524,410	academic period beginning January– March 2022		complete Form 8863 to claim education credits. Give it to the
Service Provider/Acct. No. (see instr.)	8 Checked if at least		9 Checked if a gra	aduate	10 Ins. contract reimb.	./refund	tax preparer or use it to prepare the tax return.
	half-time student	\Box	student		\$	2,413	

www.irs.gov/Form1098T

Form **1098-T**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED

FILER'S name, street address, city or t foreign postal code, and telephone nur		Payments received for qualified tuition and related expenses	OMB No. 1545-1574	
Total of all individuals rep	resented = 25,509,085	\$ 24,610,6 2	2021	Tuition Statement
			0 Form 1098-T	
FILER'S employer identification no.	STUDENT'S TIN	3		Copy B
				For Student
STUDENT'S name		4 Adjustments made for a prior year	5 Scholarships or grants	This is important tax information
		\$ 1,293,27	'8 \$ 15,401,5	
Street address (including apt. no.)		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an	furnished to the IRS. This form must be used to
City or town, state or province, countr	y, and ZIP or foreign postal code	\$ 524,41	academic period beginning January– March 2022	complete Form 8863 to claim education credits. Give it to the
Service Provider/Acct. No. (see instr.)	8 Checked if at least	9 Checked if a graduate	10 Ins. contract reimb./refur	tax preparer or use it to prepare the tax return.
	half-time student	student	□ s 2.4	113

(keep for your records)

www.irs.gov/Form1098T

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED

FILER'S name, street address, city or town, sta foreign postal code, and telephone number Total of all forms filed = 2	te or province, country, ZIP	or	Payments receiqualified tuition expenses 2 2		4000 T		Tuition Statement
FILER'S employer identification no. STUDE	NT'S TIN		3				Сору В
							For Student
STUDENT'S name			4 Adjustments ma	ide for a	5 Scholarships or gran	nts	
			prior year				This is important tax information
			\$	2,126,801	\$ 132,8	330,617	and is being
Street address (including apt. no.)			6 Adjustments to scholarships or for a prior year	grants	7 Checked if the amou in box 1 includes amounts for an	ınt	furnished to the IRS. This form must be used to
City or town, state or province, country, and Zl	P or foreign postal code		\$	1,010,431	academic period beginning January– March 2022		complete Form 8863 to claim education credits. Give it to the
Service Provider/Acct. No. (see instr.)	8 Checked if at least		9 Checked if a gra	aduate	10 Ins. contract reimb.	/refund	tax preparer or use it to prepare the tax return.
	half-time student		student		\$	8,412	F - F

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

CORRECTED (if checked) RECIPIENT'S/LENDER'S name, street address, city or town, state or OMB No. 1545-1576 province, country, ZIP or foreign postal code, and telephone number Student 2021 **Loan Interest** Total of all forms filed = 11,042,811 **Statement** Form **1098-E** Copy B RECIPIENT'S TIN BORROWER'S TIN 1 Student loan interest received by lender For Borrower 10,896,285 BORROWER'S name This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other Street address (including apt. no.) sanction may be imposed on you if the IRS determines that an underpayment of tax City or town, state or province, country, and ZIP or foreign postal code results because you overstated a deduction Account number (see instructions) 2 If checked, box 1 does not include loan origination for student loan interest.

Form 1098-E (keep for your records) www.irs.gov/Form1098E Department of the Treasury - Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Total of all individuals represented = 8,999,441			OMB No. 1545-157	6	Student Loan Interest Statement
			Form 1098-E		
RECIPIENT'S TIN	BORROWER'S TIN	1 Student loan interest receive	d by lender	_	Copy B
		\$	-	8,893,281	For Borrower
BORROWER'S name Street address (including apt. City or town, state or province	no.) e, country, and ZIP or foreign postal code				This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you
Account number (see instruct	ions)	2 If checked, box 1 does not in fees and/or capitalized interest September 1, 2004			overstated a deduction for student loan interest.
Form 1098-F	(keep for your records)	www.ire.gov/Form1098F	Donartment of the	Troocung	Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Total of all forms filed = 11,042,811			OMB No. 1545-1576 2021 Form 1098-E		Student Loan Interest Statement
RECIPIENT'S TIN	BORROWER'S TIN	1 Student loan interest received by lender			Сору В
		\$	17,	,056,382	For Borrower
BORROWER'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code					This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you
Account number (see instructions)		2 If checked, box 1 does not fees and/or capitalized inter September 1, 2004	est for loans made befo	re _	overstated a deduction for student loan interest.
Form 1098-E	(keep for your records)	www.irs.gov/Form1098E	Department of the	Treasury -	Internal Revenue Service

www.irs.gov/Form1098E

Department of the Treasury - Internal Revenue Service

(keep for your records)

