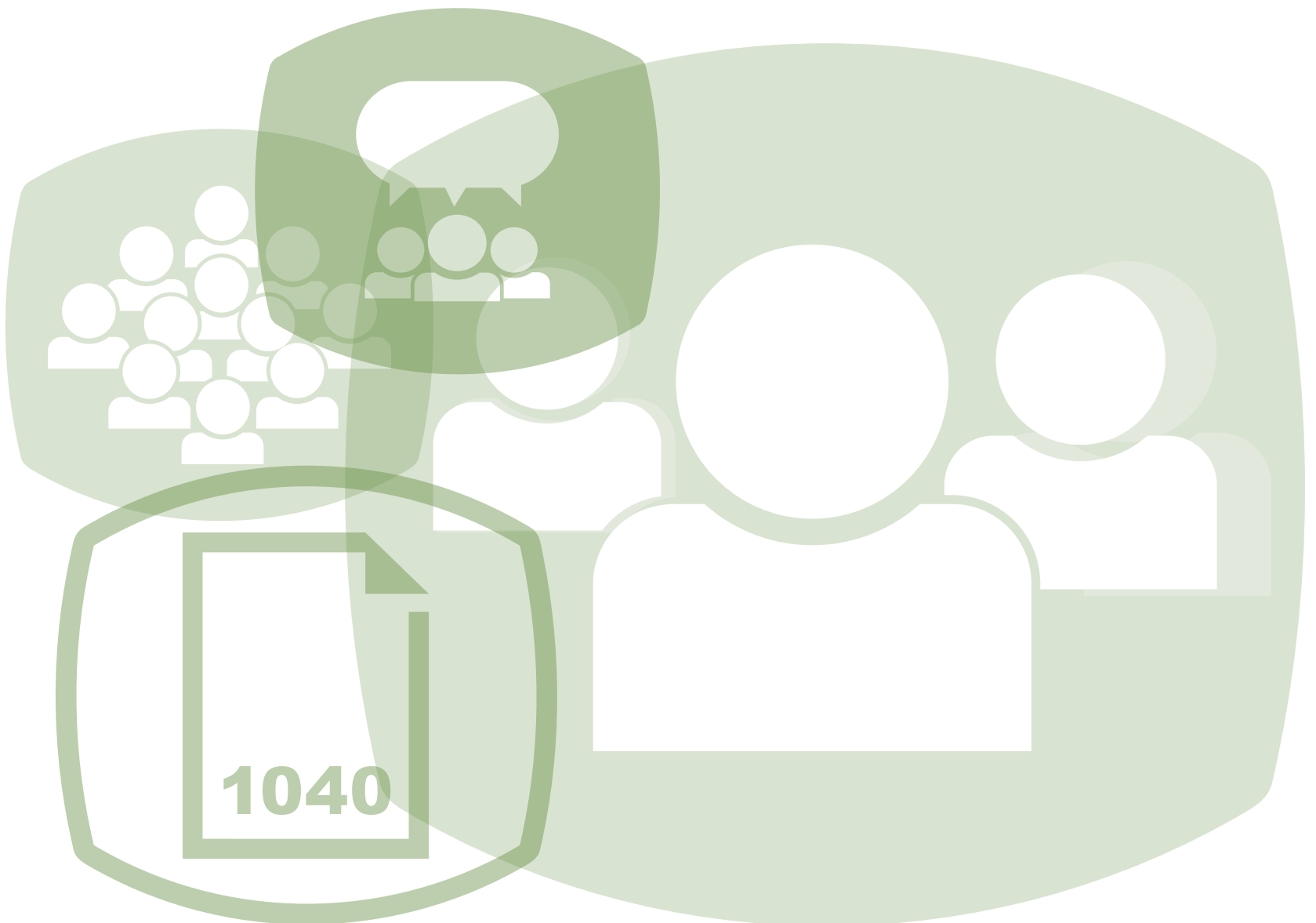




**Statistics of Income**

# **Individual Information Returns Line Item Estimates**

# **2019**



**[www.irs.gov/statistics](http://www.irs.gov/statistics)**

# 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. To avoid double counting, information returns associated with dependent tax returns were excluded because they were instead included in association with their parents returns.

