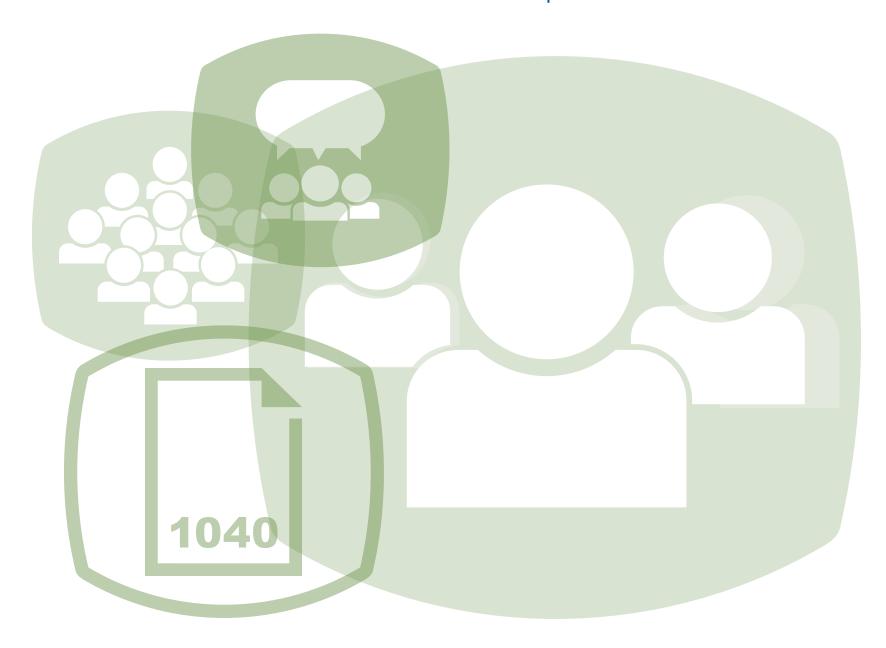


## Individual Information Returns 2019 **Line Item Estimates**



www.irs.gov/statistics

Department of the Treasury Internal Revenue Service

# 2019 Individual Information Returns, Line Item Estimates

(Rev. 11-2021)

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This 2019 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 2019 Individual SOI complete report weighted file. The estimates presented here are based on returns filed in Processing Year 2020 that were sampled statistically and then weighted to estimate the entire 2019 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--2019 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 2020, 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. double counting, information returns associated with dependent tax returns were excluded because they were instead included in association with their parents returns.

All tax returns processed during 2020 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 2019. While most of the returns processed during Calendar Year 2020 were filed for Tax Year 2019, a small portion of returns were for prior years.

#### Sample Design and Selection

The portion of the sample covering those having filed a tax return is designed as 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 posted to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2020 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 the 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 social security number (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 tax returns in a stratum by the number of sampled tax 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 (SE) 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. Standard Errors are not provided for these estimates.

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP	FILER'S TIN		OMB No. 1545-2205		
or foreign postal code, and telephone no.  Total of all forms filed = 2.808.524	PAYEE'S TIN		2019	Payn	nent Card and Third Party
Total of all forms filed = 2,808,524	1a Gross amount of card/third party transactions	network			Network Transactions
		7,121,338	Form <b>1099-K</b>	<u> </u>	
	<b>1b</b> Card Not Prese transactions	nt	2 Merchant categor	ry code	Copy 1
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	ן\$ 5	1,904,635			For State Tax
Payment settlement entity (PSE) Payment card	3 Number of payr transactions	ment	4 Federal income to withheld	ax	Department
Electronic Payment Facilitator   CEPF)/Other third party   Third party network	]		\$	94,126	
PAYEE'S name	5a January		<b>5b</b> February		
	\$ 1	4,315,571	\$ 14	,172,131	
	5c March		<b>5d</b> April		
Street address (including apt. no.)	\$ 1	6,990,151	\$ 16	,238,174	
	<b>5e</b> May		5f June		
	\$ 2	0,182,210	\$ 22	,684,563	
	<b>5g</b> July		<b>5h</b> August		
City or town, state or province, country, and ZIP or foreign postal code	\$ 1	9,333,621	\$ 17	,976,695	
	5i September		5j October		
PSE'S name and telephone number	\$ 1	6,462,282	\$ 16	,587,739	
	5k November		5I December		
	\$ 1	5,687,602	\$ 16	,481,346	
Account number (see instructions)	6 State		7 State identificatio	n no.	8 State income tax withheld
			<u> </u>		\$
			[		\$

Form **1099-K** 

www.irs.gov/Form1099K

## 2019 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	FILER'S TIN		OMB No. 1545-2205		
or foreign postal code, and telephone no.  Total of all forms filed = 2.808.524	PAYEE'S TIN		2019	Payr	nent Card and Third Party
70ta/07 all 70this med 2,000,024	1a Gross amoun card/third par transactions	ty network	- 4000 K		Network Transactions
	\$	2,785,371	Form <b>1099-K</b>	<u> </u>	
	1b Card Not Pre transactions	sent	2 Merchant categor	y code	Copy 1
Check to indicate if FILER is a (an): Check to indicate transactions	\$	1,498,583			For State Tax
Payment settlement entity (PSE) reported are: Payment card	3 Number of pa	yment	4 Federal income ta withheld	х	Department
Electronic Payment Facilitator (EPF)/Other third party  Third party network	transactions		\$	30,412	
PAYEE'S name	5a January		5b February		
	\$	1,963,641	\$ 2,	,014,367	
	5c March		<b>5d</b> April		
Street address (including apt. no.)	\$	2,045,850	\$ 2,	,095,360	
	<b>5e</b> May		5f June		
	\$	2,105,232	\$ 2,	,138,214	
	<b>5g</b> July		<b>5h</b> August		
City or town, state or province, country, and ZIP or foreign postal code	\$	2,112,338	\$ 2,	,130,873	
	5i September		5j October		
PSE'S name and telephone number	\$	2,149,549	\$ 2,	,123,597	
	5k November		5I December		
	\$	2,119,871	\$ 2,	,079,965	
Account number (see instructions)	6 State		7 State identification	n no.	8 State income tax withheld
					\$
					\$

Form **1099-K** 

www.irs.gov/Form1099K

## 2019 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 to or foreign postal code, and telephone n			FILER'S TIN		ΟN	MB No. 1545-2205		
Total of all individuals represe			PAYEE'S TIN		ı L	2019	Pay	ment Card and Third Party
			1a Gross amoun card/third par transactions					Network Transactions
		-	\$	2,192,231		Form <b>1099-K</b>		
		-	1b Card Not Prestransactions	sent	2	Merchant category	y code	Copy 1
	Check to indicate transactions	٦.	\$	1,234,024				For State Tax
D	reported are: Payment card	][	3 Number of pa		4	Federal income ta	х	Department
Electronic Payment Facilitator (EPF)/Other third party	Third party network		transactions		\$	withheld	26,808	
PAYEE'S name			<b>5a</b> January		5b	February		
			\$	1,707,481	\$	1,	751,830	
			<b>5c</b> March		5d	April		
Street address (including apt. no.)		L	\$	1,784,852	\$	1,	812,122	
		- 1	<b>5e</b> May		5f	June		
		-	\$	1,828,695	-		846,726	
		- 1	<b>5g</b> July		Ι.	August		
City or town, state or province, country,	, and ZIP or foreign postal code	-	\$	1,841,559	Ψ.		851,605	
		_	5i September			October		
PSE'S name and telephone number		-	\$	1,859,121	·		850,837	
			<b>5k</b> November		l .	December		
			\$	1,852,965	\$	1,	808,895	
Account number (see instructions)		-	6 State		7	State identification	n no.	8 State income tax withheld
		L			L			\$
								\$

Form **1099-K** 

www.irs.gov/Form1099K

## 2019 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	5-0008			
<b>b</b> Employer identification number (	EIN)		1 Wag	ges, tips, other compensation 9,053,894,200	2 Federal income	tax withheld 220,326,300
c Employer's name, address, and  Total of all forms filed			<b>3</b> Soc	rial security wages 7,579,154,800	4 Social security	ax withheld 173,196,066
Total of all forms med	_ 270,100,000		5 Med	dicare wages and tips 9,358,755,200	6 Medicare tax w	thheld 144,294,573
			<b>7</b> Soc	cial security tips <b>56,265,460</b>	8 Allocated tips	158,201
d Control number			9		10 Dependent care	e benefits <b>6,363,959</b>
e Employee's first name and initial	Last name	Suff.		nqualified plans	<b>°"E", "F</b> †	353,407,251
			13 Statu	utory Retirement Third-party sick pay	12b "AA"	21,219,936
			<b>14</b> Oth	er	12c	727,908,740
					12d © "W"	33,095,064
f Employee's address and ZIP cod	le					
15 State Employer's state ID num	16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

5014

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

55555	a Employee's social security number	OMB No. 154	5-0008			
<b>b</b> Employer identification number (	EIN)		1 Wag	ges, tips, other compensation 266,523,143	2 Federal inco	ome tax withheld 230,446,901
c Employer's name, address, and	ZIP code		<b>3</b> Soc	cial security wages 254,059,548	4 Social secu	rity tax withheld 252,654,231
Total of all forms filed	= 267,576,793		5 Med	dicare wages and tips 260,662,421	6 Medicare ta	x withheld <b>255,624,947</b>
			<b>7</b> Soc	cial security tips 11,182,395	8 Allocated tip	77,091
d Control number			9		10 Dependent	care benefits 1,965,142
e Employee's first name and initial	Last name	Suff.		nqualified plans	12a ° "C", "D" e "E", "F"	64,612,053
			13 Statu	utory Retirement Third-party loyee plan sick pay	12b	5,715,351
			<b>14</b> Oth	er	12c °"DD"	70,256,677
					12d ° "W"	11,695,547
f Employee's address and ZIP cod	е					
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income t	ax 20 Locality name

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

2019

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

55555	a Employee's social security number	OMB No. 154	5-0008	3					
<b>b</b> Employer identification number (	EIN)		1 W	Vages, tip	s, other com	pensation 237,087	2 Federa		ax withheld 0,004,901
c Employer's name, address, and	ZIP code		3 Social security wages 4 Social security tax with 175,868,584 175,37			x withheld 5,376,261			
Total of all individuals re	presented = 183,655,474		5 Medicare wages and tips 6 Medicare tax withheld 180,358,735 179,3			held 9,338,871			
			<b>7</b> S	Social se	curity tips 9,9	983,843	8 Allocat	ed tips	68,110
d Control number			9				10 Depen		enefits 2,049,980
e Employee's first name and initial	Last name	Suff.			fied plans		12a","D",	6	6,441,595
			e <sub>l</sub>	Statutory	Retirement plan	Third-party sick pay	12b %"AA"		5,541,790
			14 0	ther			12c	7	0,847,861
							12d <sup>C</sup> "W"	1	4,058,920
f Employee's address and ZIP cod									
15 State Employer's state ID num	16 State wages, tips, etc.	17 State incon	ne tax	18 L	ocal wages	, tips, etc.	19 Local inco	ome tax	20 Locality name

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

5074

## 2019 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. 1545-2129 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 Form 3921 **Incentive Stock Option Under** 2 Date option exercised Total of all forms filed = 296,969 Section 422(b) (Rev. October 2017) TRANSFEROR'S TIN EMPLOYEE'S TIN 3 Exercise price per share 4 Fair market value per share Copy B on exercise date For Employee EMPLOYEE'S name 10,901 \$ 19,450 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 6 If other than TRANSFEROR, name, address, and TIN of Street address (including apt. no.) 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 Account number (see instructions) determines that it has

Form **3921** (Rev. October 2017)

(keep for your records)

www.irs.gov/Form3921

Department of the Treasury - Internal Revenue Service

not been reported.

### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of <u>Fo</u>rms 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 = 296,969 Section 422(b) (Rev. October 2017) Copy B TRANSFEROR'S TIN EMPLOYEE'S TIN 3 Exercise price per share 4 Fair market value per share on exercise date For Employee EMPLOYEE'S name 254,556 273,959 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 6 If other than TRANSFEROR, name, address, and TIN of Street address (including apt. no.) 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 Account number (see instructions) determines that it has not been reported.

Form **3921** (Rev. October 2017)

(keep for your records)

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## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

TRANSFEROR'S name, street addre country, and ZIP or foreign postal co  Total of all individuals repr	de	1 Date option 2 Date option		OMB No. 1545-2129  Form 3921  (Rev. October 2017)	Exercise of an Incentive Stock Option Under Section 422(b)
TRANSFEROR'S TIN	EMPLOYEE'S TIN	3 Exercise p	orice per share	4 Fair market value per si on exercise date	hare Copy B For Employee
EMPLOYEE'S name		\$ 5 No. of sha	109,670 res transferred	\$ 115	This is important tax information and is being furnished to the IRS. If you are required
Street address (including apt. no.)  City or town, state or province, countr	y, and ZIP or foreign postal code	I	an TRANSFEROR, on whose stock is b	name, address, and TIN of eing transferred	7 .
Account number (see instructions)					reported and the IRS determines that it has not been reported.
Form <b>3921</b> (Rev. October 2017)	(keep for your records)	www ire ac	v/Form3921	Department of the Trea	sury - Internal Revenue Service

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CORPORATION'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  Total of all forms filed = 5,932,542	Date option granted  2 Date option exercised	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	3 Fair market value per share on grant date	4 Fair market value per sha on exercise date	Copy A
EMPLOYEE'S name	\$ 586,096	\$ 618,7	Internal Revenue Service Center
	5 Exercise price paid per share	6 No. of shares transferred	
	\$ 522,052		File with Form 1096
Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code	7 Date legal title transferred		For Privacy Act and Paperwork Reduction Act Notice, see the current version of the
Account number (see instructions)	8 Exercise price per share det exercised on the date show	•	General Instructions fo Certain Information Returns

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

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#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

5656

Date option granted      Date option exercised	OMB No. 1545-2129 Form 3922	Transfer of Stock Acquired Through an Employee Stock Purchase
	(Rev. September 2016)	Plan Under Section 423(c)
3 Fair market value per share on grant date	Fair market value per share on exercise date	● Copy A For
\$ 5,930,043	\$ 5,927,62	
5 Exercise price paid per share	6 No. of shares transferred	Service Center
\$ 5,924,625		File with Form 1096.
7 Date legal title transferred		For Privacy Act and Paperwork Reduction Act Notice, see the
9 Evereise price per chare det	arminad as if the ention was	current version of the
	•	General Instructions for Certain Information Returns.
	2 Date option exercised  3 Fair market value per share on grant date  \$ 5,930,043 5 Exercise price paid per share \$ 5,924,625 7 Date legal title transferred  8 Exercise price per share determinents	Form 3922  2 Date option exercised  (Rev. September 2016)  3 Fair market value per share on grant date  \$ 5,930,043 \$ 5,927,62 \$ 5 Exercise price paid per share \$ 5,924,625

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

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line VOID CORRECTED

5656

CORPORATION'S name, street addre country, and ZIP or foreign postal cod Total of all individuals repre	е	Date option gran     Date option exe		OMB No. 1545-2129  Form 3922	Ac	ransfer of Stock equired Through an Employee Stock Purchase
				(Rev. September 2016)		Plan Under Section 423(c)
CORPORATION'S federal identification number	EMPLOYEE'S identification number	3 Fair market valu on grant date	e per share	4 Fair market value per sh on exercise date	nare	Copy A For
EMPLOYEE'S name	ı	<b> </b> \$	1,925,970	\$ 1,924,	,850	Internal Revenue
		5 Exercise price pa	id per share	6 No. of shares transferred	d	Service Center
		\$	1,925,163		F	File with Form 1096.
Street address (including apt. no.)		7 Date legal title to	ansferred			For Privacy Act and Paperwork Reduction
City or town, state or province, countr	y, and ZIP or foreign postal code	1				Act Notice, see the current version of the
Account number (see instructions)		8 Exercise price p exercised on the		ermined as if the option was in box 1	G	eneral Instructions for Certain Information Returns.
		<b> </b> \$		1.882.	881	neturis.