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

		()		
CREDITOR'S name, street ZIP or foreign postal code	t address, city or town, state or province, country, , and telephone no.	1 Date of identifiable event	OMB No. 1545-1424	
		2 Amount of debt discharged	Cancellation	
Total of all forms f	iled = 6,295,589	\$ 6,241,921	2021	of Debt
		\$ 535,295	Form 1099-C	
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description		Copy B
				For Debtor
DEBTOR'S name				This is important tax information and is being furnished to the IRS. If you are required to file a
Street address (including a	apt. no.)	5 If checked, the debtor was prepayment of the debt	personally liable for	return, a negligence penalty or other sanction may be
City or town, state or province, country, and ZIP or foreign postal code				imposed on you if taxable income results from this transaction and the IRS determines
Account number (see instructions)		6 Identifiable event code	7 Fair market value of prope	rty that it has not been
			\$ 123,1	21 reported.
Form 1099-C	(keep for your records)	www.irs.gov/Form1099C	Department of the Treasu	ry - Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

	OMB No. 1545-1424	1 Date of identifiable event	CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		
Cancellation		2 Amount of debt discharged	Total of all to district and a second of		
of Debt	2021	\$ 5,035,894	esented = 5,070,290	Total of all individuals re	
		3 Interest, if included in box 2			
	Form 1099-C	\$ 507,235			
Copy B For Debtor		4 Debt description	DEBTOR'S TIN	CREDITOR'S TIN	
This is important tax information and is being furnished to the IRS. It you are required to file a			DEBTOR'S name		
return, a negligence penalty or other sanction may be		5 If checked, the debtor was per repayment of the debt .	Street address (including apt. no.)		
imposed on you if taxable income results from this transaction			City or town, state or province, country, and ZIP or foreign postal code		
and the IRS determines that it has not been	7 Fair market value of property	6 Identifiable event code	Account number (see instructions)		
reported.	\$ 119,831				
- Internal Revenue Service	Department of the Treasury -	www.irs.gov/Form1099C	p for your records)	Form 1099-C (k	

www.irs.gov/Form1099C

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

	OMB No. 1545-1424	1 Date of identifiable event	CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		
Cancellation	2 Amount of debt discharged		Total of all forms filed = 0.205 500		
of De	2021	\$ 30,747,509	295,589	Total of all forms filed = 6	
		3 Interest, if included in box 2			
	Form 1099-C	\$ 1,377,179			
Сору		4 Debt description	DEBTOR'S TIN	CREDITOR'S TIN	
For Deb					
This is important information and is be furnished to the IR you are required to fi			DEBTOR'S name		
return, a neglige penalty or or sanction may		5 If checked, the debtor was perepayment of the debt	Street address (including apt. no.)		
imposed on you taxable income res from this transac and the IRS determine			City or town, state or province, country, and ZIP or foreign postal code		
that it has not b	7 Fair market value of property	6 Identifiable event code	Account number (see instructions)		
repor	\$ 7,948,867				
ry - Internal Revenue Ser	Department of the Treasury -	www.irs.gov/Form1099C	p for your records)	Form 1099-C (kee	

www.irs.gov/Form1099C

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

					_	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			ment compensation	OMB No. 1545-0120]	
Total of all forms filed = 99,184,074			28,882,303			Certain Government
10tal of all forms filed = 99,104,074		2 State or local income tax refunds, credits, or offsets				Payment
		\$	68,552,972	Form 1099-G		
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 am	ount is for tax year	4 Federal income tax withheld		Copy 1
				\$ 16,295,985		Оору
RECIPIENT'S name	•	5 RTAA pa	yments	6 Taxable grants		For State Tax
		\$	*	\$	586,199	Department
		7 Agricultu	re payments	8 Check if box 2 is		
Street address (including apt. no.)		\$	778,882	trade or business income	▶ □	
		9 Market g	ain			
City or town, state or province, country, and ZIP or foreign postal code		\$	*			
		10a State	10b State identifica	ation no. 11 State income to	ax withheld	
Account number (see instructions)				\$		
				\$		
Form 1099-G	www.irs.gov/Form1099	9G		Department of the	Treasury - I	nternal Revenue Service

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099G

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line VOID CORRECTED

		LOTED			_	
PAYER'S name, street address, or foreign postal code, and telep	city or town, state or province, country, Zlohone no.	P 1 Unemplo	yment compensation	OMB No. 1545-0120		•
Total of all forms filed = 85,695,654			28,406,839 local income tax credits, or offsets	2021		Certain Government Payments
		\$	64,543,961	Form 1099-G		
PAYER'S TIN	PAYER'S TIN RECIPIENT'S TIN		nount is for tax year	4 Federal income tax	withheld	Copy 1
				\$ 16,1	179,876	Оору 1
RECIPIENT'S name	RECIPIENT'S name		yments	6 Taxable grants		For State Tax
		\$	*	\$	576,287	Department
		7 Agricultu	ire payments	8 Check if box 2 is		
Street address (including apt. no	o.)	\$	774,772	trade or business income	▶ □	
		9 Market gain				
City or town, state or province, country, and ZIP or foreign postal code		\$	*			
		10a State	10b State identifica	ation no. 11 State income to	tax withheld	
Account number (see instructions)				\$		
				\$		
Form 1099-G	www.irs.gov/Form109	9G	•	Department of the	Treasury - I	nternal Revenue Service