All 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 or foreign postal code, and telephone no.  <div style="text-align: center; font-weight: bold; color: blue;">Total of all forms filed = 2,808,524</div>		FILER'S TIN		<div style="font-size: 2em; font-weight: bold; color: blue;">2019</div> <div style="font-size: 0.8em; margin-top: 5px;">OMB No. 1545-2205</div> <div style="font-size: 0.8em; margin-top: 5px;">Form 1099-K</div>		<div style="font-size: 1.2em; font-weight: bold;">Payment Card and Third Party Network Transactions</div>			
		PAYEE'S TIN							
		1a Gross amount of payment card/third party network transactions <div style="text-align: right; font-weight: bold; color: blue;">\$ 207,121,338</div>							
		1b Card Not Present transactions <div style="text-align: right; font-weight: bold; color: blue;">\$ 51,904,635</div>		2 Merchant category code					
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		3 Number of payment transactions		4 Federal income tax withheld <div style="text-align: right; font-weight: bold; color: blue;">\$ 94,126</div>		<div style="font-size: 1.2em; font-weight: bold;">Copy 1 For State Tax Department</div>	
PAYEE'S name   Street address (including apt. no.)   City or town, state or province, country, and ZIP or foreign postal code		5a January <div style="text-align: right; font-weight: bold; color: blue;">\$ 14,315,571</div>		5b February <div style="text-align: right; font-weight: bold; color: blue;">\$ 14,172,131</div>					
		5c March <div style="text-align: right; font-weight: bold; color: blue;">\$ 16,990,151</div>		5d April <div style="text-align: right; font-weight: bold; color: blue;">\$ 16,238,174</div>					
		5e May <div style="text-align: right; font-weight: bold; color: blue;">\$ 20,182,210</div>		5f June <div style="text-align: right; font-weight: bold; color: blue;">\$ 22,684,563</div>					
		5g July <div style="text-align: right; font-weight: bold; color: blue;">\$ 19,333,621</div>		5h August <div style="text-align: right; font-weight: bold; color: blue;">\$ 17,976,695</div>					
		5i September <div style="text-align: right; font-weight: bold; color: blue;">\$ 16,462,282</div>		5j October <div style="text-align: right; font-weight: bold; color: blue;">\$ 16,587,739</div>					
PSE'S name and telephone number		5k November <div style="text-align: right; font-weight: bold; color: blue;">\$ 15,687,602</div>		5l December <div style="text-align: right; font-weight: bold; color: blue;">\$ 16,481,346</div>					
		6 State		7 State identification no.		8 State income tax withheld <div style="text-align: right; font-weight: bold; color: blue;">\$</div>			
Account number (see instructions)		-----		-----		-----			
		-----		-----		-----			

Form **1099-K**

[www.irs.gov/Form1099K](http://www.irs.gov/Form1099K)

Department of the Treasury - Internal Revenue Service

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 or foreign postal code, and telephone no.  <b>Total of all forms filed = 2,808,524</b>		FILER'S TIN	OMB No. 1545-2205  <b>2019</b>  Form <b>1099-K</b>	<b>Payment Card and Third Party Network Transactions</b>
		PAYEE'S TIN		
		<b>1a</b> Gross amount of payment card/third party network transactions \$ <b>2,785,371</b>		
		<b>1b</b> Card Not Present transactions \$ <b>1,498,583</b>	<b>2</b> Merchant category code	
<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$ <b>30,412</b>			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>			
PAYEE'S name	<b>5a</b> January \$ <b>1,963,641</b>	<b>5b</b> February \$ <b>2,014,367</b>		
Street address (including apt. no.)	<b>5c</b> March \$ <b>2,045,850</b>	<b>5d</b> April \$ <b>2,095,360</b>		
	<b>5e</b> May \$ <b>2,105,232</b>	<b>5f</b> June \$ <b>2,138,214</b>		
	<b>5g</b> July \$ <b>2,112,338</b>	<b>5h</b> August \$ <b>2,130,873</b>		
City or town, state or province, country, and ZIP or foreign postal code	<b>5i</b> September \$ <b>2,149,549</b>	<b>5j</b> October \$ <b>2,123,597</b>		
	<b>5k</b> November \$ <b>2,119,871</b>	<b>5l</b> December \$ <b>2,079,965</b>		
PSE'S name and telephone number				
Account number (see instructions)	<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$ ----- \$	

Form **1099-K**

[www.irs.gov/Form1099K](http://www.irs.gov/Form1099K)

Department of the Treasury - Internal Revenue Service

## Number of individuals for selected line

☐ VOID ☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all individuals represented = 2,204,798</b>		FILER'S TIN	OMB No. 1545-2205  <div style="font-size: 2em; font-weight: bold;">2019</div> Form <b>1099-K</b>		<b>Payment Card and Third Party Network Transactions</b>
		PAYEE'S TIN			
		<b>1a</b> Gross amount of payment card/third party network transactions \$ <b>2,192,231</b>			
		<b>1b</b> Card Not Present transactions \$ <b>1,234,024</b>	<b>2</b> Merchant category code	<b>Copy 1 For State Tax Department</b>	
<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$ <b>26,808</b>				
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>	PAYEE'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code	<b>5a</b> January \$ <b>1,707,481</b> <b>5c</b> March \$ <b>1,784,852</b> <b>5e</b> May \$ <b>1,828,695</b> <b>5g</b> July \$ <b>1,841,559</b> <b>5i</b> September \$ <b>1,859,121</b> <b>5k</b> November \$ <b>1,852,965</b>		<b>5b</b> February \$ <b>1,751,830</b> <b>5d</b> April \$ <b>1,812,122</b> <b>5f</b> June \$ <b>1,846,726</b> <b>5h</b> August \$ <b>1,851,605</b> <b>5j</b> October \$ <b>1,850,837</b> <b>5l</b> December \$ <b>1,808,895</b>
PSE'S name and telephone number		<b>6</b> State	<b>7</b> State identification no.		<b>8</b> State income tax withheld \$ ----- \$
Account number (see instructions)					