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

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TRUSTEE'S name, street address, citz ZIP or foreign postal code, and teleph		person's Arc	made in 2019	OMB No. 1545-1518		, Archer MSA, or licare Advantage
Total of all forms fi	led = 22,007,890	\$	4,346			MSA Information
		2 Total contribut	ions made in 2019			
		\$	38,391,439	Form <b>5498-SA</b>		
TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or	Archer MSA con	tributions made in 2020	for 2019	Сору А
		\$		1,2	59,278	For
PARTICIPANT'S name		4 Rollover conf	tributions	5 Fair market value of Archer MSA, or MA		Internal Revenue Service Center
		\$	88,731	\$ 66,1	08,937	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, country	y, and ZIP or foreign postal code	MA				Notice, see
		MSA				the 2019 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

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2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line 2727 CORRECTED VOID OMB No. 1545-1518 TRUSTEE'S name, street address, city or town, state or province, country, 1 Employee or self-employed ZIP or foreign postal code, and telephone number person's Archer MSA contributions made in 2019 HSA, Archer MSA, or and 2020 for 2019 2019 **Medicare Advantage** \$ Total of all forms filed = 22,007,890 **MSA Information** 2 Total contributions made in 2019 15,958,034 Form 5498-SA \$ TRUSTEE'S TIN PARTICIPANT'S TIN 3 Total HSA or Archer MSA contributions made in 2020 for 2019 Copy A \$ 1,633,604 PARTICIPANT'S name 4 Rollover contributions 5 Fair market value of HSA, **Internal Revenue** Archer MSA, or MA MSA **Service Center** \$ 25,426 \$ File with Form 1096. 19,754,380 For Privacy Act and Street address (including apt. no.) 6 HSA Paperwork Archer MSA Reduction Act City or town, state or province, country, and ZIP or foreign postal code MA Notice, see MSA the 2019 General Instructions for Account number (see instructions)

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

**Certain Information** 

Returns.

2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line 2727 VOID CORRECTED OMB No. 1545-1518 TRUSTEE'S name, street address, city or town, state or province, country, 1 Employee or self-employed ZIP or foreign postal code, and telephone number person's Archer MSA contributions made in 2019 HSA, Archer MSA, or and 2020 for 2019 2019 **Medicare Advantage** Total of all individuals represented = 19,942,745 \$ **MSA Information** 2 Total contributions made in 2019 15,242,571 Form 5498-SA \$ TRUSTEE'S TIN PARTICIPANT'S TIN 3 Total HSA or Archer MSA contributions made in 2020 for 2019 Copy A \$ 1,616,284 PARTICIPANT'S name 4 Rollover contributions 5 Fair market value of HSA, **Internal Revenue** Archer MSA, or MA MSA **Service Center** \$ 14,399 \$ File with Form 1096. 18,378,399 For Privacy Act and Street address (including apt. no.) 6 HSA Paperwork Archer MSA Reduction Act City or town, state or province, country, and ZIP or foreign postal code MA Notice, see MSA the 2019 General Instructions for

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

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**Certain Information** 

Returns.

Account number (see instructions)

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

This information is being furnished to	19	OMB No. 1545	ntributions (other mounts in boxes –10, 13a, and 14a)  22,029,456 er contributions  603,275,758	than am 2-4, 8-1	postal code	TRUSTEE'S or ISSUER'S name, stree province, country, and ZIP or foreign province.  Total of all forms file
Сору В	racterized	4 Recharacte contributio	RA conversion	<u> </u>		
	530,537 urance cost included in	\$ 6 Life insurance box 1	18,193,704 account 11,721,124,000	\$ 5 FMV of ac	PARTICIPANT'S TIN	TRUSTEE'S or ISSUER'S TIN
is being	Roth IRA E contributions 12,101,265		SEP Ontributions 17,464,705	7 <sub>IRA</sub>		PARTICIPANT'S name
the IRS.		11 If checked, redistribution for 12b RMD amou	RA contributions 29,647,954 date	10 Roth IRA \$ 12a RMD da		Street address (including apt. no.)
	** 13c Code		oned/late contrib.	\$	y, and ZIP or foreign postal code	City or town, state or province, countr
	s)	<b>14b</b> Code <b>15b</b> Code(s)	- f certain specified	1		Account number (see instructions)
			141,674,413	assets		

Form **5498** 

(keep for your records)

www.irs.gov/Form5498

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

IRA Contribution Information	19	OMB No. 154	ntributions (other nounts in boxes 10, 13a, and 14a) 5,432,690 r contributions 6,490,153	than am 2-4, 8-	TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  Total of all forms filed = 135,197,442	
Сору В		4 Recharac contributi	A conversion	3 Roth IRA		
For Participant	94,065 ance cost included in	\$ 6 Life insurar box 1	998,914 account 129,516,357	\$ 5 FMV of a	PARTICIPANT'S TIN	TEE'S or ISSUER'S TIN
This information is being furnished to	Roth IRA contributions 3,145,040	SIMPLE 9 SIMPLE 0	SEP ntributions	7 IRA 8 SEP coi		ICIPANT'S name
the IRS.		11 If checked, distribution	A contributions 9,998,181 ate	10 Roth IR. \$ 12a RMD da	Street address (including apt. no.)	
	<b>1,234,463 3c</b> Code		ned/late contrib.	\$	City or town, state or province, country, and ZIP or foreign postal code	
		14b Code	nents -	14a Repaym		
		15b Code(s)	certain specified 1,607,242	15a FMV of assets		unt number (see instructions)

Form **5498** 

(keep for your records)

www.irs.gov/Form5498

## 2019 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 = 72,881,817		than an 2-4, 8-	ntributions (other nounts in boxes 10, 13a, and 14a)  4,933,311		1545-0747		IRA Contribution Information
		\$	5,598,727	Form	5498		
		<u> </u>	A conversion		aracterized butions		Сору В
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	\$	932,084	\$		90,326	
		5 FMV of a	account	6 Life ins	surance cost i	ncluded in	For Participant
		\$	70,882,150	\$			
PARTICIPANT'S name		7 IRA B 8 SEP co	SEP ntributions	SIMPLE  9 SIMP	Roth IF LE contribut 2,2		This information is being furnished to
Street address (including apt. no.)		\$	A contributions 8,624,338	distribu	ked, required r	minimum	the IRS.
City or town state or province country	and ZIP or foreign postal code	12a RMD da	ate	12b RMD		70 004	
City or town, state or province, country, and ZIP or foreign postal code		13a Postpo	ned/late contrib.	13b Year	13c Code	73,001	
		14a Repayn		14b Code			
Account number (see instructions)		assets	certain specified	15b Code	(s)		
		\$	1,487,306	1			

Form **5498** 

(keep for your records)

www.irs.gov/Form5498

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) VOID CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribu	ition	OMB No. 1545-1760		Payments From Qualified
Total of all forms filed = 3,733,593		\$	33,562,240	2019		Education
Total of all forms filed – 3	5,733,593	2 Earnings				Programs (Under Sections
		\$	11,365,794	Form <b>1099-Q</b>		529 and 530)
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis		4 Trustee-to-trustee	Э	Сору А
		\$	20,457,758	transfer		For
RECIPIENT'S name		5 Distribution is	from:	6 Check if the recip		Internal Revenue
		Qualified tuitio	n program-	not the designate beneficiary	a 🖂	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, country, and ZIP or foreign postal code						Notice, see the
						2019 General
Account number (see instructions)						Instructions for Certain Information
						Returns

Form 1099-Q Cat. No. 32223J www.irs.gov/Form1099Q Department of the Treasury - Internal Revenue Service

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Form **1099-Q** 

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

3131

Form **1099-Q** 

PAYER'S/TRUSTEE'S name, stree country, ZIP or foreign postal code Total of all forms filed =		1 Gross distribut \$ 2 Earnings	3,722,096 3,299,712	OMB No. 1545-1760 2019 Form 1099-Q	Payments From Qualified Education Programs (Under Sections 529 and 530)
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis	3,370,405	4 Trustee-to-trustee transfer	Copy A For
RECIPIENT'S name	DIPIENT'S name		from: program— or State	6 Check if the recip not the designate beneficiary	Internal Revenue Service Center File with Form 1096.
Street address (including apt. no.)	Coverdell ESA			For Privacy Act and Paperwork Reduction Act	
City or town, state or province, country, and ZIP or foreign postal code					Notice, see the <b>2019 General</b>
Account number (see instructions)		1			Instructions for Certain Information Returns

Form 1099-Q Cat. No. 32223J www.irs.gov/Form1099Q Department of the Treasury - Internal Revenue Service

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## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line UOID CORRECTED

					•	
PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribut	ion	OMB No. 1545-1760		Payments From Qualified
Total of all individuals represented = 2,545,283		\$	2,541,491	2019		Education
Total of all marviadals repre	2,040,200	2 Earnings				Programs (Under Sections
		\$	2,256,188	Form <b>1099-Q</b>		529 and 530)
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis		4 Trustee-to-trustee	Э	Сору А
		\$	2,302,649	transfer		For
RECIPIENT'S name		5 Distribution is from: 6 Check if the recipient is			Internal Revenue	
		Qualified tuition	program-	not the designate beneficiary	a 🔲	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, country, and ZIP or foreign postal code						Notice, see the
						2019 General Instructions for
Account number (see instructions)						Certain Information
						Returns.

Form 1099-Q Cat. No. 32223J www.irs.gov/Form1099Q Department of the Treasury - Internal Revenue Service

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Form **1099-Q** 

#### 

3232 UVOID CORRE	ECTED						
PAYER'S name, street address, city or town, province or state, country, and	1 Reportable winnings	2 Date won	OMB No. 1545-0238				
ZIP or foreign postal code	54.550.444		2019				
	\$ 54,550,144						
	3 Type of wager	4 Federal income tax withheld 2,547,752	Form W-2G				
Total of all forms filed = 16,094,778		<b>5</b>	Certain				
	5 Transaction	6 Race	Gambling				
	7 Winnings from identical wagers	8 Cashier	Winnings				
PAYER'S federal identification number PAYER'S telephone number	447 OCE	<b>6</b> Casiller					
TATER O rederal identification flumber	\$ 417,065  9 Winner's taxpayer identification no.	10 Window					
	C William C adaption dominious of the	10 William	For Privacy Act and Paperwork Reduction				
WINNER'S name	11 First I.D.	12 Second I.D.	Act				
WINNER 5 name	II FIRSULD.	12 Second I.D.	Notice, see the 2019 General Instructions for				
			Certain Information				
Street address (including apt. no.)	<b>13</b> 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	Сору А				
			For Internal Revenue				
	\$		Service Center				
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.							
Signature ►	Date ►						

Form W-2G Cat. No. 10138V www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service

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#### 

3232 UVOID CORR	ECTED						
PAYER'S name, street address, city or town, province or state, country, and	1 Reportable winnings	2 Date won	OMB No. 1545-0238				
ZIP or foreign postal code	\$ 15,923,674		2019				
	3 Type of wager	4 Federal income tax withheld	Form W-2G				
Total of all forms filed = 16,094,778		\$ 1,180,244	Certain				
	5 Transaction	6 Race	Gambling Winnings				
	7 Winnings from identical wagers	8 Cashier	vviiiiiiigs				
PAYER'S federal identification number PAYER'S telephone number	\$ 169,001						
	9 Winner's taxpayer identification no.	10 Window	1				
			For Privacy Act and Paperwork Reduction Act				
WINNER'S name	11 First I.D.	12 Second I.D.	Notice, see the 2019 General Instructions for				
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	Сору А				
			For Internal Revenue				
	\$		Service Center				
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.							
Cianoturo	Doto N						

Signature ► Date ►

Form W-2G Cat. No. 10138V www.irs.qov/FormW2G Department of the Treasury - Internal Revenue Servi

Cat. No. 10138V www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service

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## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. \_\_\_\_Number of individuals for selected line

3232	☐ VOID ☐ CORRE	CTED		
PAYER'S name, street address, city or	r town, province or state, country, and	1 Reportable winnings	2 Date won	OMB No. 1545-0238
ZIP or foreign postal code				2019
		\$ 3,605,686		
		3 Type of wager	4 Federal income tax withheld	Form W-2G
Total of all forms filed	i = 3,630,365		\$ 530,870	Certain
		5 Transaction	6 Race	Gambling
				Winnings
		7 Winnings from identical wagers	8 Cashier	J .
PAYER'S federal identification number	PAYER'S telephone number	\$ 48,678	40.14"	
		9 Winner's taxpayer identification no.	10 Window	For Privacy Act and
				Paperwork Reduction
WINNER'S name		11 First I.D.	12 Second I.D.	Notice, see the 2019
				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, count	ny and ZID or foreign postal code	15 State income tax withheld	\$ 16 Local winnings	
City of town, province of state, count	ry, and Zir or loreign postar code	13 State income tax withheld	10 Local Willings	File with Form 1096
		•	φ.	110 11111 1000
		\$ 17 Local income tax withheld	\$ 18 Name of locality	ComicA
		Tr Essar moonto tax withhold	10 Hamo or locality	Copy A For Internal Revenue
		\$		Service Center
Under penalties of perjury I declare	that, to the best of my knowledge ar	· ·	d taxpaver identification number	
	of this payment and any payments from			
Signature ►		Date ▶		

Form W-2G

Cat. No. 10138V www.irs.gov/FormW2G Department of the Treasury - Internal Revenue Service

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2019 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 = 22,018

Form **8805**(Rev. November 2019)
Department of the Treasury

## Foreign Partner's Information Statement of Section 1446 Withholding Tax

OMB No. 1545-0123

► Go to www.irs.gov/Form8805 for instructions and the latest information.