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all forms filed = 99,184,074		\$ 2 State or	343,033,016 local income tax credits, or offsets			Certain Government Payments
		\$	80,433,953	Form 1099-G		
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 am	nount is for tax year	4 Federal income tax	withheld	Copy 1
				\$ 15,	,893,769	
RECIPIENT'S name		5 RTAA pa	yments	6 Taxable grants		For State Tax
		\$	*	\$ 5,	,931,473	Department
		7 Agricultu	ire payments	8 Check if box 2 is		
Street address (including apt. no.)		\$	9,304,398	trade or business income	▶ □	
		9 Market g	ain			
City or town, state or province, country, and ZIP or foreign postal code		\$	*			
		10a State	10b State identifica	ation no. 11 State income to	ax withheld	
Account number (see instructions)		\neg		 \$		
				\$		
Form 1099-G	www.irs.gov/Form1099	9G		Department of the	Treasury - Ir	nternal Revenue Service

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **1099-DIV**

2021 Information Return Line Item Estimates - All figures are estimates based on samples.

☐ VOID

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1a	Total o	ordinary dividends	ON	MB No. 1545-0110		
			\$		89,427,345		2021	Dividends and	
			1b	Qualifi	ied dividends	'			Distributions
Total of all forms filed = 98,922,022			\$		83,582,226	F	orm 1099-DIV		
			2a	Total	capital gain distr.		Unrecap. Sec. 125	~ I	Copy 1
			\$		36,699,360	\$	3,4	411,237	For State Tax
PAYER'S TIN	RECIPIENT'S TIN			Sectio	n 1202 gain	1	Collectibles (28%)	,	Department
			\$		*	\$		1,061	
				Section	897 ordinary dividends		Section 897 capita	~ I	
			\$		103,080	\$		787,760	
RECIPIENT'S name		3	Nondi	vidend distributions	.I	4 Federal income tax withheld			
			\$		12,443,718	Ψ	<u> </u>		
			5	Sectio	n 199A dividends	6		- 1	
Street address (including apt. no.)			\$		24,282,060	+ +		205,540	
			7	Foreig	n tax paid	8	Foreign country or U.S.	possession	
					04 004 000				
City or town, state or province, count	ry, and ZIP or foreign posta	al code	\$		21,264,880	-			
			9	Cash li	quidation distributions	1	Noncash liquidation d	I	
			\$		280,536	Ψ,		5,230	
		FATCA filing requirement	11	Exemp	ot-interest dividends	12	Specified private a bond interest divid		
			\$		8,866,176	\$	6,0	019,186	
Account number (see instructions)			13	State	14 State identification no	15	State tax withheld		
						\$			
			ļ			\$			

www.irs.gov/Form1099DIV

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **1099-DIV**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

	☐ VOID ☐	CORRE	CTED				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1a Tota	al ordinary dividends	OMB No. 1545-0110		
		\$	89,427,34	2021		Dividends and	
Total of all forms filed = 98,922,022			1b Qua	alified dividends		Distribution	
			\$	83,582,22	Form 1099-DIV		
			2a Tota	al capital gain distr.	2b Unrecap. Sec. 12	50 gain	Copy 1
			\$	36,699,36	0 \$,411,237	For State Tax
PAYER'S TIN	RECIPIENT'S TIN			ction 1202 gain	2d Collectibles (28%	, ,	Department
			\$	•	Ψ	1,061	
				tion 897 ordinary dividends		Ŭ	
			\$	103,080	Ť	787,760	
RECIPIENT'S name				ndividend distributions 12,443,71		x withheld 627,113	
			\$		Ψ	,	
Other at a deliver a final colling of	-1			ction 199A dividends	6 Investment exper	I	
Street address (including ap	ot. no.)		\$	24,282,06	Ψ	205,540	
			7 For	eign tax paid	8 Foreign country or U.S	. possession	
City or town, state or proving	nce, country, and ZIP or foreign pos	tal code	\$	21,264,88			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	h liquidation distribution	s 10 Noncash liquidation	distributions	
			\$	280,53		5,230	
		FATCA filing requirement		empt-interest dividends	12 Specified private bond interest div		
			\$	8,866,17	6 \$,019,186	
Account number (see instru	ictions)	-	13 Sta	te 14 State identification n	. 15 State tax withhele	d	
					\$		
					\$		

www.irs.gov/Form1099DIV

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **1099-DIV**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

PAYER'S name, street address, city or foreign postal code, and telephor	country, ZIP	1a To	tal o	rdinary dividends	O	MB No. 1545-0110			
			\$		388,251,396		2021	ı	Dividends and
			1b Qu	ualifi	ed dividends				Distributions
Total of all forms file	ed = 98,922,022		\$		311,470,066	F	form 1099-DIV		
			2a To	tal c	apital gain distr.	1	Unrecap. Sec. 12	~	Copy 1
			\$		169,206,117	\$	•	485,846	For State Tax
PAYER'S TIN	RECIPIENT'S TIN		2c Se	ectio	n 1202 gain	20	Collectibles (28%)) gain	Department
			\$		*	\$		143	
			2e Sec	ction	897 ordinary dividends	2f	Section 897 capita	ıl gain	
			\$		15,780	\$:	201,889	
RECIPIENT'S name			3 No	ndiv	ridend distributions		Federal income tax		
			\$		13,862,962	\$		507,335	
			5 Se	ctio	n 199A dividends	6	Investment expen	ses	
Street address (including apt. no.)			\$		6,920,185	\$		18,722	
			7 Fo	reigi	n tax paid	8	Foreign country or U.S.	possession	
City or town, state or province, could	ntry, and ZIP or foreign posta	al code	\$		3,036,639	İ			
			9 Ca	sh li	quidation distributions	10	Noncash liquidation of	distributions	
			\$		6,423,099	\$	1,3	270,998	
		FATCA filing requirement		emp	t-interest dividends	12	Specified private a bond interest divide		
			\$		19,918,909	\$	1,0	630,445	
Account number (see instructions)	1		13 Sta	ate	14 State identification no.	15	State tax withheld		
						\$			
			ļ			\$			