Form **1099-K**

www.irs.gov/Form1099K

Department 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)**

<b>22222</b>		<b>a</b> Employee's social security number		OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation <b>9,053,894,200</b>		<b>2</b> Federal income tax withheld <b>1,220,326,300</b>
<b>c</b> Employer's name, address, and ZIP code  <b>Total of all forms filed = 276,183,665</b>			<b>3</b> Social security wages <b>7,579,154,800</b>		<b>4</b> Social security tax withheld <b>473,196,066</b>
			<b>5</b> Medicare wages and tips <b>9,358,755,200</b>		<b>6</b> Medicare tax withheld <b>144,294,573</b>
			<b>7</b> Social security tips <b>56,265,460</b>		<b>8</b> Allocated tips <b>158,201</b>
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits <b>6,363,959</b>
<b>e</b> Employee's first name and initial      Last name      Suff.			<b>11</b> Nonqualified plans		<b>12a</b> C o o d e "C", "D" "E", "F" <b>353,407,251</b>
			<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> C o o d e "AA" <b>21,219,936</b>
			<b>14</b> Other		<b>12c</b> C o o d e "DD" <b>727,908,740</b>
					<b>12d</b> C o o d e "W" <b>33,095,064</b>
<b>f</b> Employee's address and ZIP code					
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax
					<b>20</b> Locality name

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

**2019**

Department of the Treasury—Internal Revenue Service



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

<b>22222</b>		<b>a</b> Employee's social security number		OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation <b>266,523,143</b>		<b>2</b> Federal income tax withheld <b>230,446,901</b>	
<b>c</b> Employer's name, address, and ZIP code  <b>Total of all forms filed = 267,576,793</b>				<b>3</b> Social security wages <b>254,059,548</b>		<b>4</b> Social security tax withheld <b>252,654,231</b>	
				<b>5</b> Medicare wages and tips <b>260,662,421</b>		<b>6</b> Medicare tax withheld <b>255,624,947</b>	
				<b>7</b> Social security tips <b>11,182,395</b>		<b>8</b> Allocated tips <b>77,091</b>	
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits <b>1,965,142</b>	
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans	
						<b>12a</b> "C", "D", "E", "F" <b>64,612,053</b>	
						<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> <b>12b</b> "AA" <b>5,715,351</b>	
						<b>14</b> Other <b>12c</b> "DD" <b>70,256,677</b> <b>12d</b> "W" <b>11,695,547</b>	
<b>f</b> Employee's address and ZIP code							
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	
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Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

**2019**

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**

<b>22222</b>		<b>a</b> Employee's social security number		OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation <b>183,237,087</b>		<b>2</b> Federal income tax withheld <b>170,004,901</b>	
<b>c</b> Employer's name, address, and ZIP code  <b>Total of all individuals represented = 183,655,474</b>				<b>3</b> Social security wages <b>175,868,584</b>		<b>4</b> Social security tax withheld <b>175,376,261</b>	
				<b>5</b> Medicare wages and tips <b>180,358,735</b>		<b>6</b> Medicare tax withheld <b>179,338,871</b>	
				<b>7</b> Social security tips <b>9,983,843</b>		<b>8</b> Allocated tips <b>68,110</b>	
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits <b>2,049,980</b>	
<b>e</b> Employee's first name and initial      Last name      Suff.				<b>11</b> Nonqualified plans		<b>12a</b> "C", "D", "E", "F" <b>66,441,595</b>	
				<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> "AA" <b>5,541,790</b>	
				<b>14</b> Other		<b>12c</b> "DD" <b>70,847,861</b>	
						<b>12d</b> "W" <b>14,058,920</b>	
<b>f</b> Employee's address and ZIP code							
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	
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Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

**2019**

Department 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)

TRANSFEROR'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 296,969</b>		1 Date option granted	OMB No. 1545-2129  <b>Form 3921</b>  (Rev. October 2017)	<b>Exercise of an Incentive Stock Option Under Section 422(b)</b>  <b>Copy B For Employee</b>  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 this item is required to be reported and the IRS determines that it has not been reported.
		2 Date option exercised		
TRANSFEROR'S TIN	EMPLOYEE'S TIN	3 Exercise price per share	4 Fair market value per share on exercise date	
EMPLOYEE'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		\$ 10,901	\$ 19,450	
		5 No. of shares transferred		
Account number (see instructions)		6 If other than TRANSFEROR, name, address, and TIN of corporation whose stock is being transferred		

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

(keep for your records)

[www.irs.gov/Form3921](http://www.irs.gov/Form3921)

Department of the Treasury - Internal Revenue Service

## Number of Forms filed for selected line

☐ CORRECTED (if checked)

TRANSFEROR'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 296,969</b>		1 Date option granted	OMB No. 1545-2129  <b>Form 3921</b>  (Rev. October 2017)	<b>Copy B For Employee</b>  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 this item is required to be reported and the IRS determines that it has not been reported.
		2 Date option exercised		
TRANSFEROR'S TIN	EMPLOYEE'S TIN	3 Exercise price per share	4 Fair market value per share on exercise date	
EMPLOYEE'S name		\$ <b>254,556</b>	\$ <b>273,959</b>	
Street address (including apt. no.)		5 No. of shares transferred		
City or town, state or province, country, and ZIP or foreign postal code		6 If other than TRANSFEROR, name, address, and TIN of corporation whose stock is being transferred		
Account number (see instructions)				

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

(keep for your records)

[www.irs.gov/Form3921](http://www.irs.gov/Form3921)

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)

TRANSFEROR'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 128,685</b>		1 Date option granted	OMB No. 1545-2129  <b>Form 3921</b>  (Rev. October 2017)	<b>Exercise of an Incentive Stock Option Under Section 422(b)</b>  <b>Copy B For Employee</b>  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 this item is required to be reported and the IRS determines that it has not been reported.
		2 Date option exercised		
TRANSFEROR'S TIN	EMPLOYEE'S TIN	3 Exercise price per share	4 Fair market value per share on exercise date	
EMPLOYEE'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		\$ 109,670	\$ 115,604	
		5 No. of shares transferred		
Account number (see instructions)		6 If other than TRANSFEROR, name, address, and TIN of corporation whose stock is being transferred		