Copy A For Internal Revenue Service Attach to Form 8804.

internal	neverlue Service						
For pa	artnership's calendar year , or	tax year beginning		, 20 , and ending			, 20
1a	Foreign partner's name	<b>b</b> U.S. identifying number	5a	Name of partnership			J.S. Employer dentification Number (EIN)
С	Address (if a foreign address, see in	structions)	С	Address (if a foreign address, see ins	struct	tions	s)
2	Account number assigned by partner	ership (if any)	6	Withholding agent's name. If partners enter "SAME" and do not complete li			so the withholding agent,
3	Type of partner (specify—see instru-	ctions) ►					
4	Country code of partner (enter two-	etter code—see instructions)	7	Withholding agent's U.S. EIN			
8a	Check if the partnership identified or	n line 5a owns an interest in or	ne or	more partnerships			🕨 🗌
b	Check if any of the partnership's effe	ectively connected taxable inc	ome	(ECTI) is exempt from U.S. tax for the p	oartn	er ic	lentified on line 1a ► 🗌
9	Partnership's ECTI allocable to parti	ner for the tax year (see instruc	ctions	s)	9		948,868
10	•	`	,	Individual and corporate partners: 0-NR, Form 1120-F, etc	10		103,933
Sche	dule T-Beneficiary Informa	tion (see instructions)					
11a	Name of beneficiary		С	Address (if a foreign address, see ins	struct	tions	s)
b	U.S. identifying number of beneficia	ry					
12	Amount of ECTI on line 9 to be inclu	ded in the beneficiary's gross	incor	me (see instructions)	12		-
13	Amount of tax credit on line 10 that	the beneficiary is entitled to cl	aim o	on its return (see instructions)	13		_

For Paperwork Reduction Act Notice, see separate Instructions for Forms 8804, 8805, and 8813.

Cat. No. 10078E

Form **8805** (Rev. 11-2019)

2019 Information Return Line Item Estimates - All figures are estimates based on samples.

Number of Forms filed for selected line

Total of all forms filed = 22,018

Form **8805** (Rev. November 2019)

## Foreign Partner's Information Statement of Section 1446 Withholding Tax

OMB No. 1545-0123

Copy A
For Internal Revenue Service
Attach to Form 8804.

Popartment of the Treasury

► Go to www.irs.gov/Form8805 for instructions and the latest information of the Treasury

► Go to www.irs.gov/Form8805 for instructions and the latest information of the Treasury

	rtment of the Treasury lal Revenue Service    Go to www.irs.gov/Form8805 for instructions and the latest information.					Attach to Form 8804.
For pa	artnership's calendar year	, or tax year beginning		, 20 , and ending		, 20
1a	Foreign partner's name	<b>b</b> U.S. identifying number	5a	Name of partnership	b	U.S. Employer Identification Number (EIN)
c	Address (if a foreign address, se	e instructions)	С	Address (if a foreign address, see in	structi	ons)
2	Account number assigned by pa	rtnership (if any)	6	Withholding agent's name. If partner enter "SAME" and do not complete		s also the withholding agent,
3	Type of partner (specify—see ins	structions) ►	1			
4	Country code of partner (enter to	vo-letter code—see instructions)	7	Withholding agent's U.S. EIN		
8a b	' '	d on line 5a owns an interest in or		more partnerships		
9	· · · · · · · · · · · · · · · · · · ·	*		)	9	13,306
10	•	r under section 1446 (see instruct ainst your U.S. income tax on Forn	,	Individual and corporate partners: 0-NR, Form 1120-F, etc	10	11,597
Sche	dule T—Beneficiary Inforr	mation (see instructions)				
11a	Name of beneficiary		С	Address (if a foreign address, see in	structi	ons)
b	U.S. identifying number of benef	iciary				
12	Amount of ECTI on line 9 to be in	ncluded in the beneficiary's gross	incor	ne (see instructions)	12	-
13	Amount of tax credit on line 10 tl	hat the beneficiary is entitled to cl	aim o	n its return (see instructions)	13	-

Cat. No. 10078E

Form **8805** (Rev. 11-2019)

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

Form **8805** (Rev. November 2019)

## Total of all individuals represented = 6,596 Foreign Partner's Information Statement of Section 1446 Withholding Tax

OMB No. 1545-0123

Copy A For Internal Revenue Service

(Rev. November 2019)
Department of the Treasury

Copartment of the Treasury

Attach to Form 8804. Internal Revenue Service , or tax year beginning 20 20 For partnership's calendar year and ending Foreign partner's name U.S. Employer **b** U.S. identifying number Name of partnership 5a Identification Number (EIN) Address (if a foreign address, see instructions) Address (if a foreign address, see instructions) Account number assigned by partnership (if any) Withholding agent's name. If partnership is also the withholding agent, 2 enter "SAME" and do not complete line 7. 3 Type of partner (specify—see instructions) ▶ Withholding agent's U.S. EIN 4 Country code of partner (enter two-letter code—see instructions) Check if the partnership identified on line 5a owns an interest in one or more partnerships Check if any of the partnership's effectively connected taxable income (ECTI) is exempt from U.S. tax for the partner identified on line 1a Partnership's ECTI allocable to partner for the tax year (see instructions) . . . . . . . . . . . . 5,205 9 9 10 Total tax credit allowed to partner under section 1446 (see instructions). Individual and corporate partners: 5,203 Claim this amount as a credit against your U.S. income tax on Form 1040-NR, Form 1120-F, etc. . 10 Schedule T—Beneficiary Information (see instructions) 11a Name of beneficiary Address (if a foreign address, see instructions) U.S. identifying number of beneficiary 12 Amount of ECTI on line 9 to be included in the beneficiary's gross income (see instructions) 12 13 Amount of tax credit on line 10 that the beneficiary is entitled to claim on its return (see instructions) 13

Cat. No. 10078E

Form **8805** (Rev. 11-2019)

8596 orm

(Rev. August 2013) Internal Revenue Service Department of the Treasury Total of all forms filed = 2,657

#### **Information Return for Federal Contracts**

Submit with Form 8596-A.

1 Name and address of contra	actor	2 Contractor's taxpayer	identification number	
3 Name of common parent, if	applicable (See instructions.)	Common parent's emp if applicable (See instr	oloyer identification number, uctions.)	
5 Name of Federal executive a	agency	6 Federal executive agency's employer identification number		
7 Date of contract action	8 Expected date of contract completion	9 Total amount obligated \$	d under the contract 756,820	
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 <a href="https://www.irs.gov/form8596">www.irs.gov/form8596</a>.

**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)

8596 erm

(Rev. August 2013) Internal Revenue Service Department of the Treasury Total of all forms filed = 2,657

#### **Information Return for Federal Contracts**

Submit with Form 8596-A.

1 Name and address of contra	actor	2 Contractor's taxpayer	identification number	
3 Name of common parent, if	applicable (See instructions.)	Common parent's emp if applicable (See instr	bloyer identification number, uctions.)	
5 Name of Federal executive a	agency	6 Federal executive agency's employer identification number		
7 Date of contract action	8 Expected date of contract completion	9 Total amount obligated \$	d under the contract 2,657	
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 <a href="https://www.irs.gov/form8596">www.irs.gov/form8596</a>.

**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)

8596 eorm

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

#### Total of all forms filed = 2.603

#### **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 agency		6 Federal executive agency's employer identification number				
7 Date of contract action	8 Expected date of contract completion	9 Total amount obligated \$	d under the contract 2,603			
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 <a href="https://www.irs.gov/form8596">www.irs.gov/form8596</a>.

**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.

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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)

651119

				Final K-		Amended		OMB No. 1545-012
	edule K-1	2019	Pa					rent Year Income,
•	rm 1065)					-		nd Other Items
	rtment of the Treasury lal Revenue Service For cale	endar year 2019, or tax year	1	Ordinary	business inco	ome (loss)	15	Credits
Dai	beginning / / 2019 ending ther's Share of Income, Deduc		2	Net renta	al real estate i	ncome (loss)		
		and separate instructions.	3	Other ne	et rental incom	ne (loss)	16	Foreign transactions
<b>I</b> F	art I Information About the Partr	nership	4a	Guarante	eed payments	s for services		
Α	Partnership's employer identification number	•	1					
			4b	Guarante	eed payments	s for capital		
В	Partnership's name, address, city, state, and ZIP c	ode	1					
			4c	Total gua	aranteed payr	ments		
С	IRS Center where partnership filed return ▶		5	Interest i	income			
D	Check if this is a publicly traded partnership (F	OTD\	6a	Ordinary	/ dividends			
_	art II Information About the Partr			,	,			
E	Partner's SSN or TIN (Do not use TIN of a disregar		6b	Qualified	d dividends			
-	raither's 33N of This (Do not use This of a disregar	ded entity. See Inst.)						
F	Name, address, city, state, and ZIP code for partner	entered in E. See instructions.	6c	Dividend	d equivalents		17	Alternative minimum tax (AMT) items
			7	Royalties	s			
G	General partner or LLC Limited member-manager member	I partner or other LLC er	8	Net shor	rt-term capital	gain (loss)		
H1 H2	☐ Domestic partner ☐ Foreign ☐ If the partner is a disregarded entity (DE), enter	n partner r the partner's:	9a	Net long	g-term capital	gain (loss)	18	Tax-exempt income and nondeductible expenses
	TIN Name	•	9b	Collectib	oles (28%) gai	n (loss)	1	
l1	What type of entity is this partner?							
12	If this partner is a retirement plan (IRA/SEP/Keogh/	etc.), check here	9с	Unrecap	otured section	1250 gain	1	
J	Partner's share of profit, loss, and capital (see instr	uctions):						
	Beginning	Ending	10	Net sect	tion 1231 gain	(loss)		
	Profit %	%					19	Distributions
	Loss %	%_	11	Other inc	come (loss)			
	Capital %	%_						
	Check if decrease is due to sale or exchange of par	tnership interest					20	Other information
K	Partner's share of liabilities:		12	Section	179 deduction	n		
	Beginning	Ending						
	Nonrecourse \$	\$	13	Other de	eductions			
	Qualified nonrecourse							
	financing \$	\$						
	Recourse \$	\$						
	Check this box if Item K includes liability amounts							
L	Partner's Capital Account A	nalysis	14	Solf omr	ployment earr	nings (loss)		
			'~	Oeli-ellik	pioyment ean	III 193 (1033)		
			21	More	e than one act	tivity for at-risk	Churno	200*
	Other increase (decrease) (attach explanation) \$  Withdrawals & distributions \$ ( )			22 More than one activity for passive activity purposes*				
	Ending capital account \$	<u> </u>						al information.
	Enanty capital account Ψ		-	- J allaoi	otatom			
м	Did the partner contribute property with a built-in g	ain or loss?	, in					
.41	Yes No If "Yes," attach statement		se (					
N	Partner's Share of Net Unrecognized Section		SU					
	Beginning \$		For IRS Use Only					
	Ending		_ Ē					

651119

				Final K-		Amended		OMB No. 1545-012
	edule K-1	2019	Pa					rent Year Income,
•	rm 1065)					-		nd Other Items
	rtment of the Treasury lal Revenue Service For cale	endar year 2019, or tax year	1	Ordinary	business inco	ome (loss)	15	Credits
Dai	beginning / / 2019 ending ther's Share of Income, Deduc		2	Net renta	al real estate i	ncome (loss)		
		and separate instructions.	3	Other ne	et rental incom	ne (loss)	16	Foreign transactions
<b>I</b> F	art I Information About the Partr	nership	4a	Guarante	eed payments	s for services		
Α	Partnership's employer identification number	•	1					
			4b	Guarante	eed payments	s for capital		
В	Partnership's name, address, city, state, and ZIP c	ode	1					
			4c	Total gua	aranteed payr	ments		
С	IRS Center where partnership filed return ▶		5	Interest i	income			
D	Check if this is a publicly traded partnership (F	OTD\	6a	Ordinary	/ dividends			
_	art II Information About the Partr			,	,			
E	Partner's SSN or TIN (Do not use TIN of a disregar		6b	Qualified	d dividends			
-	raither's 33N of This (Do not use This of a disregar	ded entity. See Inst.)						
F	Name, address, city, state, and ZIP code for partner	entered in E. See instructions.	6c	Dividend	d equivalents		17	Alternative minimum tax (AMT) items
			7	Royalties	s			
G	General partner or LLC Limited member-manager member	I partner or other LLC er	8	Net shor	rt-term capital	gain (loss)		
H1 H2	☐ Domestic partner ☐ Foreign ☐ If the partner is a disregarded entity (DE), enter	n partner r the partner's:	9a	Net long	g-term capital	gain (loss)	18	Tax-exempt income and nondeductible expenses
	TIN Name	•	9b	Collectib	oles (28%) gai	n (loss)	1	
l1	What type of entity is this partner?							
12	If this partner is a retirement plan (IRA/SEP/Keogh/	etc.), check here	9с	Unrecap	otured section	1250 gain	1	
J	Partner's share of profit, loss, and capital (see instr	uctions):						
	Beginning	Ending	10	Net sect	tion 1231 gain	(loss)		
	Profit %	%					19	Distributions
	Loss %	%_	11	Other inc	come (loss)			
	Capital %	%_						
	Check if decrease is due to sale or exchange of par	tnership interest					20	Other information
K	Partner's share of liabilities:		12	Section	179 deduction	n		
	Beginning	Ending						
	Nonrecourse \$	\$	13	Other de	eductions			
	Qualified nonrecourse							
	financing \$	\$						
	Recourse \$	\$						
	Check this box if Item K includes liability amounts							
L	Partner's Capital Account A	nalysis	14	Solf omr	ployment earr	nings (loss)		
			'~	Oeli-ellik	pioyment ean	III 193 (1033)		
			21	More	e than one act	tivity for at-risk	Churno	200*
	Other increase (decrease) (attach explanation) \$  Withdrawals & distributions \$ ( )			22 More than one activity for passive activity purposes*				
	Ending capital account \$	<u> </u>						al information.
	Enanty capital account Ψ		-	- J allaoi	otatom			
м	Did the partner contribute property with a built-in g	ain or loss?	, in					
.41	Yes No If "Yes," attach statement		se (					
N	Partner's Share of Net Unrecognized Section		SU					
	Beginning \$		For IRS Use Only					
	Ending		_ Ē					