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service

* Data not shown because of the small number of sample returns on which they are based.

Form **1099-INT**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line OORRECTED

PAYER'S name, street address, city o	r town, state or province, c	ountry, ZIP	Payer's RTN (opt	ional)	OM	B No. 1545-0112			
or foreign postal code, and telephone	no.						1.1		
Total of all forms filed = 154	A61 7A3					2021	Interest		
Total of all forms filed = 154	,401,743		1 Interest income	•] 4		Income		
			\$ 1:	31,693,017	F.	m 1099-INT			
			2 Early withdraw	al nenalty	10	1000 1141			
			2 Larry Witharaw	Copy 1					
PAYER'S TIN	RECIPIENT'S TIN		\$	829,827					
					3 Interest on U.S. Savings Bonds and Treas. obligations				
		\$			3,126,103				
RECIPIENT'S name		4 Federal income		1	ment expenses				
			\$	1,279,783	\$	82,193			
			6 Foreign tax pai		7 Foreign	country or U.S. possession			
Street address (including apt. no.)			\$	31,789					
			8 Tax-exempt int	erest	9 Specifi interes	ed private activity bond t			
City or town, state or province, countr	y, and ZIP or foreign postal	l code	\$	4,399,277	\$	178,242			
		10 Market discour	nt	11 Bond	premium				
				45.000					
		FATCA filing requirement	<u>'</u>	15,209	-	835,960			
	['		l '	easury obligations 175,863		remium on tax-exempt bond			
		\$	175,005	\$	1,378,796				
Account number (see instructions)			14 Tax-exempt and bond CUSIP no.	tax credit	15 State	16 State identification no.	17 State tax withheld		
		Dona Gooir no.		ļ		\$			
			I		I		¢ .		

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

Form **1099-INT**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line OORRECTED

PAYER'S name, street address, city or foreign postal code, and telephone	untry, ZIP	Payer's RTN (opti	onal)	OM	IB No. 1545-0112				
Total of all individuals repre			1 Interest income	•		2021	Interest Income		
			\$	30,547,364	Fo	rm 1099-INT			
			2 Early withdrawa	al penalty			Copy 1		
PAYER'S TIN	RECIPIENT'S TIN		 \$			687,894			
					3 Interest on U.S. Savings Bonds and Treas. obligations				
			\$			2,216,697			
RECIPIENT'S name			4 Federal income			ment expenses			
			\$	1,167,963	\$	78,460			
			6 Foreign tax paid			country or U.S. possession			
Street address (including apt. no.)			\$	29,513					
			8 Tax-exempt int		interes	ied private activity bond t			
City or town, state or province, count	ry, and ZIP or foreign postal o	code	\$	1,556,552	\$	155,437			
			10 Market discour	nt	11 Bond	premium			
		ATCA filing	\$	14,103	\$	773,989			
	re	quirement	12 Bond premium on Tre	easury obligations	13 Bond p	premium on tax-exempt bond	1		
			\$	163,829	\$	1,181,578			
Account number (see instructions)			14 Tax-exempt and bond CUSIP no.	tax credit	15 State	16 State identification no.	17 State tax withheld		
							<u>*</u>		

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

Form **1099-INT**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

							•		
PAYER'S name, street address, city or town, st or foreign postal code, and telephone no.	tate or province, count	try, ZIP	Payer's RTN (optional)	ON	IB No. 1545-0112			
Total of all forms filed = 154,461,743	3		1 Interest inco	ome	. <u>.</u>	2021	Interest Income		
			\$	44,531,804	Fo	rm 1099-INT			
			2 Early withdr	awal penalty	•		Copy 1		
PAYER'S TIN RECIPIE	ENT'S TIN		\$		144,372	For State Tax			
					3 Interest on U.S. Savings Bonds and Treas. obligations				
		\$							
RECIPIENT'S name		4 Federal inco	me tax withheld	5 Invest	ment expenses				
			\$	55,738	\$	15,939			
			6 Foreign tax		7 Foreign	country or U.S. possession			
Street address (including apt. no.)			\$	6,137					
			8 Tax-exempt	interest	9 Specifinteres	ied private activity bond it			
City or town, state or province, country, and Zli	P or foreign postal cod	de	\$	43,030,292	\$	506,145			
		10 Market disc	ount	11 Bond	premium				
		CA filing	\$	9,310	\$	1,029,411			
	requi	irement	12 Bond premium o	n Treasury obligations	13 Bond p	remium on tax-exempt bond	1		
		\$	283,093	\$	16,939,142				
Account number (see instructions)			14 Tax-exempt a bond CUSIP		15 State	16 State identification no.	17 State tax withheld		
						\$			