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

(keep for your records)

[www.irs.gov/Form3921](http://www.irs.gov/Form3921)

Department 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)

2626

☐ VOID

☐ CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 5,932,542</b>		1 Date option granted	OMB No. 1545-2129  <b>Form 3922</b>  (Rev. September 2016)	<b>Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>current version of the General Instructions for Certain Information Returns.</b>
		2 Date option exercised		
CORPORATION'S federal identification number	EMPLOYEE'S identification number	3 Fair market value per share on grant date	4 Fair market value per share on exercise date	
EMPLOYEE'S name		\$ <b>586,096</b>	\$ <b>618,764</b>	
		5 Exercise price paid per share	6 No. of shares transferred	
		\$ <b>522,052</b>		
Street address (including apt. no.)		7 Date legal title transferred		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)		8 Exercise price per share determined as if the option was exercised on the date shown in box 1		
		\$ <b>494,950</b>		

Form **3922** (Rev. 9-2016)

Cat. No. 41180P

[www.irs.gov/form3922](http://www.irs.gov/form3922)

Department of the Treasury - Internal Revenue Service

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2626

Number of Forms filed for selected line

☐ VOID☐ CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 5,932,542</b>		1 Date option granted	OMB No. 1545-2129	<b>Form 3922</b> (Rev. September 2016)	<b>Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>current version of the General Instructions for Certain Information Returns.</b>
		2 Date option exercised			
CORPORATION'S federal identification number	EMPLOYEE'S identification number	3 Fair market value per share on grant date	4 Fair market value per share on exercise date		
EMPLOYEE'S name		\$ <b>5,930,043</b>	\$ <b>5,927,624</b>		
		5 Exercise price paid per share	6 No. of shares transferred		
		\$ <b>5,924,625</b>			
Street address (including apt. no.)		7 Date legal title transferred			
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)		8 Exercise price per share determined as if the option was exercised on the date shown in box 1			
		\$ <b>5,644,498</b>			

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.

2626

Number of individuals for selected line

☐ VOID ☐ CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 1,926,414</b>		1 Date option granted	OMB No. 1545-2129  <b>Form 3922</b>  (Rev. September 2016)	<b>Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>current version of the General Instructions for Certain Information Returns.</b>
		2 Date option exercised		
CORPORATION'S federal identification number	EMPLOYEE'S identification number	3 Fair market value per share on grant date	4 Fair market value per share on exercise date	
EMPLOYEE'S name		\$ <b>1,925,970</b>	\$ <b>1,924,850</b>	
		5 Exercise price paid per share	6 No. of shares transferred	
		\$ <b>1,925,163</b>		
Street address (including apt. no.)		7 Date legal title transferred		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)		8 Exercise price per share determined as if the option was exercised on the date shown in box 1		
		\$ <b>1,882,881</b>		

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.**

**Amount of selected lines filed (in thousands of dollars)**

2727

☐ VOID

☐ CORRECTED

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all forms filed = 22,007,890</b>		<b>1</b> Employee or self-employed person's Archer MSA contributions made in 2019 and 2020 for 2019 \$ <b>4,346</b>	OMB No. 1545-1518  <b>2019</b>  Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
		<b>2</b> Total contributions made in 2019 \$ <b>38,391,439</b>		
TRUSTEE'S TIN	PARTICIPANT'S TIN	<b>3</b> Total HSA or Archer MSA contributions made in 2020 for 2019 \$ <b>1,259,278</b>		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
PARTICIPANT'S name		<b>4</b> Rollover contributions \$ <b>88,731</b>	<b>5</b> Fair market value of HSA, Archer MSA, or MA MSA \$ <b>66,108,937</b>	
Street address (including apt. no.)		<b>6</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **5498-SA**

Cat. No. 38467V

[www.irs.gov/Form5498SA](http://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.**

**2727**      ☐ VOID      ☐ CORRECTED      **Number of Forms filed for selected line**

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <p style="text-align: center;"><b>Total of all forms filed = 22,007,890</b></p>		<b>1</b> Employee or self-employed person's Archer MSA contributions made in 2019 and 2020 for 2019 \$ <b>2,202</b>		OMB No. 1545-1518  <div style="font-size: 2em; font-weight: bold;">2019</div>  Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
		<b>2</b> Total contributions made in 2019 \$ <b>15,958,034</b>			
TRUSTEE'S TIN	PARTICIPANT'S TIN	<b>3</b> Total HSA or Archer MSA contributions made in 2020 for 2019 \$ <b>1,633,604</b>		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>	
PARTICIPANT'S name		<b>4</b> Rollover contributions \$ <b>25,426</b>	<b>5</b> Fair market value of HSA, Archer MSA, or MA MSA \$ <b>19,754,380</b>		
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					
		<b>6</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			

Form **5498-SA**

Cat. No. 38467V

[www.irs.gov/Form5498SA](http://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.**