				Final K-		Amended		OMB No. 1545-012
	nedule K-1	2019	Pa					rent Year Income,
•	rm 1065)					-		nd Other Items
	rtment of the Treasury nal Revenue Service For cale	endar year 2019, or tax year	1	Ordinary	business inco	ome (loss)	15	Credits
Dai	beginning / / 2019 ending rtner's Share of Income, Deduc		2	Net renta	al real estate i	ncome (loss)		
		and separate instructions.	3	Other ne	et rental incon	ne (loss)	16	Foreign transactions
<b>I</b> F	Part I Information About the Partr	nership	4a	Guarante	eed payments	s for services		
A	Partnership's employer identification number	•	1					
			4b	Guarante	eed payments	s for capital		
В	Partnership's name, address, city, state, and ZIP c	ode	1					
	, , . <b>,</b> , ,		4c	Total gua	aranteed payı	ments		
С	IRS Center where partnership filed return ▶		5	Interest i	income			
D	Check if this is a publicly traded partnership (P	OTD)	6a	Ordinary	/ dividends			
_	art II Information About the Partr		"	Oramary	, aividorido			
E			6b	Qualified	d dividends			
-	Partner's SSN or TIN (Do not use TIN of a disregard	ued entity. See inst.)						
F	Name, address, city, state, and ZIP code for partner	entered in E. See instructions.	6c	Dividend	d equivalents		17	Alternative minimum tax (AMT) items
			7	Royalties	S			
G	General partner or LLC Limited member-manager member	I partner or other LLC er	8	Net shor	rt-term capita	gain (loss)		
H1 H2	☐ Domestic partner ☐ Foreign☐ If the partner is a disregarded entity (DE), enter	n partner	9a	Net long	g-term capital	gain (loss)	18	Tax-exempt income and nondeductible expenses
	TIN Name	•	9b	Collectib	oles (28%) gai	n (loss)	1	
l1	What type of entity is this partner?							
12	If this partner is a retirement plan (IRA/SEP/Keogh/	etc.), check here	9с	Unrecap	otured section	1250 gain		
J	Partner's share of profit, loss, and capital (see instr	**						
	Beginning	Ending	10	Net sect	tion 1231 gain	(loss)		
	Profit %	%					19	Distributions
	Loss %	%	11	Other inc	come (loss)			
	Capital %	%						
	Check if decrease is due to sale or exchange of part						20	Other information
K	Partner's share of liabilities:		12	Section	179 deduction	n		
	Beginning	Ending						
	Nonrecourse \$	\$	13	Other de	eductions			
	Qualified nonrecourse							
	financing \$	\$						
	Recourse \$	\$						
	Check this box if Item K includes liability amounts	from lower tier partnerships.						
L	Partner's Capital Account Ar	nalysis						
	Beginning capital account \$		14	Self-emp	ployment earr	nings (loss)		
	Current year net income (loss) \$							
	Other increase (decrease) (attach explanation) \$		21	More	e than one act	tivity for at-risk	c purpo	oses*
		)	22	More	e than one act	tivity for passiv	e activ	vity purposes*
	Ending capital account \$		*Se	e attach	hed statem	ent for add	litiona	al information.
			≥					
М	Did the partner contribute property with a built-in g	ain or loss?	Õ					
	Yes No If "Yes," attach statement	. See instructions.	Usk					
N	Partner's Share of Net Unrecognized Section	n 704(c) Gain or (Loss)	For IRS Use Only					
	Beginning		o.					
	Ending \$		کا ا					

2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

661117

Total of all forms filed = 2,974,155		Final K-1	Γ	Amende	ed K-1	OMB No. 1545-0092
Schedule K-1 (Form 1041) 2019		rt III				of Current Year Income, and Other Items
Department of the Treasury For calendar year 2019, or tax year nternal Revenue Service	1	Interest i	income	05,991	11	Final year deductions
beginning / / 2019 ending / /	2a	Ordinary	dividends 24,0	77,073		
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 shor	t-term capital	gain		
A Estate's or trust's employer identification number	ľ			45,168		
	4a	Net long	-term capital g	ain 102,233		
B Estate's or trust's name	4b	28% rate	e gain		12	Alternative minimum tax adjustment
	4c	Unrecap	tured section <sup>1</sup>	1250 gain		
C Fiduciary's name, address, city, state, and ZIP code	5		ortfolio and ness income 9,1	18,675		
	6	Ordinary	business inco	me 184,938		
	7	Net renta	al real estate in 12,0	134,948	13	Credits and credit recapture
	8	Other rer	ntal income	42,003		
<b>P</b>	9	Directly a	apportioned dec	· ·		
D Check if Form 1041-T was filed and enter the date it was filed						
					14	Other information 13,129,359
Check if this is the final Form 1041 for the estate or trust						10,120,500
Part II Information About the Beneficiary  F Beneficiary's identifying number	10	Estate ta	ax deduction			
r benendary's identifying number						
G Beneficiary's name, address, city, state, and ZIP code						
	No ber ded	te: A sta neficiary ductions	atement mu 's share of	st be att	ache	nal information. d showing the lirectly apportioned ntal real estate, and
	For IRS Use Only					
H Domestic beneficiary Foreign beneficiary	ĭй					

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

www.irs.gov/Form1041

Cat. No. 11380D

Schedule K-1 (Form 1041) 2019

#### 2019 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 = 2,974,155		Final K-1		Amend	ed K-1	OMB No. 1545-0092
Schedule K-1 (Form 1041) 20 <b>19</b>	Pa					of Current Year Income, and Other Items
Department of the Treasury For calendar year 2019, or tax year Internal Revenue Service	1	Interest inc		0110, 010	11	Final year deductions
internal nevenue service			1,	,109,814		
beginning / /2019 ending / /	2a	Ordinary di		,209,200		
Beneficiary's Share of Income, Deductions, Credits, etc.  See back of form and instructions.	2b	Qualified di	vidends			
Part I Information About the Estate or Trust	3	Net short-te	erm capita	al gain		
A Estate's or trust's employer identification number	1			120,422		
	4a	Net long-te	rm capital	gain <b>365,968</b>		
B Estate's or trust's name	4b	28% rate g	ain		12	Alternative minimum tax adjustment
	4c	Unrecaptur	ed section	1250 gain		
C Fiduciary's name, address, city, state, and ZIP code	5	Other portfo		466,538		
	6	Ordinary bu	usiness ind	100,714	<u> </u>	
	7	Net rental r	eal estate	income <b>268,554</b>	13	Credits and credit recapture
	8	Other renta	l income	12,289		
D Check if Form 1041-T was filed and enter the date it was filed	9	Directly app	ortioned d	eductions		
					14	Other information
E Check if this is the final Form 1041 for the estate or trust						1,802,671
Part II Information About the Beneficiary	10	Estate tax of	deduction		†	
F Beneficiary's identifying number						
G Beneficiary's name, address, city, state, and ZIP code						
	*Se	ee attached	d staten	nent for a	dditio	nal information.
	ber ded	neficiary's	share o	f income	and d	d showing the lirectly apportioned Ital real estate, and
	For IRS Use Only					
H Domestic beneficiary Foreign beneficiary	For					

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Cat. No. 11380D

Schedule K-1 (Form 1041) 2019

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

661117

Total of all individuals represented = 2,525,647		Final K-1		mended K-	
Schedule K-1 (Form 1041) 2019	Pa	rt III			of Current Year Income,
Department of the Treasury For calendar year 2019, or tax year Internal Revenue Service	1	Interest		Greats,	, and Other Items Final year deductions
			1,006,8	88	
beginning / /2019 ending / /	2a	Ordinary	y dividends <b>1,030,7</b>	31	
Beneficiary's Share of Income, Deductions,	2b	Qualified	d dividends		
Credits, etc. See back of form and instructions.		Not sho	rt-term capital gain		
Part I Information About the Estate or Trust  A Estate's or trust's employer identification number	3	Net Silo	110,9	65	
	4a	Net long	g-term capital gain <b>336,7</b>	63	
B Estate's or trust's name	4b	28% rat	e gain	12	Alternative minimum tax adjustment
	4c	Unrecap	otured section 1250	gain	
C Fiduciary's name, address, city, state, and ZIP code	5		ortfolio and iness income 434,8	19	
	6	Ordinary	y business income 86,7	73	
	7	Net rent	tal real estate income 243,9		Credits and credit recapture
	8	Other re	ental income 11,3	38	
D Check if Form 1041-T was filed and enter the date it was filed	9	Directly	apportioned deductio		
				14	Other information 1,572,023
E ☐ Check if this is the final Form 1041 for the estate or trust					, ,
Part II Information About the Beneficiary	10	Estate ta	ax deduction		
F Beneficiary's identifying number					
G Beneficiary's name, address, city, state, and ZIP code					
	No ber ded	te: A staneficiary	atement must be	e attache me and	onal information. ed showing the directly apportioned ntal real estate, and
	For IRS Use Only				
H Domestic beneficiary Foreign beneficiary	1 g				

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Cat. No. 11380D

Schedule K-1 (Form 1041) 2019

#### 2019 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 = 7,882,601		Final K-1	Amended I		OMB No. 1545-0123
Schedule K-1 20 <b>19</b>	Pa	rt III Sharehold	er's Share	of C	urrent Year Income,
Popularity of the Traceury	1	Ordinary business inco		and 13	Other Items Credits
repartment of the Treasury  For calendar year 2019, or tax year nternal Revenue Service			8,421,393		3,100,047
beginning / / 2019 ending / /	2	Net rental real estate in			, ,
		1	0,172,788		
Shareholder's Share of Income, Deductions,	3	Other net rental income	e (loss)		
Credits, etc. ▶ See back of form and separate instructions.		Internal in a sur-	(411,905)		
Part I Information About the Corporation	4	Interest income	9,109,483		
A Commention to conclusion identification construction	5a	Ordinary dividends	13,103,403		
A Corporation's employer identification number		-	5,743,047		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified dividends		14	Foreign transactions
· · · · · · · · · · · · · · · · · · ·					
	6	Royalties			
		Net short-term capital	1,892,840		
	7	Net Short-term capital	543,900		
C IRS Center where corporation filed return	8a	Net long-term capital o			
Indicenter where corporation med return		12	6,151,099		
Part II Information About the Shareholder	8b	Collectibles (28%) gair	n (loss)		
Part II Illionnation About the Shareholder					
D Shareholder's identifying number	8c	Unrecaptured section	1250 gain		
F 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	Net section 1231 gain	(loss)		
E Shareholder's name, address, city, state, and ZIP code			` ,		
	10	Other income (loss)		15	Alternative minimum tax (AMT) items
F Shareholder's percentage of stock					
ownership for tax year					
	1				
		Castian 170 daduation			
	11	Section 179 deduction		16	Items affecting shareholder basis
	12	Other deductions	21,824,419		
ς in C					
0					
⊃ ∽				17	Other information
For IRS Use Only					
Ŝ.					
	18	More than one acti	vity for at-risk	purpo	ses*
	19	More than one acti	vity for passive	e activ	rity purposes*
		* See attached s	tatement fo	or ad	ditional information.

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line

Total of all forms filed = 7,882,601		Final K-1 Amended	l K-1	OMB No. 1545-0123
Schedule K-1 (Form 1120-S)	Pa	Shareholder's Share Deductions, Credits	of C	
Department of the Treasury Internal Revenue Service  For calendar year 2019, or tax year	1	Ordinary business income (loss)	13	Credits
beginning / / 2019 ending / /	2	7,180,778  Net rental real estate income (loss)		282,512
		669,679		
Shareholder's Share of Income, Deductions,  Credits, etc.   See back of form and separate instructions.	3	Other net rental income (loss) 54,807		
	4	Interest income		
Part I Information About the Corporation		1,622,472		
A Corporation's employer identification number	5a	Ordinary dividends 282,888		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified dividends	14	Foreign transactions
	6	Royalties		
		55,930		
	7	Net short-term capital gain (loss) 112,589		
C IRS Center where corporation filed return	8a	Net long-term capital gain (loss)		
		282,148		
Part II Information About the Shareholder	8b	Collectibles (28%) gain (loss)		
D Shareholder's identifying number	8c	Unrecaptured section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code	9	Net section 1231 gain (loss)		
	10	Other income (loss)	15	Alternative minimum tax (AMT) items
F Shareholder's percentage of stock ownership for tax year				
	1			
	11	Section 179 deduction 723,941	16	Items affecting shareholder basis
	12	Other deductions		
슬				
Jse Or				
For IRS Use Only			17	Other information
<u>©</u>				
	18 19	More than one activity for at-ris  More than one activity for passi		
		* See attached statement	for ad	ditional information.

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line

Total of all individuals represented = 6,408,799		Final K-1	Amended	K-1	OMB No. 1545-0123
Schedule K-1 (Form 1120-S) 2019	Pa	Ded	uctions, Credits	and	
Department of the Treasury For calendar year 2019, or tax year nternal Revenue Service	1	Ordinary busin	ness income (loss)	13	Credits <b>236,942</b>
beginning / / 2019 ending / /	2	Net rental rea	6,056,498 I estate income (loss)		230,542
Shareholder's Share of Income, Deductions,		Other net rent	tal income (loss)		
Credits, etc. See back of form and separate instructions.	3	Other het rem	45,320		
- <u></u>	4	Interest incom			
Part I Information About the Corporation			1,427,883		
A Corporation's employer identification number	5a	Ordinary divid	257,395		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified divid	dends	14	Foreign transactions
	6	Royalties			
			49,272		
	7	Net short-tern	n capital gain (loss)		
0 100 0 1 1 1 1 1 1	8a	Net long-term	102,342 n capital gain (loss)		
C IRS Center where corporation filed return			257,097		
Part II Information About the Shareholder	8b	Collectibles (2	28%) gain (loss)		
D Shareholder's identifying number	8c	Unrecaptured	l section 1250 gain		
E Shareholder's name, address, city, state, and ZIP code	9	Net section 12	231 gain (loss)		
	10	Other income	(loss)	15	Alternative minimum tax (AMT) items
F Shareholder's percentage of stock ownership for tax year					
	_				
	11	Section 179 d	deduction 672,224	16	Items affecting shareholder basis
	12	Other deducti	ions		
<del>~</del>					
For IRS Use Only					
I BS I				17	Other information
<u> </u>					
	18 19	_	one activity for at-risk one activity for passiv		
		* See atta	ached statement f	or ad	Iditional information.