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

7373	VC	טוע		KKE	CIED			
PAYER'S name, street address, city or foreign postal code, and telephone		or provinc	e, country	y, ZIP	Gross long-term care benefits paid	OMB No. 154	5-1519	
						Form 1099-		ong-Term Care and
Total of all forms f	iled = 302	,514			\$ 297,86	(Rev. October	r 2019)	Accelerated Death Benefits
	PAYER'S TIN POLICYHOLDER'S TIN				Accelerated death benefit paid	20		Deficition
PAYER'S TIN	POLICYHOI	LDER'S TI	N		\$ 4,65	INSURED'S T	IN I	Сору А
POLICYHOLDER'S name				3 Check one: Per Reimbursed amount	t l		For Internal Revenue Service Center	
					INSURED'S name	File with Form 1096. For Privacy Act		
Street address (including apt. no.)					Street address (including ap	t. no.)		and Paperwork Reduction Act Notice, see the
City or town, state or province, coun	try, and ZIP or	foreign po	ostal code	Э	City or town, state or province,	country, and ZIP or t	foreign postal co	
Account number (see instructions)			ified contr ptional)	ract	5 Check, if applicable (optional):	Chronically ill Terminally ill	Date certified	Information Returns.
Form 1099-LTC (Rev. 10-2019) Do Not Cut or Separa		at. No. 230		Pag	www.irs.gov/Form1099LTC			ry - Internal Revenue Service

9393	□ VO	ID CORRE		cu iiiic				
PAYER'S name, street address, city of or foreign postal code, and telephone		or province, country, ZIP	1 Gross long-terr benefits paid	n care	OMB No. 1545-1519 Form 1099-LTC	Lone	g-Term Care and	
Total of all individuals repr	Total of all individuals represented = 290,630			\$ 287,989 (Rev. October 2019)			Accelerated Death Benefits	
			2 Accelerated de paid		For calendar year 20		201101110	
PAYER'S TIN	POLICYHOL	DER'S TIN	\$	4,646	INSURED'S TIN		Сору А	
POLICYHOLDER'S name				Reimbursed mount			For Internal Revenue Service Center	
			INSURED'S name	File with Form 1096. For Privacy Act				
Street address (including apt. no.)			Street address (in	cluding apt.	no.)		and Paperwork Reduction Act Notice, see the	
City or town, state or province, count	ry, and ZIP or	foreign postal code	City or town, state of	or province, co	untry, and ZIP or foreign p	ostal code	1 '.	
Account number (see instructions)		4 Qualified contract (optional)	5 Check, if applice (optional):		Chronically ill Date ce	rtified	Information Returns.	
Form 1099-LTC (Rev. 10-2019) Do Not Cut or Separa		at. No. 23021Z IS on This Pag	www.irs.gov/Form			•	Internal Revenue Service on This Page	

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) ORRECTED ORRECTED

PAYER'S name, street address, city or foreign postal code, and telephon Total of all forms		Gross long-term care benefits paid 11,043,138 Accelerated death benefits	OMB No. 1545-1519 Form 1099-LTC (Rev. October 2019) For calendar year	Long-Term Care and Accelerated Death Benefits
		paid 384,431	20	
PAYER'S TIN	POLICYHOLDER'S TIN	\$ 304,431	INSURED'S TIN	Copy A
		3 Check one:		For Internal Revenue
POLICYHOLDER'S name		diem amount		Service Center
		INSURED'S name	-	File with Form 1096.
				For Privacy Act
Street address (including apt. no.)		Street address (including apt.	no.)	and Paperwork Reduction Act Notice, see the
City or town, state or province, coun	try, and ZIP or foreign postal code	City or town, state or province, co	untry, and ZIP or foreign po	ostal code current General Instructions for
Account number (see instructions)	4 Qualified contract (optional)	(ontional):	Chronically ill Date cer	tified Certain Information Returns.
Form 1099-LTC (Rev. 10-2019)	Cat. No. 23021Z	www.irs.gov/Form1099LTC	Department of the T	reasury - Internal Revenue Service

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

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

	_		IED	CORRE		7474	
Distributions From an HSA Archer MSA, or dicare Advantage MSA		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20		TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Total of all forms filed = 16,095,482 PAYER'S TIN BECIPIENT'S TIN			
Copy A	ss cont. 12,288	2 Earnings on exces	1 Gross distribution \$ 16,045,843		RECIPIENT'S TIN	PAYER'S TIN	
Internal Revenue Service Cente File with Form 1096 For Privacy Ac	eath 14,131	4 FMV on date of de	3 Distribution code			RECIPIENT'S name	
and Paperwork Reduction Ac Notice, see the current Genera	.,		5 HSA	an postal code	ry, and ZIP or foreign p	Street address (including apt. no.) City or town, state or province, cou	
Instructions fo Certair Information Returns			MA MSA	jii postai code	ny, and zir or loreigh p	Account number (see instructions)	
- Internal Revenue Service	Treasury -	Department of the 1	gov/Form1099SA	1D www.ir	Cat. No. 38471D	Form 1099-SA (Rev. 11-2019)	