2727 ☐ VOID ☐ CORRECTED **Number of individuals for selected line**

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all individuals represented = 19,942,745</b>		<b>1</b> Employee or self-employed person's Archer MSA contributions made in 2019 and 2020 for 2019 \$ <b>2,202</b>		OMB No. 1545-1518  <b>2019</b>  Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
		<b>2</b> Total contributions made in 2019 \$ <b>15,242,571</b>			
TRUSTEE'S TIN	PARTICIPANT'S TIN	<b>3</b> Total HSA or Archer MSA contributions made in 2020 for 2019 \$ <b>1,616,284</b>		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>	
PARTICIPANT'S name		<b>4</b> Rollover contributions \$ <b>14,399</b>	<b>5</b> Fair market value of HSA, Archer MSA, or MA MSA \$ <b>18,378,399</b>		
Street address (including apt. no.)		<b>6</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					

Form **5498-SA**

Cat. No. 38467V

[www.irs.gov/Form5498SA](http://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.**

**Amount of selected lines filed (in thousands of dollars)**

☐ CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <p align="center"><b>Total of all forms filed = 135,197,442</b></p>		<b>1</b> IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$ <b>22,029,456</b>		OMB No. 1545-0747  <b>2019</b>  Form <b>5498</b>	<p align="center"><b>IRA Contribution Information</b></p>	
		<b>2</b> Rollover contributions \$ <b>603,275,758</b>				
		<b>3</b> Roth IRA conversion amount \$ <b>18,193,704</b>		<b>4</b> Recharacterized contributions \$ <b>530,537</b>		<p align="center"><b>Copy B</b></p>
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	<b>5</b> FMV of account \$ <b>11,721,124,000</b>		<b>6</b> Life insurance cost included in box 1 \$	<p align="center"><b>For Participant</b></p>	
PARTICIPANT'S name		<b>7</b> IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		This information is being furnished to the IRS.		
Street address (including apt. no.)		<b>8</b> SEP contributions \$ <b>17,464,705</b>				<b>9</b> SIMPLE contributions \$ <b>12,101,265</b>
City or town, state or province, country, and ZIP or foreign postal code		<b>10</b> Roth IRA contributions \$ <b>29,647,954</b>			<b>11</b> If checked, required minimum distribution for 2020 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		<b>12a</b> RMD date		<b>12b</b> RMD amount \$ **		
		<b>13a</b> Postponed/late contrib. \$ <b>45,030</b>		<b>13b</b> Year	<b>13c</b> Code	
Account number (see instructions)		<b>14a</b> Repayments \$ -		<b>14b</b> Code		
Account number (see instructions)		<b>15a</b> FMV of certain specified assets \$ <b>141,674,413</b>		<b>15b</b> Code(s)		

Form **5498**

(keep for your records)

[www.irs.gov/Form5498](http://www.irs.gov/Form5498)

Department of the Treasury - Internal Revenue Service

**\*\* Value has been suppressed due to processing anomaly.**  
**Estimates exclude duplicates and returns replaced by amendeds.**

Number of Forms filed for selected line

☐ CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 135,197,442</b>		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$ <b>5,432,690</b>		OMB No. 1545-0747  <b>2019</b>  Form <b>5498</b>	<b>IRA Contribution Information</b>		
		2 Rollover contributions \$ <b>6,490,153</b>					
		TRUSTEE'S or ISSUER'S TIN		PARTICIPANT'S TIN		3 Roth IRA conversion amount \$ <b>998,914</b>	4 Recharacterized contributions \$ <b>94,065</b>
5 FMV of account \$ <b>129,516,357</b>	6 Life insurance cost included in box 1 \$						
PARTICIPANT'S name		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		This information is being furnished to the IRS.			
		8 SEP contributions \$ <b>1,299,520</b>				9 SIMPLE contributions \$ <b>3,145,040</b>	
Street address (including apt. no.)		10 Roth IRA contributions \$ <b>9,998,181</b>				11 If checked, required minimum distribution for 2020 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		12a RMD date				12b RMD amount \$ <b>1,234,463</b>	
		13a Postponed/late contrib. \$ <b>2,038</b>				13b Year    13c Code	
		14a Repayments \$ -				14b Code	
Account number (see instructions)		15a FMV of certain specified assets \$ <b>1,607,242</b>		15b Code(s)			

Form **5498**

(keep for your records)

[www.irs.gov/Form5498](http://www.irs.gov/Form5498)

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)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 72,881,817</b>		<b>1</b> IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$ <b>4,933,311</b>		OMB No. 1545-0747  <b>2019</b>  Form <b>5498</b>	<b>IRA Contribution Information</b>  <b>Copy B</b>  <b>For Participant</b>
		<b>2</b> Rollover contributions \$ <b>5,598,727</b>			
		TRUSTEE'S or ISSUER'S TIN  PARTICIPANT'S TIN		<b>3</b> Roth IRA conversion amount \$ <b>932,084</b>	
<b>5</b> FMV of account \$ <b>70,882,150</b>				<b>6</b> Life insurance cost included in box 1 \$	
PARTICIPANT'S name		<b>7</b> IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		This information is being furnished to the IRS.	
		<b>8</b> SEP contributions \$ <b>1,164,609</b>			
Street address (including apt. no.)		<b>9</b> SIMPLE contributions \$ <b>2,205,705</b>			
		<b>10</b> Roth IRA contributions \$ <b>8,624,338</b>			
City or town, state or province, country, and ZIP or foreign postal code		<b>11</b> If checked, required minimum distribution for 2020 <input type="checkbox"/>			
		<b>12a</b> RMD date			
Account number (see instructions)		<b>12b</b> RMD amount \$ <b>1,073,001</b>			
		<b>13a</b> Postponed/late contrib. \$ <b>2,038</b>			
Account number (see instructions)		<b>13b</b> Year			
		<b>13c</b> Code			
Account number (see instructions)		<b>14a</b> Repayments \$ -			
		<b>14b</b> Code			
Account number (see instructions)		<b>15a</b> FMV of certain specified assets \$ <b>1,487,306</b>			
		<b>15b</b> Code(s)			