#### 

					. – . –	•
0	o. 1545-1815	OMB No. 1545	Coverdell ESA contributions	address, city or town, state or ostal code		TRUSTEE'S or ISSUE province, country, and
Coverdell ESA Contribution Information	019	2019	374,408 P. Rollover contributions	= 406,128	of all forms filed	Total of
	6498-ESA	Form <b>5498-</b>	140,670			
Copy A For	·			BENEFICIARY'S TIN	R'S TIN	TRUSTEE'S/ISSUER'
Internal Revenue Service Center					ıme	BENEFICIARY'S nam
File with Form 1096.						
For Privacy Act and Paperwork Reduction					uding apt. no.)	Street address (includ
Act Notice, see the 2019 General Instructions for				, and ZIP or foreign postal code	or province, country	City or town, state or
Certain Information Returns.					ee instructions)	Account number (see

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www.irs.gov/Form5498ESA

Department of the Treasury - Internal Revenue Service

Cat. No. 34011J

Form **5498-ESA** 

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line 7272 VOID CORRECTED

		· ·		
Coverdell FC	OMB No. 1545-1815	1 Coverdell ESA contributions		TRUSTEE'S or ISSUER'S name, stree province, country, and ZIP or foreign
Coverdell ESA Contribution Information	2019	\$ 390,783  2 Rollover contributions	d = 406,128	Total of all forms filed
	Form <b>5498-ESA</b>	\$ 11,798		
Copy A			BENEFICIARY'S TIN	TRUSTEE'S/ISSUER'S TIN
Internal Revenue Service Cente				BENEFICIARY'S name
File with Form 1096				
For Privacy Act and Paperwork Reduction				Street address (including apt. no.)
Act Notice, see th  2019 Genera  Instructions fo			ry, and ZIP or foreign postal code	City or town, state or province, country
Certain Information Returns				Account number (see instructions)
/ - Internal Revenue Service	Department of the Treasury	www.irs.gov/Form5498FSA	Cat. No. 34011J	orm <b>5498-ESA</b>

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Department of the Treasury - Internal Revenue Service

Cat. No. 34011J

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line 7272 VOID CORRECTED

0	OMB No. 1545-1815	1 Coverdell ESA contributions	, ,	TRUSTEE'S or ISSUER'S name, stree province, country, and ZIP or foreign p
Coverdell ESA Contribution Information	2019	\$ 325,922 2 Rollover contributions	esented = 338,422	Total of all individuals repre
	Form <b>5498-ESA</b>	\$ 11,798		
Copy A For			BENEFICIARY'S TIN	TRUSTEE'S/ISSUER'S TIN
Internal Revenue Service Center				BENEFICIARY'S name
File with Form 1096.				
For Privacy Act and Paperwork Reduction				Street address (including apt. no.)
Act Notice, see the 2019 General Instructions for			ry, and ZIP or foreign postal code	City or town, state or province, countr
Certain Information Returns.				Account number (see instructions)

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Department of the Treasury - Internal Revenue Service

Cat. No. 34011J

Form **5498-ESA** 

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) ☐ VOID ☐ CORRECTED

7373

Form **1099-CAP** 

CORPORATION'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 141		2	Date of sale or exchange  Aggregate amount rec'd*  249,413	OMB No. 1545-1814  2019  Form 1099-CAP	Changes in Corporate Control and apital Structure	
Total of all forms in	ou 141	3		4 Classes of stock ex	changed	_
		_				Copy A
CORPORATION'S TIN	SHAREHOLDER'S TIN					For Internal Revenue Service Center
SHAREHOLDER'S name						
						File with Form 1096. For Paperwork
Street address (including apt. no.)						Reduction Act
		5	i			Notice, see the 2019 General
City or town, state or province, co	untry, and ZIP or foreign postal code					Instructions for Certain Information
Account number (see instructions)			* The shareholder cannot cl	aim a loss based on the	Э	Returns.

www.irs.gov/Form1099CAP Department of the Treasury - Internal Revenue Service Cat. No. 35115M Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line VOID CORRECTED

7373

CORPORATION'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 141		2	Date of sale or exchange  Aggregate amount rec'd*	OMB No. 1545-1814 2019 Form 1099-CAP	Changes in Corporate Control and apital Structure	
		3	No. of shares exchanged	4 Classes of stock ex	changed	Сору А
CORPORATION'S TIN	SHAREHOLDER'S TIN					For Internal Revenue Service Center
SHAREHOLDER'S name						File with Form 1096. For Paperwork
Street address (including apt. n	0.)	5				Reduction Act Notice, see the <b>2019 General</b>
City or town, state or province,	country, and ZIP or foreign postal code					Instructions for Certain Information
Account number (see instructions)			* The shareholder cannot c	laim a loss based on the	9	Returns.

Form **1099-CAP** www.irs.gov/Form1099CAP Department of the Treasury - Internal Revenue Service Cat. No. 35115M Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line 7373 VOID CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			Date of sale or exchange  Aggregate amount rec'd*	OMB No. 1545-1814		Changes in Corporate Control and
Total of all individuals represented = 141		9	) 141		Ca	apital Structure
		3	No. of shares exchanged	4 Classes of stock ex		
						Сору А
CORPORATION'S TIN	SHAREHOLDER'S TIN					For Internal Revenue
SHAREHOLDER'S name						Service Center
						For Paperwork
Street address (including apt. no.)						Reduction Act Notice, see the
		5				2019 General
City or town, state or province, country, and ZIP or foreign postal code						Instructions for
						Certain Information
Account number (see instructions)			* The shareholder cannot camount in box 2.	laim a loss based on the	•	Returns.

Form 1099-CAP

Cat. No. 35115M

www.irs.gov/Form1099CAP

Department of the Treasury - Internal Revenue Service

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#### 2019 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. 1545-0997 FILER'S name, street address, city or town, state or province, country, ZIP 1 Date of closing or foreign postal code, and telephone number **Proceeds From Real** Total of all forms filed = 3,441,515 **Estate Transactions** 2 Gross proceeds Form 1099-S 1,049,693,100 FILER'S TIN TRANSFEROR'S TIN 3 Address (including city, state, and ZIP code) or legal description Copy B For Transferor This is important tax TRANSFEROR'S name information and is being furnished to the IRS. If 4 Transferor received or will receive property or services you are required to file a return, a negligence as part of the consideration (if checked) 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 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) 6 Buyer's part of real estate tax not been reported. \$ 998,396

Form 1099-S

(keep for your records)

www.irs.gov/Form1099S

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

		O I EB (II Olioonoa)			
FILER'S name, street address, city or foreign postal code, and telephon	r town, state or province, country, ZIP e number	1 Date of closing	OMB No. 1545-0997		
Total of all forms filed = 3,441,515		2 Gross proceeds	2019		ceeds From Real ate Transactions
		\$ 3,416,583	Form <b>1099-S</b>		
FILER'S TIN	TRANSFEROR'S TIN	3 Address (including city, state,	and ZIP code) or legal de	Сору В	
					For Transferor
TRANSFEROR'S name					This is important tax information and is being furnished to the IRS. It
Street address (including apt. no.)		Transferor received or will re as part of the consideration			you are required to file a return, a negligence penalty or other
City or town, state or province, cour	5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust)			sanction may be 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 to	ax		determines that it has not been reported
		<b>l</b> \$	1.1	155.554	not been reported.

Form 1099-S

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of <u>ind</u>ividuals for selected line

CORRECTED (if checked) OMB No. 1545-0997 FILER'S name, street address, city or town, state or province, country, ZIP 1 Date of closing or foreign postal code, and telephone number **Proceeds From Real** Total of all individuals represented = 3,108,727 **Estate Transactions** 2 Gross proceeds Form 1099-S 3,088,002 FILER'S TIN TRANSFEROR'S TIN 3 Address (including city, state, and ZIP code) or legal description Copy B For Transferor This is important tax TRANSFEROR'S name information and is being furnished to the IRS. If you are required to file a 4 Transferor received or will receive property or services return, a negligence as part of the consideration (if checked) 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 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) 6 Buyer's part of real estate tax not been reported. \$ 1,082,323

Form 1099-S

(keep for your records)

www.irs.gov/Form1099S

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

					()				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			А	pplicable checkbox on Form 8	949	OMB No. 1545-0715	Proceeds From		
	•			2019			2019	Broker and Barter Exchange	
Total of all fo	orms filed = 1,113,9	908,815			Form 1099-B			Transactions	
				1	a Description of property (E	Exa	mple: 100 sh. XYZ Co.)		
				11	<b>b</b> Date acquired	1c	Date sold or disposed		
PAYER'S TIN RECIPIENT'S TIN		10	d Proceeds 8,161,320,900	1e \$	Cost or other basis <b>6,300,995,200</b>	Copy B For Recipient			
				11 \$	f Accrued market discount 542,497	1g \$	Wash sale loss disallowed 219,601,966	d d	
RECIPIENT'S name				2	Short-term gain or loss		f checked, proceeds from:		
					Long-term gain or loss		Collectibles		
Street address (include	ding apt. no.)			4	Ordinary Federal income tax withheld		QOF f checked, noncovered	This is important tax information and is	
0001 add. 000 (0	ag apt,			\$	152,326		security	being furnished to	
				6	Reported to IRS:		f checked, loss is not allowed	the IRS. If you are required to file a	
City or town, state or	province, country, and	d ZIP or fo	reign postal code		Gross proceeds		pased on amount in 1d	return, a negligence	
					Net proceeds			penalty or other sanction may be	
Account number (see	instructions)			8	Profit or (loss) realized in 2019 on closed contracts		Unrealized profit or (loss) on open contracts — 12/31/2018	imposed on you if	
Account number (see instructions)		\$	-1,289,718	\$	-97,179	this income is taxable and the IRS			
CUSIP number			FATCA filing requirement	10	Unrealized profit or (loss) on open contracts—12/31/2019		Aggregate profit or (loss) on contracts	determines that it has not been	
14 State name	15 State identificati	ion no. <b>16</b>	State tax withheld	\$	34,673	\$	-1,029,249	reported.	
		\$		12	If checked, basis reported to IRS	13	Bartering 78,604		

(Keep for your records)

Form **1099-B** 

#### 2019 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.		Applicable checkbox on Form	8949 OMB No. 1545-0715 20 <b>19</b>	Broker and	
Total of all fo	orms filed = 1,113,908,8	315		Form <b>1099-B</b>	Barter Exchange Transactions
			1a Description of property	(Example: 100 sh. XYZ Co.)	
			1b Date acquired	1c Date sold or disposed	
PAYER'S TIN RECIPIENT'S TIN		1d Proceeds \$ 1,052,476,478	1e Cost or other basis 957,789,825	Copy B	
			1f Accrued market discount \$ 1,188,842	1g Wash sale loss disallowed \$ 126,948,295	]
RECIPIENT'S name			2 Short-term gain or loss Long-term gain or loss Ordinary	3 If checked, proceeds from:  Collectibles  QOF	This is important tax
Street address (including apt. no.)		4 Federal income tax withheld \$ 241,458	5 If checked, noncovered	information and is being furnished to the IRS. If you are	
City or town, state o	r province, country, and ZIP	or foreign postal code	6 Reported to IRS: Gross proceeds Net proceeds	7 If checked, loss is not allowed based on amount in 1d	required to file a return, a negligence penalty or other
Account number (see instructions)		8 Profit or (loss) realized in 2019 on closed contracts	9 Unrealized profit or (loss) on open contracts—12/31/2018	this income is	
CUSIP number		FATCA filing requirement	\$ 3,066,951  10 Unrealized profit or (loss) on open contracts—12/31/2019	11 Aggregate profit or (loss) on contracts	taxable and the IRS determines that in has not been
14 State name	15 State identification no	. 16 State tax withheld	\$ 145,913	*	reported
		\$  \$	12 If checked, basis reported to IRS	13 Bartering \$ 88,561	
Form <b>1099-B</b>	(Keep	for your records)	www.irs.gov/Form1099B	Department of the Treasury	- Internal Revenue Service

#### 2019 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 = 33,395,588		A	Applicable checkbox on Form 8	3949	OMB No. 1545-0715 2019 Form 1099-B	Proceeds From Broker and Barter Exchange Transactions		
				1	a Description of property (	Exampl	e: 100 sh. XYZ Co.)	
				1	<b>b</b> Date acquired	1c Dat	e sold or disposed	
PAYER'S TIN	R	RECIPIENT'S	S TIN	\$	d Proceeds 32,711,290	\$	st or other basis <b>28,288,940</b>	Copy B For Recipient
				\$	f Accrued market discount 366,898	1g Was \$	sh sale loss disallowed 5,863,769	
RECIPIENT'S name				2	Short-term gain or loss Long-term gain or loss Ordinary		ecked, proceeds from: ectibles	This is important tax
Street address (including apt. no.)		4 \$	Federal income tax withheld 142,286	5 If ch	ecked, noncovered rity	information and is being furnished to the IRS. If you are		
City or town, state o	r province, country, an	d ZIP or for	eign postal code	6	Gross proceeds  Net proceeds		cked, loss is not allowed d on amount in 1d	required to file a return, a negligence penalty or other
Account number (see instructions)		8	Profit or (loss) realized in 2019 on closed contracts 325,540	oner	alized profit or (loss) on contracts—12/31/2018	this income is		
CUSIP number			FATCA filing requirement	10	Unrealized profit or (loss) on open contracts—12/31/2019	11 Agg	regate profit or (loss) ontracts	determines that i has not beer
14 State name	15 State identificat	tion no. 16	State tax withheld	\$	88,023	•	328,608	reported
		\$  \$		12	2 If checked, basis reported to IRS	13 Bart \$	ering <b>15,496</b>	
Form <b>1099-B</b>		Keep for	your records)		www.irs.gov/Form1099B	Depa	rtment of the Treasury	- Internal Revenue Service

# 2019 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 = 286,935		r	OMB No. 1545-0877 2019 Form 1099-A	Ab	Acquisition or andonment of cured Property
LENDER'S TIN	BORROWER'S TIN	Date of lender's acquisition of knowledge of abandonment	2 Balance of principal outstanding		Copy B For Borrower
BORROWER'S name		3	\$ 31,258,38 4 Fair market value of proper \$ 40,132,90		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, coun  Account number (see instructions)	try, and ZIP or foreign postal code	6 Description of property			taxable income results from this transaction and the IRS determines that it has not been reported.

www.irs.gov/Form1099A

Department of the Treasury - Internal Revenue Service

Form 1099-A

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

		. ,				
The state of the s	r town, state or province, country, ZIP or		OMB No. 1545-0877			
foreign postal code, and telephone no.  Total of all forms filed = 286,935			2019	Ab	Acquisition or andonment of cured Property	
			Form <b>1099-A</b>			
		1 Date of lender's acquisition or	' '		Copy B	
LENDER'S TIN	BORROWER'S TIN	knowledge of abandonment	outstanding		For Borrower	
			\$ 2	79,877	This is important tax	
BORROWER'S name		3	4 Fair market value of	property	information and is being furnished to the IRS. It	
			\$ 2	79,859		
Street address (including apt. no.)		5 If checked, the borrower was	personally liable for rep	ayment	penalty or other sanction may be	
		of the debt			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 instructions)					that it has not beer reported	

www.irs.gov/Form1099A

Department of the Treasury - Internal Revenue Service

Form 1099-A

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

LENDER'S name, street address, cit foreign postal code, and telephone r	or town, state or province, country, ZIP or o.		OMB No. 1545-0877		Acquisition or
Total of all individuals represented = 270,780			2019	Ab	andonment of cured Property
			Form <b>1099-A</b>		
		Date of lender's acquisition or knowledge of abandonment	2 Balance of principal outstanding		Сору В
LENDER'S TIN	BORROWER'S TIN	Knowledge of abandonment	outstanding		For Borrower
			\$	264,444	
BORROWER'S name		3	4 Fair market value of	property	information and is being furnished to the IRS. If
			\$	263,725	
Street address (including apt. no.)		5 If checked, the borrower was personally liable for repayment			penalty or other sanction may be
		of the debt	. ▶ 📗	imposed on you if	
City or town, state or province, cou	ntry, and ZIP or foreign postal code	6 Description of property			taxable income results from this transaction
					and the IRS determines
Account number (see instructions)					that it has not been
					reported.