Form 1099-SA (Rev. 11-2019) Cat. No. 38471D www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

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2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

7474			VOID		CORRE	CI	FD							
TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Total of all individuals represented = 14,939,422										Fori	MB No. 1545-151 m 1099-S v. November 201 for calendar year	A	Med	Distributions From an HSA, Archer MSA, or dicare Advantage
										'	20			MSA
PAYER'S TIN	RE	CIPI	ENT'S TIN			1	Gross dis	tribution		2	Earnings on exc	ess	cont.	Copy A
						\$		14,90	1,895	\$			12,150	For
RECIPIENT'S name						3	Distribution	on code		4	FMV on date of	dea	ıth	Internal Revenue Service Center
														File with Form 1096.
										\$			13,832	
Street address (including apt. no.)						5	HSA							and Paperwork Reduction Act
							Archer MSA							Notice, see the
City or town, state or province, coun	try, an	nd Z	P or foreign p	ostal	code		MA	_						current General
							MSA							Instructions for Certain
Account number (see instructions)														Information
														Returns.
Form 1099-SA (Rev. 11-2019)		Cat.	No. 38471D		www.i	rs.g	ov/Form10	99SA			Department of the	e Tr	easury -	- Internal Revenue Service

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2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) 9494 CORRECTED

9494 TRUSTEE'S/PAYER'S name, street country, ZIP or foreign postal code, Total of all forms f	·	CTED	OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year	Med	Distributions From an HSA Archer MSA, or dicare Advantage MSA
PAYER'S TIN RECIPIENT'S name	RECIPIENT'S TIN	1 Gross distribution \$ 32,697,477 3 Distribution code	4 FMV on date of dea	1,475 ath	Service Center File with Form 1096.
Street address (including apt. no.) City or town, state or province, cou	ntry, and ZIP or foreign postal code	5 HSA	Ψ	<u>79,924</u>	and Paperworl Reduction Ac Notice, see the current Genera Instructions fo
Account number (see instructions) Form 1099-SA (Rev. 11-2019)	Cat. No. 38471D www.i	rs.gov/Form1099SA	Department of the T	reasun/ -	Certair Informatior Returns Internal Revenue Service

Form 1099-MISC

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

		_ v Oi	_		/I II IL	OILD					
PAYER'S name, street address, city or foreign postal code, and telephone		state o	r provinc	e, count	ry, ZIP	1 Rents		OMB	No. 1545-0115		
						\$	4,852,792		021		Miscellaneous
						2 Royalties	· · ·	1 4			Information
						,					
Total of all forms file	d =	22,077	7,197			\$	5,384,643	Form	1099-MISC		
						3 Other inco	ome	4 Fed	eral income tax	withheld	
						\$	9,712,846	\$	2	Copy 1	
PAYER'S TIN	R'S TIN RECIPIENT'S TIN					5 Fishing bo	oat proceeds	6 Med	ical and health care	e payments	For State Tax Department
						\$	47,608	\$	1,0	77,651	
RECIPIENT'S name							de direct sales		stitute payments		
							i,000 or more of products to	divid	dends or interest		
						recipient for		\$	•	436,372	
Street address (including apt. no.)						9 Crop insur	rance proceeds		ss proceeds pa erney	id to an	
						\$	156,441	\$		90,442	
City or town, state or province, counti	ry, and	ZIP or f	oreign po	ostal cod	le	<u> </u>	nased for resale	12 Sec	tion 409A defer	rrals	
						\$		\$		565	
Account number (see instructions)			ATCA filir	~			olden parachute		qualified deferr	red	
		re	quireme	nt		payments		con	npensation		
						\$	*	\$		26,626	
						15 State tax	withheld	16 Stat	te/Payer's state	no.	17 State income
						\$					\$
						φ		· 			ф

Department of the Treasury - Internal Revenue Service

* Data not shown because of the small number of sample returns on which they are based.

www.irs.gov/Form1099MISC

Form 1099-MISC

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line VOID CORRECTED

PAYER'S name, street address, city of or foreign postal code, and telephone		1 Rents		OMB No. 1545-0115		
		\$	3,863,709	2021	ı	Miscellaneous
Total of all individuals rep	resented = 16,790,969	2 Royalties				Information
		\$	3,579,903	Form 1099-MISC		
		3 Other income	;	4 Federal income tax	withheld	
		\$	8,902,444	\$ 25	89,541	Copy 1
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat	proceeds	6 Medical and health care	payments	For State Tax Department
		\$	34,755	\$ 3:	38,550	
RECIPIENT'S name		7 Payer made d		8 Substitute payments dividends or interest	in lieu of	
		totaling \$5,000 consumer pro-				
		recipient for re		Ť	113,613	
Street address (including apt. no.)		9 Crop insurance	e proceeds	10 Gross proceeds pai attorney	id to an	
		\$	149,881	\$	67,193	
City or town, state or province, countr	y, and ZIP or foreign postal code	11 Fish purchase	ed for resale	12 Section 409A deferr	rals	
		\$		\$	544	
Account number (see instructions)	FATCA filing requirement	13 Excess golde payments	n parachute	14 Nonqualified deferre	ed	
		\$	*	\$	26,598	
		15 State tax with	held	16 State/Payer's state	no.	17 State income
		\$				\$
		\$		T		\$