Form **5498**

(keep for your records)

[www.irs.gov/Form5498](http://www.irs.gov/Form5498)

Department 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)**

3131

☐ VOID

☐ CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 3,733,593</b>		1 Gross distribution \$ <b>33,562,240</b>	OMB No. 1545-1760  <b>2019</b> Form <b>1099-Q</b>	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>  <b>Copy A For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		2 Earnings \$ <b>11,365,794</b>		
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis \$ <b>20,457,758</b>	4 Trustee-to-trustee transfer <input type="checkbox"/>	
RECIPIENT'S name		5 Distribution is from: • Qualified tuition program — Private <input type="checkbox"/> or State <input type="checkbox"/> • Coverdell ESA <input type="checkbox"/>	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>	
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-Q**

Cat. No. 32223J

[www.irs.gov/Form1099Q](http://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 Forms filed for selected line

3131

☐ VOID

☐ CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 3,733,593</b>		1 Gross distribution	OMB No. 1545-1760	<b>2019</b> Form <b>1099-Q</b>	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>  <b>Copy A For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		\$ <b>3,722,096</b>	2 Earnings		
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis	4 Trustee-to-trustee transfer <input type="checkbox"/>		
RECIPIENT'S name		5 Distribution is from:	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>		
Street address (including apt. no.)		• Qualified tuition program — Private <input type="checkbox"/> or State <input type="checkbox"/> • Coverdell ESA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					

Form **1099-Q**

Cat. No. 32223J

[www.irs.gov/Form1099Q](http://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**

3131

☐ VOID

☐ CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all individuals represented = 2,545,283</b>		1 Gross distribution \$ <b>2,541,491</b>	OMB No. 1545-1760  <b>2019</b> Form <b>1099-Q</b>	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>  <b>Copy A For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		2 Earnings \$ <b>2,256,188</b>		
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis \$ <b>2,302,649</b>	4 Trustee-to-trustee transfer <input type="checkbox"/>	
RECIPIENT'S name		5 Distribution is from: • Qualified tuition program — Private <input type="checkbox"/> or State <input type="checkbox"/> • Coverdell ESA <input type="checkbox"/>	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>	
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-Q**

Cat. No. 32223J

[www.irs.gov/Form1099Q](http://www.irs.gov/Form1099Q)

Department of the Treasury - Internal Revenue Service

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Amount of selected lines filed (in thousands of dollars)

3232

☐ VOID☐ CORRECTED

OMB No. 1545-0238

**2019****Form W-2G****Certain  
Gambling  
Winnings**For Privacy Act and  
Paperwork Reduction  
Act  
Notice, see the **2019  
General  
Instructions for  
Certain Information  
Returns.****File with Form 1096****Copy A  
For Internal Revenue  
Service Center**

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  <b>Total of all forms filed = 16,094,778</b>		<b>1</b> Reportable winnings \$ <b>54,550,144</b>	<b>2</b> Date won
		<b>3</b> Type of wager	<b>4</b> Federal income tax withheld \$ <b>2,547,752</b>
		<b>5</b> Transaction	<b>6</b> Race
		<b>7</b> Winnings from identical wagers \$ <b>417,065</b>	<b>8</b> Cashier
PAYER'S federal identification number	PAYER'S telephone number	<b>9</b> Winner's taxpayer identification no.	<b>10</b> Window
WINNER'S name		<b>11</b> First I.D.	<b>12</b> Second I.D.
Street address (including apt. no.)		<b>13</b> State/Payer's state identification no.	<b>14</b> State winnings \$
City or town, province or state, country, and ZIP or foreign postal code		<b>15</b> State income tax withheld \$	<b>16</b> Local winnings \$
		<b>17</b> Local income tax withheld \$	<b>18</b> Name of locality

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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## Number of Forms filed for selected line

3232

☐ VOID☐ CORRECTED

OMB No. 1545-0238

2019

## Form W-2G

Certain  
Gambling  
Winnings

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  <b>Total of all forms filed = 16,094,778</b>		1 Reportable winnings \$ <b>15,923,674</b>	2 Date won	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		3 Type of wager	4 Federal income tax withheld \$ <b>1,180,244</b>	
		5 Transaction	6 Race	
		7 Winnings from identical wagers \$ <b>169,001</b>	8 Cashier	
PAYER'S federal identification number	PAYER'S telephone number	9 Winner's taxpayer identification no.	10 Window	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
WINNER'S name		11 First I.D.	12 Second I.D.	
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings \$	
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld \$	16 Local winnings \$	File with Form 1096
		17 Local income tax withheld \$	18 Name of locality	Copy A For Internal Revenue Service Center

Under penalties of perjury, I declare that, to the best of my knowledge 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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**2019 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

**3232**

☐ VOID

☐ CORRECTED

OMB No. 1545-0238

**2019**

**Form W-2G**

**Certain  
Gambling  
Winnings**

For Privacy Act and  
Paperwork Reduction  
Act  
Notice, see the **2019  
General  
Instructions for  
Certain Information  
Returns.**