www.irs.gov/Form1099A

Department of the Treasury - Internal Revenue Service

Form **1099-A** 

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

Total of all forms filed = 90.460.901		*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.		Mortgage Interest Statement	
		1 Mortgage interest received	, , , , ,	,	Сору В
		\$	510,2	242,671	For Payer/
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal	3 Mortgage origination	n date	Borrower
		\$ 14,958,276,000			The information in boxes 1
		4 Refund of overpaid interest	5 Mortgage insurance premiums	!	through 9 and 11 is important tax information and is being
PAYER'S/BORROWER'S name		\$ 45,029	\$ 21,28	88,885	furnished to the IRS. If you are required to file a return, a
		6 Points paid on purchase of		negligence penalty or other	
		\$	4,998	sanction may be imposed on you if the IRS determines that	
Street address (including apt. no.)		7 If address of property s as PAYER'S/BORROWER'S a the address or description is e		an underpayment of tax results because you 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 pr instructions)	roperty securing mortga	ge (see	these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because
<b>9</b> Number of properties securing the mortgage	10 Other				you claimed a nondeductible item.
					11 Mortgage acquisition date
Account number (see instructions)					date

Form **1098** 

(Keep for your records)

www.irs.gov/Form1098

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line CORRECTED (if checked)

province, country, ZIP or foreign postal 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.	Mortgage Interest Statement	
		1 Mortgage interest received		Copy D
		\$	89,8	<sup>397,937</sup> For Payer/
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal	3 Mortgage origination	
		\$ 86,721,315		The information in boxes 1
		4 Refund of overpaid interest	5 Mortgage insurance premiums	tax information and is being
PAYER'S/BORROWER'S name	,	\$ 42,129	\$ 14,95	furnished to the IRS. If you are required to file a return, a
		6 Points paid on purchase of	principal residence	negligence penalty or other
		\$	sanction may be imposed on you if the IRS determines that	
Street address (including apt. no.)		7 If address of property s as PAYER'S/BORROWER'S a the address or description is	,	same an underpayment of tax
City or town, state or province, country, and ZIP or foreign postal code		8 Address or description of p instructions)	roperty securing mortga	, , ,
9 Number of properties securing the mortgage	10 Other			you claimed a nondeductible item.
				11 Mortgage acquisition
Account number (see instructions)		1		date

Form **1098** 

(Keep for your records)

www.irs.gov/Form1098

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

province, country, ZIP or foreign postal code, and telephone no.  Total of all individuals represented = 59,810,565		*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.	Mortgage Interes Statemen	
		1 Mortgage interest received t	. , , , ,	S)* Copy I 579,110 For Payer
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal	3 Mortgage origination	
		\$ 59,060,680		The information in boxes
		4 Refund of overpaid interest	5 Mortgage insurance premiums	tax information and is being
PAYER'S/BORROWER'S name		\$ 42,028	\$ 13,07	furnished to the IRS. If you a required to file a return,
		6 Points paid on purchase of	negligence penalty or oth sanction may be imposed of	
		\$	sanction may be imposed of you if the IRS determines the	
Street address (including apt. no.)		7 If address of property so as PAYER'S/BORROWER'S at the address or description is each	ddress, the box is check	
City or town, state or province, coun	try, and ZIP or foreign postal code	8 Address or description of pr instructions)	operty securing mortgaç	, , ,
9 Number of properties securing the mortgage	10 Other			you claimed a nondeductib
		_		11 Mortgage acquisition date
Account number (see instructions)				uate

Form **1098** 

(Keep for your records)

www.irs.gov/Form1098

# 2019 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, state or province, country, ZIP or foreign postal code, and telephone number  Total of all forms filed = 28,255,867			eceived for tion and related 256,829,639	OMB No. 1545-1574		Tuition Statement
				Form <b>1098-T</b>		
FILER'S employer identification no.	STUDENT'S TIN	3		•		Сору В
						For Student
STUDENT'S name		4 Adjustments prior year	s made for a	5 Scholarships or gra	nts	This is important tax information
		\$	1,727,159	\$ 121,	087,118	and is being
Street address (including apt. no.)		6 Adjustments scholarship for a prior y	s or grants	7 Checked if the amo in box 1 includes amounts for an	unt	furnished to the IRS. This form must be used to
City or town, state or province, country, and ZIP or foreign postal code		\$	624,596	academic period beginning January - March 2020	-	complete Form 8863 to claim education credits. Give it to the
Service Provider/Acct. No. (see instr.)	8 Check if at least	9 Checked if	a graduate	10 Ins. contract reimb	./refund	tax preparer or use it to prepare the tax return.
	half-time student	student		<b>*</b>	60.400	' '

Form **1098-T** 

(keep for your records)

www.irs.gov/Form1098

# 2019 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, state or province, country, ZIP or foreign postal code, and telephone number  Total of all forms filed = 28,255,867		qu	ayments receive ualified tuition a openses 2		OMB No. 1545-157	4	Tuition Statement
					Form <b>1098-T</b>		
FILER'S employer identification no. S1	TUDENT'S TIN	3					Сору В
							For Student
STUDENT'S name			4 Adjustments made for a 5 Scholarships or grants		rants		
		pri	rior year				This is important tax information
		\$		1,190,355	\$ 15	5,561,866	and is being
Street address (including apt. no.)		sc	6 Adjustments to scholarships or grants for a prior year 7 Checked if the amount in box 1 includes amounts for an		ount	furnished to the IRS. This form must be used to	
City or town, state or province, country, and ZIP or foreign postal code		\$	,	416,356	academic period beginning January March 2020	/	complete Form 8863 to claim education credits. Give it to the
Service Provider/Acct. No. (see instr.)	8 Check if at least	9 Ch	hecked if a grac	duate	10 Ins. contract rein	b./refund	tax preparer or use it to prepare the tax return.
	half-time student	Stu	udent		\$	5,652	, ,

Form **1098-T** 

(keep for your records)

www.irs.gov/Form1098T

# 2019 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 to foreign postal code, and telephone num			ceived for on and related	OMB No. 1545-1574		
Total of all individuals repr	2	24,467,114	2019		Tuition Statement	
				Form <b>1098-T</b>		
FILER'S employer identification no.	STUDENT'S TIN	3				Сору В
						For Student
STUDENT'S name		4 Adjustments made for a prior year 5 Scholarships or grants			ınts	This is important
		prior year				tax information
		\$	1,189,522	\$ 14,	988,404	and is being furnished to the
Street address (including apt. no.)		6 Adjustments scholarships for a prior ye	or grants	7 Checked if the amo in box 1 includes amounts for an	unt	IRS. This form must be used to
City or town, state or province, country, and ZIP or foreign postal code		\$	416,154	academic period beginning January- March 2020		complete Form 8863 to claim education credits. Give it to the
Service Provider/Acct. No. (see instr.)	8 Check if at least	9 Checked if a	graduate	10 Ins. contract reimb	./refund	tax preparer or use it to prepare the tax return.
	half-time student	student			E CEO	' '

(keep for your records)

www.irs.gov/Form1098

#### 2019 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. 1545-1576 RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Student **Loan Interest** Total of all forms filed = 25,937,987 **Statement** Form **1098-E** RECIPIENT'S TIN Copy B BORROWER'S TIN 1 Student loan interest received by lender \$ For Borrower 48,088,263 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 Street address (including apt. no.) penalty or other sanction may be imposed on you if the IRS determines that an City or town, state or province, country, and ZIP or foreign postal code underpayment of tax 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

# 2019 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 province, country, ZIP or foreign postal code, and telephone number			OMB No. 1545-1576		
Total of all forms filed = 25,937,987			2019		Student Loan Interest Statement
			Form <b>1098-E</b>		
RECIPIENT'S TIN	BORROWER'S TIN	1 Student loan interest receive	d by lender		Copy B
		\$	25,	882,970	For Borrower
BORROWER'S name					This is important tax information and is being furnished to the IRS. If you are required to file a
Street address (including apt. no.)					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 the IRS determines that an underpayment of tax results because you
Account number (see instructions)		2 If checked, box 1 does <b>not</b> in fees and/or capitalized intere		re $\Box$	overstated a deduction for student loan interest.

Form **1098-E** 

(keep for your records)

www.irs.gov/Form1098E

# 2019 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 = 21,077,950			OMB No. 1545-1576		Student Loan Interest Statement
			Form <b>1098-E</b>		
RECIPIENT'S TIN	BORROWER'S TIN	1 Student loan interest received by lender			Сору В
		\$	21,	048,784	For Borrower
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, count	ry, 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 <b>not</b> in fees and/or capitalized intere		re $\square$	overstated a deduction for student loan interest.

Form **1098-E** 

(keep for your records)

www.irs.gov/Form1098E

#### 2019 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	2019	2 Amount of debt discharged	Total of all forms filed = 4,732,413		
of Debt		\$ 36,128,566			
		3 Interest if included in box 2			
	Form <b>1099-C</b>	\$ 796,529			
Copy B		4 Debt description	DEBTOR'S TIN	CREDITOR'S TIN	
For Debtor					
This is important tax information and is being furnished to the IRS. If you are required to file a			DEBTOR'S name		
return, a negligence penalty or other sanction may be		5 If checked, the debtor was perepayment of the debt .	Street address (including apt. no.)		
imposed on you if taxable income results from this transaction and the IRS determines			City or town, state or province, country, and ZIP or foreign postal code		
that it has not been	7 Fair market value of property	6 Identifiable event code	Account number (see instructions)		
reported.	\$ 21,620,754				

Form **1099-C** 

(keep for your records)

www.irs.gov/Form1099C

## 2019 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 address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Date of identifiable event	OMB No. 1545-1424			
Total of all forms filed = 4,732,413		2 Amount of debt discharged	Can	cellation		
		\$ 4,710,053	2019		of Debt	
		3 Interest if included in box 2				
		\$ 468,563	Form <b>1099-C</b>			
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description		Copy B		
					For Debtor	
DEBTOR'S name				information furnished	is important tax on and is being ed to the IRS. If equired to file a	
Street address (including apt. no.)		5 If checked, the debtor was personally liable for repayment of the debt			n, a negligence penalty or other anction may be	
City or town, state or province, country, and ZIP or foreign postal code				taxable from	posed on you if income results this transaction IRS determines	
Account number (see instruction	es)	6 Identifiable event code	7 Fair market value of		it has not been	
			\$	212.067	reported.	

www.irs.gov/Form1099C

Department of the Treasury - Internal Revenue Service

Form 1099-C

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Date of identifiable event	OMB No. 1545-1424		
Total of all individuals represented = 3,799,690		2 Amount of debt discharged			Cancellation
		\$ 3,779,345	2019	<u> </u>	
		3 Interest if included in box 2			
		\$ 437,115	Form <b>1099-C</b>		
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description		Сору В	
					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 apt. no.)		5 If checked, the debtor was p repayment of the debt .	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	property	that it has not been
			\$	205,653	reported.

www.irs.gov/Form1099C

Department of the Treasury - Internal Revenue Service

Form 1099-C

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

1 Unemployment compensation OMB No. 1545-0120 PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Certain 2019 29,593,089 Government Total of all forms filed = 77,506,606 2 State or local income tax **Payments** refunds, credits, or offsets Form 1099-G 75,194,424 PAYER'S TIN RECIPIENT'S TIN 3 Box 2 amount is for tax year 4 Federal income tax withheld Copy B 1,496,646 For Recipient RECIPIENT'S name 5 RTAA payments 6 Taxable grants This is important tax 2,483,244 information and is being furnished to the 8 If checked, box 2 is 7 Agriculture payments IRS. If you are required trade or business \$ Street address (including apt. no.) to file a return, a 11,647,237 income negligence penalty or 9 Market gain other sanction may be \$ City or town, state or province, country, and ZIP or foreign postal code imposed on you if this income is taxable and 11 State income tax withheld 10a State 10b State identification no. the IRS determines that Account number (see instructions) it has not been reported.

Form 1099-G

(keep for your records)

www.irs.gov/Form1099G

#### 2019 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.		1 Unemploy	ment compensation	OMB No. 1545	-0120	Certain
Total of all forms filed = 77,506,606		\$ 6,951,406  2 State or local income tax refunds, credits, or offsets		2019		Government Payments
		\$	69,604,977	Form <b>1099</b>	-G	_
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 am	ount is for tax year	4 Federal incor	ne tax withheld	Copy B
				\$	3,563,216	For Recipient
RECIPIENT'S name		5 RTAA payments		6 Taxable grants		This is important tax
		\$	*	\$	120,699	
		7 Agriculture payments		8 If checked, box 2 is		being furnished to the IRS. If you are required
Street address (including apt. no.)		\$	685,561	trade or bus income	iness	to file a return, a
		9 Market gain				negligence penalty or other sanction may be
City or town, state or province, country, and ZIP or foreign postal code		\$	\$ 490			imposed on you if this
		10a State	10b State identifica	ation no. 11 State in	ncome tax withheld	income is taxable and the IRS determines that
Account number (see instructions)				<b> </b> \$		it has not been
		t	t	te		reported.

Form 1099-G (keep for your records) www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

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 = 70,473,439		\$ 2 State or le	6.896,762 ocal income tax credits, or offsets			Certain Government Payments
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 am	65,656,165 ount is for tax year	4 Federal income tax	withheld	Copy B For Recipient
RECIPIENT'S name	RECIPIENT'S name		yments *	6 Taxable grants	119,053	This is important tax information and is
Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		7 Agriculture payments \$ 682,613  9 Market gain \$ 490		8 If checked, box 2 is trade or business income		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 this
Account number (see instructions)		<b>10a</b> State	10b State identifica	ation no. 11 State income t	ax withheld	income is taxable and the IRS determines that it has not been reported.