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099MISC

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 1099-MISC

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

PAYER'S name, street address, city or foreign postal code, and telephon	I Rents		OMB No. 1545-0115				
			\$ 2 Royalties	119,040,074	2021		Miscellaneous Information
Total of all forms fil	ed = 22,	077,197	\$	32,015,886	Form 1099-MISC		
			3 Other inco	ome	4 Federal income tax	withheld	
			\$	49,670,212	\$ 1,4	Copy 1	
PAYER'S TIN	R'S TIN RECIPIENT'S TIN		5 Fishing bo	eat proceeds	6 Medical and health care	payments	For State Tax Department
			\$	840,232	\$ 15,2	06,095	
RECIPIENT'S name	•			le direct sales ,000 or more of	8 Substitute payments dividends or interest		
			consumer recipient for	products to or resale	\$	288,484	
Street address (including apt. no.)			<u> </u>	ance proceeds	10 Gross proceeds pa attorney	id to an	
			\$	5,418,000	\$ 7,4	412,699	
City or town, state or province, coun	try, and ZIP	or foreign postal code	11 Fish purch	ased for resale	12 Section 409A defer	rals	
			\$		\$	16,355	
Account number (see instructions)		FATCA filing requirement	13 Excess go payments	lden parachute	14 Nonqualified deferr compensation	red	
			\$	*	\$	153,293	
			15 State tax	withheld	16 State/Payer's state	no.	17 State income
			\$				\$
			\$		<u> </u>		\$

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099MISC

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all forms filed = 1,320,734		\$	e dividends 1,113,198	OMB No. 1545-01		Taxable		
		\$	nage distributions 781	2021	F	Distributions Received From		
		3 Per-unit retain allocations \$ 264,355		Form 1099-PA	ΓR	Cooperatives		
PAYER'S TIN	RECIPIENT'S TIN	4 Federal ii	ncome tax withheld	5 Redeemed nonqualified notices		000, 0		
		\$	8,555	\$	102,528	For Recipient		
RECIPIENT'S name		6 Section 1	99A(g) deduction	7 Qualified payme (Section 199A(b		This is important tax information and is		
		\$	218,714	\$	534,842	being furnished to the		
Street address (including apt. no.)		8 Section 1	99A(a) qual. items	9 Section 199A(a) SSTB ite		IRS. If you are required to file a return, a		
		\$	680,114	\$	661	negligence penalty or		
City or town, state or province, coul	ntry, and ZIP or foreign postal code	10 Investme	nt credit	11 Work opportuni	ty credit	other sanction may be imposed on you if this		
		\$	9,851	\$	293	income is taxable and		
Account number (see instructions)		12 Other cre	edits and deduction	s 13 Sp	ecified Coop	the IRS determines that it has not been		
		\$		*		reported.		
orm 1099-PATR	(keep for your records)	www irs gov	/Form1099PATR	Department of the	ne Treasury -	- Internal Revenue Service		

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Total of all individuals represented = 1,029,133		\$ 2 Nonpatron	e dividends 925,843 nage distributions 781 etain allocations 221,315	OMB No. 1545-0118	F	Taxable Distributions Received From Cooperatives
PAYER'S TIN	RECIPIENT'S TIN	4 Federal in	come tax withheld 8,331	5 Redeemed nonqual	ified notices 100,155	000, 0
RECIPIENT'S name		6 Section 1	99A(g) deduction 187,980	7 Qualified paymen (Section 199A(b)(This is important tax information and is being furnished to the
Street address (including apt. no.)		8 Section 19	99A(a) qual. items 542,369	9 Section 199A(a) S	STB items 661	negligence penalty or
City or town, state or province, country, and ZIP or foreign postal code		10 Investmen	nt credit 9,218	11 Work opportunity	credit 283	
Account number (see instructi	ons)	12 Other cree	dits and deduction	s 13 Sper	cified Coop	the IRS determines that it has not been reported.
orm 1099-PATR	(keep for your records)	www.irs.gov/	Form1099PATR	Department of the	Treasury -	Internal Revenue Service