**File with Form 1096**

**Copy A  
For Internal Revenue  
Service Center**

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  <b>Total of all forms filed = 3,630,365</b>		<b>1</b> Reportable winnings \$ <b>3,605,686</b>	<b>2</b> Date won
		<b>3</b> Type of wager	<b>4</b> Federal income tax withheld \$ <b>530,870</b>
		<b>5</b> Transaction	<b>6</b> Race
		<b>7</b> Winnings from identical wagers \$ <b>48,678</b>	<b>8</b> Cashier
PAYER'S federal identification number	PAYER'S telephone number	<b>9</b> Winner's taxpayer identification no.	<b>10</b> Window
WINNER'S name		<b>11</b> First I.D.	<b>12</b> Second I.D.
Street address (including apt. no.)		<b>13</b> State/Payer's state identification no.	<b>14</b> State winnings \$
City or town, province or state, country, and ZIP or foreign postal code		<b>15</b> State income tax withheld \$	<b>16</b> Local winnings \$
		<b>17</b> Local income tax withheld \$	<b>18</b> Name of locality

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](http://www.irs.gov/FormW2G)

Department of the Treasury - Internal Revenue Service

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Total of all forms filed = 22,018

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

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

► Go to [www.irs.gov/Form8805](http://www.irs.gov/Form8805) for instructions and the latest information.

OMB No. 1545-0123

**Copy A**  
For Internal Revenue Service  
Attach to Form 8804.

For partnership's calendar year		, or tax year beginning		, 20		, and ending		, 20				
<b>1a</b>	Foreign partner's name		<b>b</b>	U.S. identifying number		<b>5a</b>	Name of partnership		<b>b</b>	U.S. Employer Identification Number (EIN)		
<b>c</b> Address (if a foreign address, see instructions)						<b>c</b> Address (if a foreign address, see instructions)						
<b>2</b>	Account number assigned by partnership (if any)						<b>6</b> Withholding agent's name. If partnership is also the withholding agent, enter "SAME" and do not complete line 7.					
<b>3</b>	Type of partner (specify—see instructions) ►						<b>7</b> Withholding agent's U.S. EIN					
<b>4</b>	Country code of partner (enter two-letter code—see instructions)											
<b>8a</b> Check if the partnership identified on line 5a owns an interest in one or more partnerships . . . . . ► <input type="checkbox"/>												
<b>b</b> 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 ► <input type="checkbox"/>												
<b>9</b>	Partnership's ECTI allocable to partner for the tax year (see instructions) . . . . .						<b>9</b>	<b>948,868</b>				
<b>10</b>	Total tax credit allowed to partner under section 1446 (see instructions). <b>Individual and corporate partners:</b> Claim this amount as a credit against your U.S. income tax on Form 1040-NR, Form 1120-F, etc. . . . .						<b>10</b>	<b>103,933</b>				

## Schedule T—Beneficiary Information (see instructions)

<b>11a</b>	Name of beneficiary		<b>c</b> Address (if a foreign address, see instructions)	
<b>b</b>	U.S. identifying number of beneficiary			
<b>12</b>	Amount of ECTI on line 9 to be included in the beneficiary's gross income (see instructions) . . . . .		<b>12</b>	-
<b>13</b>	Amount of tax credit on line 10 that the beneficiary is entitled to claim on its return (see instructions) . . . . .		<b>13</b>	-

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

Cat. No. 10078E

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

Total of all forms filed = 22,018

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

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

► Go to [www.irs.gov/Form8805](http://www.irs.gov/Form8805) for instructions and the latest information.

OMB No. 1545-0123

**Copy A**  
For Internal Revenue Service  
Attach to Form 8804.

For partnership's calendar year		, or tax year beginning		, 20		, and ending		, 20				
<b>1a</b>	Foreign partner's name		<b>b</b>	U.S. identifying number		<b>5a</b>	Name of partnership		<b>b</b>	U.S. Employer Identification Number (EIN)		
<b>c</b> Address (if a foreign address, see instructions)						<b>c</b> Address (if a foreign address, see instructions)						
<b>2</b>	Account number assigned by partnership (if any)						<b>6</b> Withholding agent's name. If partnership is also the withholding agent, enter "SAME" and do not complete line 7.					
<b>3</b>	Type of partner (specify—see instructions) ►						<b>7</b> Withholding agent's U.S. EIN					
<b>4</b>	Country code of partner (enter two-letter code—see instructions)											
<b>8a</b> Check if the partnership identified on line 5a owns an interest in one or more partnerships . . . . . <input type="checkbox"/>												
<b>b</b> 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 ► <input type="checkbox"/>												
<b>9</b>	Partnership's ECTI allocable to partner for the tax year (see instructions) . . . . .						<b>9</b>	<b>13,306</b>				
<b>10</b>	Total tax credit allowed to partner under section 1446 (see instructions). <b>Individual and corporate partners:</b> Claim this amount as a credit against your U.S. income tax on Form 1040-NR, Form 1120-F, etc. . . . .						<b>10</b>	<b>11,597</b>				

### Schedule T—Beneficiary Information (see instructions)

<b>11a</b>	Name of beneficiary		<b>c</b> Address (if a foreign address, see instructions)	
<b>b</b>	U.S. identifying number of beneficiary			
<b>12</b>	Amount of ECTI on line 9 to be included in the beneficiary's gross income (see instructions) . . . . .		<b>12</b>	-
<b>13</b>	Amount of tax credit on line 10 that the beneficiary is entitled to claim on its return (see instructions) . . . . .		<b>13</b>	-

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

Cat. No. 10078E

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

Total of all individuals represented = 6,596

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

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

OMB No. 1545-0123

**Copy A**  
For Internal Revenue Service  
Attach to Form 8804.

► Go to [www.irs.gov/Form8805](http://www.irs.gov/Form8805) for instructions and the latest information.