Form **1099-G** 

(keep for your records)

www.irs.gov/Form1099G

### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

PAYER'S name, street address, city of or foreign postal code, and telephone		country, ZIP	1a	Total	ordinary dividends	10	MB No. 1545-0110		
			\$		269,412,09	2	2019	l	Dividends and
			1b	Qualifi	ied dividends				Distributions
Total of all forms filed = 95,041,150			\$		199,206,65	9 <sub>F</sub>	form <b>1099-DIV</b>		
			1	Total	capital gain distr.	_	Unrecap. Sec. 12		Сору В
	T = =		\$		77,174,68	Ψ		433,158	For Recipient
PAYER'S TIN	RECIPIENT'S TIN		2c	Sectio	n 1202 gain	20	Collectibles (28%	) gain	
			\$		24	3 \$		7,054	
RECIPIENT'S name			3	Mondi	vidend distributions	_			
The ment of hame			\$	Nondi	11,423,28			338,636	This is important tax
			5	Sectio	n 199A dividends	6	Investment expen	ises	information and is being furnished to
Street address (including apt. no.)			\$		7,470,33	2 \$		19,747	the IRS. If you are required to file a
			7			_	8 Foreign country or U.S. possession		<del>-</del>
									penalty or other sanction may be
City or town, state or province, country	ry, and ZIP or foreign post	tal code	\$		2,808,21	7			imposed on you if
			9	Cash li	iquidation distribution	s 10	Noncash liquidation of	distributions	this income is taxable and the IRS
			\$		6,154,05	3 \$	:	322,540	determines that it has not been reported.
		FATCA filing requirement	11	Exemp	ot-interest dividends	12	Specified private a bond interest divided	,	not been reported.
			\$		22,381,18	\$	1,	670,120	
Account number (see instructions)			13	State	14 State identification n	o. <b>15</b>	State tax withheld	I	
			L			\$			
			[			\$			

Form **1099-DIV** 

(keep for your records)

www.irs.gov/Form1099DIV

PAYER'S name, street address, city or foreign postal code, and telephon		country, ZIP	1a	Total	ordinary dividends	ON	/IB No. 1545-0110			
			\$		86,699,353	4	2019	l	Dividends and	
			1b	Qualifi	ed dividends	4			Distributions	
Total of all forms file	d = 95,041,150		\$		77,537,978	F	orm <b>1099-DIV</b>			
			2a \$	Total c	capital gain distr. <b>30,666,472</b>	2b Unrecap. Sec. 1250 gain 2,725,831		Сору В		
PAYER'S TIN	RECIPIENT'S TIN		2c	Sectio	n 1202 gain	2d	Collectibles (28%) gain		For Recipient	
			\$			\$		36,947		
RECIPIENT'S name			3 \$	Nondi	vidend distributions 10,013,963		Federal income tax 1,6	withheld 637,045		
			5 Section 199A dividends		6			being furnished to the IRS. If you are		
Street address (including apt. no.)			\$		18,777,893	\$	2	245,905	required to file a	
			7 Foreign tax paid		8 Foreign country or U.S. possession		penalty or other			
City or town, state or province, cour	try, and ZIP or foreign posta	al code	\$		19,523,130				sanction may be imposed on you if	
			9	Cash li	quidation distributions	I	·		and the mo	
		FATCA filing requirement		Exemp	ot-interest dividends	12	Specified private a bond interest divid	,	not been reported.	
			\$		8,577,213	\$	5,9	994,592		
Account number (see instructions)	1		13	State	14 State identification no.		State tax withheld			
			ļ			\$				
			l			I \$				

Form **1099-DIV** 

(keep for your records)

www.irs.gov/Form1099DIV

### 2019 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 foreign postal code, and telephone		country, ZIP	1a	Total	ordinary dividends	10	ИВ No. 1545-0110		
			\$		47,795,31	1	2019	I	Dividends and
			1b	Qualifi	ed dividends				Distributions
Total of all forms filed	l = 49,621,665		\$		45,168,08	1 F	orm <b>1099-DIV</b>		
				Total	apital gain distr. 21,139,66	_	Unrecap. Sec. 125	50 gain 3 <b>20,529</b>	Сору В
PAYER'S TIN	RECIPIENT'S TIN		\$	Contin	n 1202 gain	Ψ	Collectibles (28%)	,	For Recipient
TATERO III	TIEOTI IEIVI O TIIV		20	Section	II 1202 gaiii	20	Collectibles (2070)	gaiii	
			\$			\$		36,287	
RECIPIENT'S name			3	Nondi	idend distributions 7,793,80		Federal income tax	withheld <b>430.276</b>	This is important tax
			5	Section	n 199A dividends	Ψ	6 Investment expenses		information and is being furnished to
Street address (including apt. no.)			\$	Sectio	14,193,52	1 .	'	the IRS. If you a	
			7 Foreign tax paid		8	8 Foreign country or U.S. possession			
									penalty or other sanction may be
City or town, state or province, count	y, and ZIP or foreign pos	tal code	\$	0	14,809,64	4			imposed on you if this income is taxable
			9	Cash II	quidation distribution 253,38		Noncash liquidation d	3,896	and the IRS determines that it has
		FATCA filing requirement	T	Exemp	t-interest dividends	Ψ	Specified private a	activity	not been reported.
			\$		6,841,38	7 \$	4.9	975,156	
Account number (see instructions)			T	State	14 State identification n	7	State tax withheld	,	
						\$			
						\$			

Form **1099-DIV** 

(keep for your records)

www.irs.gov/Form1099DIV

### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

	PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no.		Payer's RTN	(optional)	OM	1B No. 1545-0112	
Total of all forms filed = 168	,705,771		1 Interest inc	come	<u>(</u>	2019	Interest Income
			\$	78,891,190	Fo	rm <b>1099-INT</b>	
			2 Early without	Irawal penalty			Сору В
PAYER'S TIN RECIPIENT'S TIN		\$			229,421	For Recipient	
			3 Interest on	U.S. Savings Bor	nds and T	reas. obligations	- For Necipient
			\$			13,455,005	
RECIPIENT'S name	•		4 Federal inc	come tax withheld			This is important tax
			\$	61,369	Ψ	353,986	information and is being furnished to the
			6 Foreign tax	paid <b>26,524</b>	<b>7</b> Foreign	country or U.S. possession	IRS. If you are
Street address (including apt. no.)			\$ Toy overn		O Consid	ind private activity band	required to file a return, a negligence
			8 Tax-exempt interest 9 Specified private activity bond interest			penalty or other	
City or town, state or province, country	ry, and ZIP or foreign post	tal code	\$	44,434,513	\$	485,228	iniposed on you ii
			10 Market dis	count	11 Bond premium		this income is taxable and the IRS
		I		15,537		626,126	determines that it has
		FATCA filing requirement	T		Ψ	oremium on tax-exempt bond	1.01.2000poou.
			\$	85,599		13,412,539	
Account number (see instructions)		1	14 Tax-exempt	and tax credit	15 State	16 State identification no.	17 State tax withheld
			bond CUSII	o no.			\$
						T	\$

(keep for your records)

www.irs.gov/Form1099INT

	AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN	(optional)	OM	IB No. 1545-0112	]
Total of all forms filed	= 168,705,771		1 Interest inc	come	- 4	2019	Interest Income
			\$	146,214,079	Fo	rm <b>1099-INT</b>	
			2 Early without	rawal penalty			Сору В
PAYER'S TIN RECIPIENT'S TIN			\$			1,286,882	
			L'	U.S. Savings Bor	nds and T	reas. obligations	For Recipient
			\$			4,280,965	
RECIPIENT'S name	RECIPIENT'S name			ome tax withheld			This is important tax
			\$	1,444,670	\$	99,915	information and is being furnished to the
Street address (including apt.	no.)		6 Foreign tax	paid <b>38,893</b>		country or U.S. possession	IRS. If you are required to file a return, a negligence penalty or other
			8 Tax-exemp	ot interest	9 Specifinteres	ied private activity bond	
City or town, state or province	e, country, and ZIP or foreign pos	stal code	\$	5,361,162	\$	221,988	iniposed on you ii
			10 Market dis	count	11 Bond	premium	this income is taxable and the IRS
		FATCA filing	\$	17,365	\$	837,974	determines that it has not been reported.
		requirement	12 Bond premium	on Treasury obligations	<b>13</b> Bond	premium on tax-exempt bond	1
			\$	174,384	\$	1,442,056	
Account number (see instructi	ons)		14 Tax-exempt		15 State	16 State identification no.	1.
			borid Cosii	· IIU.			<u> \$</u>
1000 INIT							\$
Form <b>1099-INT</b>	(keep for your records)		www.irs.gov/F	orm1099INT	Depai	tment of the Treasury	- Internal Revenue Service

www.irs.gov/Form1099INT

	PAYER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no.		Payer's RTN	optional)	OM	IB No. 1545-0112	
	represented = 83,716,637		1 Interest inc	ome	- 4	2019	Interest Income
			\$	79,440,569	Fo	rm <b>1099-INT</b>	
			2 Early withd	rawal penalty	•		Сору В
PAYER'S TIN	PAYER'S TIN RECIPIENT'S TIN					1,085,953	For Posicions
			3 Interest on	U.S. Savings Bor	nds and T	reas. obligations	For Recipient
			  \$			2,974,160	
RECIPIENT'S name	<u>'</u>		4 Federal inc	ome tax withheld	1	ment expenses	This is important tax
			\$	1,291,280	\$	93,434	information and is being furnished to the
			6 Foreign tax	•	_	country or U.S. possession	IRS. If you are
Street address (including apt. n	no.)		\$	36,823	<u> </u>		required to file a
			8 Tax-exemp	t interest	9 Specifinteres	ied private activity bond	return, a negligence penalty or other
City or town, state or province,	country, and ZIP or foreign posta	ıl code	\$	1,812,563	\$	185,711	imposed on you ii
			10 Market disc	count	11 Bond	premium	this income is taxable and the IRS
	F	FATCA filing	  \$	17,142	\$	772,703	determines that it has not been reported.
		requirement	<u> </u>	on Treasury obligations	13 Bond	premium on tax-exempt bond	
			\$	160,019	\$	1,216,752	
Account number (see instruction	ons)		14 Tax-exempt		15 State	16 State identification no.	17 State tax withheld
			bond CUSIF	no.			\$
							\$
Form <b>1099-INT</b>	(keep for your records)		www.irs.gov/F	orm1099INT	Depai	tment of the Treasury	- Internal Revenue Service

www.irs.gov/Form1099INT

2019 Information Return Line Item Estimates - All figures are estimates based on samples.								
Amount of selected lines filed (in thousands of dollars)								
9393	VOID	CORRECTED '						

g-Term Care and ccelerated Death Benefits		1 Gross long-term care benefits paid  \$ 11,908,408  2 Accelerated death benefits paid	YER'S name, street address, city or town, state or province, country, ZIP oreign postal code, and telephone no.  Total of all forms filed = 338,772		or foreign postal code, and telephone
Copy A	SURED'S TIN	\$	DER'S TIN	POLICYHOL	PAYER'S TIN
Internal Revenue Service Center File with Form 1096. For Privacy Act		3 Check one: Per Reimbursed amount INSURED'S name			POLICYHOLDER'S name
and Paperwork Reduction Act Notice, see the		Street address (including apt. r	Street address (including apt. no.)		
2019 General Instructions for	and ZIP or foreign postal code	City or town, state or province, cou	City or town, state or province, country, and ZIP or foreign postal code		
- Certain Information Returns.	nically ill Date certified inally ill	(ontional)	4 Qualified contract (optional)		Account number (see instructions)
- Internal Revenue Service	epartment of the Treasury -	www.irs.gov/Form1099LTC	3021Z	Cat. No. 23	Form <b>1099-LTC</b>

www.irs.gov/Form1099LTC 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

Cat. No. 23021Z

<sup>\*</sup> Data not shown because of the small number of sample returns on which it is based. Estimates exclude duplicates and returns replaced by amendeds.

2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of Forms filed for selected line 9393 VOID CORRECTED PAYER'S name, street address, city or town, state or province, country, ZIP OMB No. 1545-1519 1 Gross long-term care or foreign postal code, and telephone no. benefits paid **Long-Term Care and Accelerated Death** 335,857 \$ Total of all forms filed = 338,772 **Benefits** 2 Accelerated death benefits paid Form **1099-LTC** \$ INSURED'S TIN Copy A PAYER'S TIN POLICYHOLDER'S TIN 3 Check one:
Per Reimbur amount For **Internal Revenue** Reimbursed POLICYHOLDER'S name **Service Center** INSURED'S name File with Form 1096. For Privacy Act and Paperwork Street address (including apt. no.) Street address (including apt. no.) Reduction Act Notice, see the City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code 2019 General Instructions for Certain

Department of the Treasury - Internal Revenue Service Cat. No. 23021Z www.irs.gov/Form1099LTC Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

5 Check, if applicable:

(optional)

Chronically ill

Terminally ill

Information

Returns.

4 Qualified contract

(optional)

Account number (see instructions)

Form **1099-LTC** 

<sup>\*</sup> Data not shown because of the small number of sample returns on which it is based. Estimates exclude duplicates and returns replaced by amendeds.

2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line 9393 VOID CORRECTED OMB No. 1545-1519 PAYER'S name, street address, city or town, state or province, country, ZIP 1 Gross long-term care or foreign postal code, and telephone no. benefits paid **Long-Term Care and** 2019 **Accelerated Death** Total of all individuals represented = 321,587 318,671 \$ **Benefits** 2 Accelerated death benefits paid Form **1099-LTC** \$ INSURED'S TIN Copy A PAYER'S TIN POLICYHOLDER'S TIN 3 Check one:
Per Reimbur amount For **Internal Revenue** Reimbursed POLICYHOLDER'S name **Service Center** INSURED'S name File with Form 1096. For Privacy Act and Paperwork Street address (including apt. no.) Street address (including apt. no.) Reduction Act Notice, see the City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code 2019 General Instructions for

Department of the Treasury - Internal Revenue Service Cat. No. 23021Z www.irs.gov/Form1099LTC Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

5 Check, if applicable:

(optional)

4 Qualified contract

(optional)

Account number (see instructions)

Form **1099-LTC** 

Chronically ill

Terminally ill

Certain

Returns.

Information

<sup>\*</sup> Data not shown because of the small number of sample returns on which it is based. Estimates exclude duplicates and returns replaced by amendeds.

#### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) VOID CORRECTED 9494

TRUSTEE'S/PAYER'S name, s country, ZIP or foreign postal of Total of all fore			OMB No. 1545-1517 2019 Form 1099-SA	Med	Distributions From an HSA, Archer MSA, or dicare Advantage MSA
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$ 29,552,739	2 Earnings on excess	s cont. 1,504	Copy A For
RECIPIENT'S name		3 Distribution code	4 FMV on date of de	ath 11,450	Internal Revenue Service Center File with Form 1096. For Privacy Act
Street address (including apt. no.)		5 HSA Archer			and Paperwork Reduction Act Notice, see the
City or town, state or province, country, and ZIP or foreign postal code		MSA U  MA  MSA U			2019 General Instructions for Certain
Account number (see instruction	ons)				Information Returns.