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

			Crieckeu)		_			
	ss, city or town, state or province, country, ZIF	1 Patrona	ge dividends	OMB No. 1545-0118	3			
or foreign postal code, and te	elephone no.	\$	1,989,618			Taxable		
Total of all forms filed = 1,320,734			2 Nonpatronage distributions			Distributions		
			871	F	Received From			
Total of all forms filed = 1,320,734		3 Per-unit	retain allocations	1		Cooperatives		
		\$	34,295,301	Form 1099-PATF	3			
PAYER'S TIN	RECIPIENT'S TIN	4 Federal	income tax withheld	5 Redeemed nonquali	fied notices	Copy B		
		\$	1,835	\$	99,877			
RECIPIENT'S name		6 Section	6 Section 199A(g) deduction 7 Qualified payments (Section 199A(b)(7))			This is important tax information and is		
		\$	654,264	\$ 31	,234,588	being furnished to the		
Street address (including apt.	no.)	8 Section	199A(a) qual. items	9 Section 199A(a) SSTB items		IRS. If you are required to file a return, a		
		\$	28,806,951	\$	510	negligence penalty or		
City or town, state or province, country, and ZIP or foreign postal code		10 Investm	ent credit	11 Work opportunity	credit	other sanction may be imposed on you if this		
		\$	183,940	\$	15,719	income is taxable and		
Account number (see instructions)		12 Other ci	redits and deduction	s 13 Spec	ified Coop	the IRS determines that it has not been		
		\$		*		reported.		
orm 1099-PATR	(keep for your records)	www.ire.go	v/Form1099PATR	Donartment of the	Troocury	Internal Revenue Service		

^{*} Data not shown because of the small number of sample returns on which they are based.

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

country, ZIP or foreign postal code, and telephone no.			1 Gross distribution \$ 109,183,523 2a Taxable amount \$ 90,414,795			20 21 Pr			Distributions From ensions, Annuities, Retirement of ofit-Sharing Plans, IRAs, Insurance Contracts, etc.
			21	2b Taxable amount Total not determined distribution					Copy 1
PAYER'S TIN	RECIPIENT'S TIN			3 Capital gain (included in box 2a)			ederal incom withheld	ne tax	For State, City or Loca
			\$		26,056	\$		56,015,049	Tax Department
RECIPIENT'S name			5	Employee contributions or insurance premi	h ·	8	Net unrealize appreciation employer's s	in ecurities	
Street address (including apt. no	.)		7	Distribution code(s)	IRA/ SEP/ SIMPLE	\$ 8 (Other 767,371	30,121	
City or town, state or province, cou	intry, and ZIP or for	eign postal code	9	a Your percentage distribution	ge of total %		Total employee	e contributions 2,865,887	
10 Amount allocable to IRR within 5 years 4,416	1 1st year of desig. Roth contrib.	12 FATCA filing requirement		4 State tax withh	neld	15	State/Payer	's state no.	16 State distribution \$
Account number (see instructions)		13 Date of payment	1 \$	7 Local tax withh	neld	18	Name of loc	cality	19 Local distribution
			\$			†			\$

Form **1099-R**

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line VOID CORRECTED

country, ZIP or foreign postal code, and telephone no.			1 Gross distribution \$ 63,955,421 2a Taxable amount \$ 55,614,624			20 21 Pr			Distributions Fro ensions, Annuitie Retirement ofit-Sharing Plan IRAs, Insurand Contracts, et	es, or ns, ce
			2	b Taxable amoun not determined			Total distribution		Сору	1 or
PAYER'S TIN	RECIPIENT'S TIN	J	3	Capital gain (incl box 2a)	uded in		ederal incom withheld	ne tax	State, Cit or Loc	ty,
			\$		23,180	\$		38,106,577	Tax Departme	nt
RECIPIENT'S name			5	Employee contrib Designated Roth contributions or insurance premiur		6	Net unrealize appreciation employer's s	in ecurities		
Street address (including apt. no	.)		7	Distribution code(s)	IRA/ SEP/ SIMPLE	\$ 8 (Other 732,136	30,036		
City or town, state or province, cou	untry, and ZIP or for	eign postal code	9	Your percentage distribution	of total %		Total employee	contributions 2,840,197		
10 Amount allocable to IRR within 5 years 4,367	11 1st year of desig. Roth contrib.	12 FATCA filing requirement		4 State tax withhel	ld	15	State/Payer	's state no.	16 State distribution \$	on
Account number (see instructions)		13 Date of payment	\$	7 Local tax withhe	ld	18	Name of loc	ality	19 Local distributio \$	on

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099R

2021 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) OORRECTED

country, ZIP or foreign postal code, and telephone no.			\$	1 Gross distribution \$ 2,484,400,000 2a Taxable amount \$ 1,392,600,000			MB No. 1545-0 2021 Form 1099-1	Pr	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2b Taxable amount not determined			Total distribution			Copy 1
PAYER'S TIN	RECIPIENT'S TIN			3 Capital gain (included in box 2a)			Federal incom withheld	ie tax	State, City, or Local
			\$	1	63,453	\$	1	57,828,806	Tax Department
RECIPIENT'S name			5	Employee contributions or insurance premiur			Net unrealize appreciation employer's s	in ecurities	
Street address (including apt. no.)			7	Distribution code(s)	IRA/ SEP/ SIMPLE	\$ 8 \$	Other 2,367,150	2,740,410 %	
City or town, state or province, country, and ZIP or foreign postal code			9	Your percentage distribution	of total %	l_	Total employee	contributions 07,699,393	
within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement		4 State tax withhele	d	15	State/Payer	's state no.	16 State distribution \$
\$ 49,291			\$						\$
Account number (see instructions) 13 Date of payment			1°	7 Local tax withhel	d	18	Name of loc	ality	19 Local distribution
			\$			†			\$