Cat. No. 38471D www.irs.gov/Form1099SA 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

Form **1099-SA** 

9494

Form 1099-SA

	, street address, city or town, state or province, al code, and telephone number  orms filed = 14,919,640		OMB No. 1545-1517  2019  Form 1099-SA	Мес	Distributions From an HSA, Archer MSA, or dicare Advantage MSA
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$ 14,871,843	2 Earnings on exces	s cont.	Copy A For
RECIPIENT'S name	·	3 Distribution code	4 FMV on date of de	ath	Internal Revenue Service Center File with Form 1096.
			\$	7,155	For Privacy Act
Street address (including apr	t. no.)	5 HSA Archer MSA			and Paperwork Reduction Act Notice, see the
City or town, state or province	ce, country, and ZIP or foreign postal code	MA MSA			2019 General Instructions for Certain
Account number (see instruc	ctions)				Information Returns.

Cat. No. 38471D www.irs.gov/Form1099SA 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

### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Number of individuals for selected line VOID CORRECTED

9494

Form 1099-SA

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 = 14,012,775			OMB No. 1545-1517  2019  Form 1099-SA	Med	Distributions From an HSA, Archer MSA, or licare Advantage MSA
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$ 13.981.599	2 Earnings on exces	s cont.	Copy A For
RECIPIENT'S name		3 Distribution code	4 FMV on date of de	ath 7,115	Internal Revenue Service Center File with Form 1096. For Privacy Act
Street address (including apt. no.)		5 HSA Archer MSA			and Paperwork Reduction Act Notice, see the
City or town, state or province, coun	try, and ZIP or foreign postal code	MA MSA			2019 General Instructions for Certain
Account number (see instructions)					Information Returns.

Cat. No. 38471D www.irs.gov/Form1099SA 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

#### 2019 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. 1545-0115 1 Rents PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Miscellaneous \$ 77,349,669 2 Royalties Income Total of all forms filed = 42,301,954 25,701,456 Form 1099-MISC Copy B 3 Other income 4 Federal income tax withheld 32,021,203 1,215,388 For Recipient PAYER'S TIN RECIPIENT'S TIN 5 Fishing boat proceeds 6 Medical and health care payments \$ \$ 16,460,583 352,197 RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of This is important tax dividends or interest information and is being furnished to the IRS. If you are \$ Street address (including apt. no.) 242,110 512,245,174 required to file a 9 Payer made direct sales of 10 Crop insurance proceeds return, a negligence \$5,000 or more of consumer penalty or other products to a buyer sanction may be \$ 6,028,784 City or town, state or province, country, and ZIP or foreign postal code (recipient) for resale ▶ imposed on you if 12 this income is taxable and the IRS determines that it FATCA filing Account number (see instructions) 13 Excess golden parachute 14 Gross proceeds paid to an requirement has not been payments attornev reported. \$ 5,565,792 9,153 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no. 18 State income

Form 1099-MISC

\$ (keep for your records)

24,108

www.irs.gov/Form1099MISC

\$

\$

5,151

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Rents		OMB No. 1545-0115			
				\$	3,558,507	2019		Miscellaneous
				2 Royalties				Income
Total of all forms filed = 42,301,954			\$	4,748,986	Form 1099-MISC		_	
				3 Other incor	ne	4 Federal income tax	withheld	Сору В
				\$	5,314,686	\$ 3	53,148	For Recipient
PAYER'S TIN	RECIPIEN	NT'S TIN		5 Fishing boa	at proceeds	6 Medical and health care	payments	Ī
				\$	20,212	· ·	84,296	
RECIPIENT'S name				ee compensation	Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to	
Street address (including apt. no.				\$	26,997,086	<u> </u>	220,406	the IRS. If you are required to file a
City or town, state or province, country, and ZIP or foreign postal code			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ►		10 Crop insurance proceeds \$ 160,440		return, a negligence penalty or other sanction may be	
			11		12		imposed on you if this income is taxable and the IRS	
Account number (see instructions) FATCA filing			"	den parachute	14 Gross proceeds pa	id to an	determines that it has not been	
		requirement		payments \$	1,319	attorney 1	05,864	reported.
15a Section 409A deferrals	15b Section	on 409A income	e	16 State tax w	ithheld	17 State/Payer's state	no.	18 State income
				\$				\$
l ¢ 3.9	59   ¢		2.645	Φ.		1		<b>¢</b>

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

				(				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Rents		OMB No. 1545-0115			
Total of all individuals represented = 28,409,607			\$ 2 Royalties	2,955,758	2019		Miscellaneous Income	
				\$	2,866,125	Form 1099-MISC		
				3 Other incom	ie	4 Federal income tax	withheld	Copy B
				\$	4,926,178	\$	344,281	For Recipient
PAYER'S TIN	RECIPIEN	T'S TIN		5 Fishing boat	proceeds	6 Medical and health car	re payments	
				\$	17,493	\$	365,438	
RECIPIENT'S name			7 Nonemploye	18,783,672	8 Substitute paymen dividends or interes	This is important tax information and is being furnished to the IRS. If you are		
Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			9 Payer made	direct sales of ore of consumer a buyer	10 Crop insurance pr	208,963 oceeds 151,215	required to file a return, a negligence penalty or other sanction may be imposed on you if this income is	
Account number (see instructions)		FATCA filing requirement		13 Excess gold payments	len parachute	14 Gross proceeds p attorney	aid to an <b>59,281</b>	taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals	15b Section	n 409A incom	ie	16 State tax wi		17 State/Payer's state	e no.	18 State income
	I 🔺		0.045	T-4		<b>†</b>		†- <del>-</del>

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

### 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP			1 Patronage dividends OMB No. 1545-0118			1		
or foreign postal code, and telephone no.		\$	1,792,771			Taxable		
Total of all forms filed = 1,290,455			ronage distributions	2019		Distributions		
			968			<b>Received From</b>		
			retain allocations	1		Cooperatives		
			47,244,154	Form 1099-PATR				
PAYER'S TIN	RECIPIENT'S TIN	4 Federal	income tax withheld	withheld 1,298		Copy B		
		\$	1,298			For Recipient		
RECIPIENT'S name	RECIPIENT'S name		5 Redemption of nonqualified notices and retain allocations activities deduction			This is important tax information and is		
		\$	128,730	\$	85,933	being furnished to the IRS. If you are required		
Street address (including apt. no.)		7 Qualifie	d payments	8 Investment credit		to file a return, a		
		\$	257,136	\$ 22,6	85,421	negligence penalty or other sanction may be		
City or town, state or province, country, and ZIP or foreign postal code		9 Work o	portunity credit	10 Patron's AMT adjustment		imposed on you if this		
		\$	23	\$	-	income is taxable and the IRS determines that		
Account number (see instructions)		11 Other c	redits and deduction	6,913	it has not been			
				reported.				

Form 1099-PATR

(keep for your records)

PAYER'S name, street address, city or town, state or province, country, ZIP			age dividends	OMB No. 1545-0118	3			
or foreign postal code, and telephone no.		\$	1,056,999			Taxable		
Total of all forms filed = 1,290,455			tronage distributions	2019		Distribution		
			410			Received From		
10tal 01 all 1011115 lileu = 1,230,433		3 Per-un	it retain allocations			Cooperatives		
			256,724	Form 1099-PATR				
PAYER'S TIN	RECIPIENT'S TIN	4 Federa	l income tax withheld			Copy B		
		\$	10,963			For Recipient		
RECIPIENT'S name	RECIPIENT'S name		ption of nonqualified and retain allocations	6 Domestic production activities deduction		This is important tax information and is		
		\$	97,652	\$	233,944	being furnished to the IRS. If you are required		
Street address (including apt	:. no.)	7 Qualifie	ed payments	8 Investment credit		to file a return, a		
		\$		\$	23,046	negligence penalty or other sanction may be		
City or town, state or province, country, and ZIP or foreign postal code		9 Work o	pportunity credit		10 Patron's AMT adjustment			
		\$	245	\$	-	income is taxable and the IRS determines that		
Account number (see instructions)		11 Other	credits and deduction	315	it has not been			
•				reported.				

Form 1099-PATR

(keep for your records)

		1		0145 11 4545 04	4.0		
PAYER'S name, street address, city or town, state or province, country, ZIP			e dividends	OMB No. 1545-01	18		
or foreign postal code, and telephone no.		\$	843,794			Taxable	
Total of all individuals represented = 970,299			nage distributions	2019		Distributions	
			410			<b>Received From</b>	
		3 Per-unit i	retain allocations	1		Cooperatives	
		\$	213,783	Form <b>1099-PA</b>	ΓR	•	
PAYER'S TIN	RECIPIENT'S TIN	4 Federal in	come tax withheld			Copy B	
		\$	10,621			For Recipient	
RECIPIENT'S name	·		on of nonqualified	6 Domestic produ		This is important tax	
		notices a	nd retain allocations	activities deduction		information and is	
		\$	91,219	\$	203,306	being furnished to the IRS. If you are required	
Street address (including	apt. no.)	7 Qualified	payments	8 Investment cred	lit	to file a return, a	
		\$		\$	17,703	negligence penalty or other sanction may be	
City or town, state or province, country, and ZIP or foreign postal code		9 Work opp	oortunity credit	10 Patron's AMT a	djustment	imposed on you if this	
		\$	227	\$	-	income is taxable and the IRS determines that	
Account number (see instructions)		11 Other cre	dits and deduction		it has not been		
,				reported.			

Form 1099-PATR

(keep for your records)

## 2019 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars) CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			Gross distribut			IB No. 1545-0119		Distributions From ensions, Annuities, Retirement or
		\$		454,300		20 <b>19</b>	Pr	ofit-Sharing Plans,
Total of all forms filed = 109,5	52,264	2a	Taxable amour	nt	'		• • •	IRAs, Insurance Contracts, etc.
		\$	1,235,	783,800	F	orm <b>1099-R</b>		, , , , , , , , , , , , , , , , , , , ,
		2b	Taxable amour	nt		Total		Copy B
			not determined	k		distribution	n 🗌	Report this
PAYER'S TIN RECIPIENT	'S TIN	3	J (	cluded	4	Federal income	tax	income on your
			in box 2a)		ı	withheld		federal tax
					l			return. If this form shows
		\$	1	107,649	\$	141,8	372,939	federal income
RECIPIENT'S name		5	5 Employee contribution		6	Net unrealized		tax withheld in
			Designated Rot contributions or			appreciation in employer's sec		box 4, attach
			insurance prem	iums		. ,		this copy to
		\$			\$		390,526	your return.
Street address (including apt. no.)		7	Distribution	IRA/ SEP/	8	Other		
			code(s)	SIMPLE		0.044.700		This information is
					\$	2,641,720	%	being furnished to the IRS.
City or town, state or province, country, and ZIF	or foreign postal code	9a		of total	9b			the IRS.
	ı		distribution	%	*		886,773	
10 Amount allocable to IRR within 5 years design Roth of		12	State tax withhe	eld	13	State/Payer's st	ate no.	14 State distribution
doorg. Hours	contrib.	\$			ļ			<u> \$</u>
\$ 16,368		\$						\$
Account number (see instructions)	Date of	15	Local tax withhe	eld	16	Name of locality	У	17 Local distribution
	payment	\$			ļ			\$
		I\$						I\$

Form **1099-R** 

www.irs.gov/Form1099R

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  Total of all forms filed = 109,552,264			1 \$ 2a	109, Taxable amount	187,995		1B No. 1545-0119	P	Distributions From ensions, Annuities, Retirement or rofit-Sharing Plans, IRAs, Insurance Contracts, etc.
			\$	91,	559,011	F	orm <b>1099-R</b>		
			2b	Taxable amous			Total distributio	n 🗌	Copy B Report this
PAYER'S TIN	RECIPIENT'S TIN		3	Capital gain (in in box 2a)	cluded	4	Federal income withheld	tax	income on your federal tax return. If this
			\$		38,253	\$	56,	093,879	form shows federal income
RECIPIENT'S name		5	Employee contributions or insurance premi	:h r	6	Net unrealized appreciation in employer's sec		tax withheld in box 4, attach this copy to	
			\$			\$		21,410	
Street address (including apt. no	o.)		7	Distribution code(s)	IRA/ SEP/ SIMPLE		Other <b>653,837</b>	%	This information is being furnished to
City or town, state or province, country, and ZIP or foreign postal code			9a	Your percentage distribution	of total	9b \$	Total employee con	tributions 933,099	the IRS.
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement	12 \$	State tax withhe	eld	13	State/Payer's s	tate no.	14 State distribution \$
\$ 1,452			\$						\$
Account number (see instructions)		Date of payment	15 \$	Local tax withhe	eld 	16	Name of localit	ty 	17 Local distribution
			155			1			155

Form **1099-R** 

www.irs.gov/Form1099R

			_							
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1	Gross distribut			IB No. 1545-0119	l	Distributions From ensions, Annuities, Retirement or	
			\$ 2a	Taxable amou	<b>235,381</b> nt	2	2019	Pr	ofit-Sharing Plans, IRAs, Insurance	
Total of all individuals repre	esented = 63,37	6,027			740 044		4000 D		Contracts, etc.	
			\$		743,314	F	orm 1099-R			
			2b	Taxable amou			Total		Copy B	
				not determined	a 🔲		distributio	n 📗	Report this	
PAYER'S TIN	RECIPIENT'S TIN	1	3	J (	ncluded	4	Federal income	tax	income on your	
				in box 2a)		ı	withheld		federal tax	
						ı			return. If this form shows	
			\$		28,803	\$	38,0	016,763	federal income	
RECIPIENT'S name	•		5	Employee contr		6	Net unrealized		tax withheld in	
				Designated Rot contributions of			appreciation in employer's sec		box 4, attach	
				insurance prem			employer's sec	unites	this copy to	
			\$			\$		21,322	your return.	
Street address (including apt. no	.)		7	Distribution	IRA/	8	Other			
3.4	,			code(s)	SEP/ SIMPLE				This information is	
						\$	623,250	%	being furnished to	
City or town, state or province, co	untry, and ZIP or for	eign postal code	9a	Your percentage	of total	9b	Total employee conf	tributions	the IRS.	
				distribution	%	\$	2,9	919,250		
10 Amount allocable to IRR	11 1st year of	FATCA filing	12	State tax withhe	eld	13	State/Payer's st	ate no.	14 State distribution	
within 5 years	desig. Roth contrib.	requirement	\$						\$	
\$ 1,452			\$						\$	
Account number (see instructions)  Date of		Date of	15	Local tax withh	eld	16	Name of localit	у	17 Local distribution	
		payment	\$						\$	
			\$			†			\$	

Form **1099-R** 

www.irs.gov/Form1099R