For partnership's calendar year		, or tax year beginning		, 20		, and ending		, 20				
<b>1a</b>	Foreign partner's name		<b>b</b>	U.S. identifying number		<b>5a</b>	Name of partnership		<b>b</b>	U.S. Employer Identification Number (EIN)		
<b>c</b> Address (if a foreign address, see instructions)						<b>c</b> Address (if a foreign address, see instructions)						
<b>2</b>	Account number assigned by partnership (if any)						<b>6</b> Withholding agent's name. If partnership is also the withholding agent, enter "SAME" and do not complete line 7.					
<b>3</b>	Type of partner (specify—see instructions) ►						<b>7</b> Withholding agent's U.S. EIN					
<b>4</b>	Country code of partner (enter two-letter code—see instructions)											
<b>8a</b> Check if the partnership identified on line 5a owns an interest in one or more partnerships . . . . . <input type="checkbox"/>												
<b>b</b> 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 ► <input type="checkbox"/>												
<b>9</b>	Partnership's ECTI allocable to partner for the tax year (see instructions) . . . . .						<b>9</b>	5,205				
<b>10</b>	Total tax credit allowed to partner under section 1446 (see instructions). <b>Individual and corporate partners:</b> Claim this amount as a credit against your U.S. income tax on Form 1040-NR, Form 1120-F, etc. . . . .						<b>10</b>	5,203				

**Schedule T—Beneficiary Information** (see instructions)

<b>11a</b>	Name of beneficiary		<b>c</b> Address (if a foreign address, see instructions)	
<b>b</b>	U.S. identifying number of beneficiary			
<b>12</b>	Amount of ECTI on line 9 to be included in the beneficiary's gross income (see instructions) . . . . .		<b>12</b>	-
<b>13</b>	Amount of tax credit on line 10 that the beneficiary is entitled to claim on its return (see instructions) . . . . .		<b>13</b>	-

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

Cat. No. 10078E

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

Form **8596**  
(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 contractor		2 Contractor's taxpayer identification number	
3 Name of common parent, if applicable (See instructions.)		4 Common parent's employer identification number, if applicable (See instructions.)	
5 Name of Federal executive agency		6 Federal executive agency's employer identification number	
7 Date of contract action	8 Expected date of contract completion	9 Total amount obligated under the contract \$ <b>756,820</b>	
10 Contract number	11 Agency code	12 Contract office number	13 Contract modification number

### General Instructions

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

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

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

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



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

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

Quarter	Due Date
January, February, March	April 30
April, May, June	July 31
July, August, September	October 31
October, November, December	January 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)



Form **8596**  
(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 contractor		2 Contractor's taxpayer identification number	
3 Name of common parent, if applicable (See instructions.)		4 Common parent's employer identification number, if applicable (See instructions.)	
5 Name of Federal executive agency		6 Federal executive agency's employer identification number	
7 Date of contract action	8 Expected date of contract completion	9 Total amount obligated 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.

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Quarter	Due Date
January, February, March	April 30
April, May, June	July 31
July, August, September	October 31
October, November, December	January 31

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

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

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Form **8596**  
(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.)		4 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 under the contract \$ 2,603	
10 Contract number	11 Agency code	12 Contract office number	13 Contract modification number

## General Instructions

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Quarter	Due Date
January, February, March	April 30
April, May, June	July 31
July, August, September	October 31
October, November, December	January 31

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

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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)

Schedule K-1  
(Form 1065)

Department of the Treasury  
Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning / / 2019 ending / /

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS Center where partnership filed return

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner?

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

Beginning

Ending

Profit % %  
Loss % %  
Capital % %

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$  
Qualified nonrecourse financing \$ \$  
Recourse \$ \$

Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis

Beginning capital account \$  
Capital contributed during the year \$  
Current year net income (loss) \$  
Other increase (decrease) (attach explanation) \$  
Withdrawals & distributions \$  
Ending capital account \$

M Did the partner contribute property with a built-in gain or loss?

Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$  
Ending \$

Final K-1

Amended K-1

651119

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)	20	Other information

21 More than one activity for at-risk purposes\*

22 More than one activity for passive activity purposes\*

\*See attached statement for additional information.

For IRS Use Only

Schedule K-1  
(Form 1065)

Department of the Treasury  
Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning / / 2019 ending / /

Partner's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS Center where partnership filed return

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner?

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

Beginning

Ending

Profit % %  
Loss % %  
Capital % %

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Beginning

Ending

Nonrecourse \$ \$  
Qualified nonrecourse financing \$ \$  
Recourse \$ \$

Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis

Beginning capital account \$  
Capital contributed during the year \$  
Current year net income (loss) \$  
Other increase (decrease) (attach explanation) \$  
Withdrawals & distributions \$  
Ending capital account \$

M Did the partner contribute property with a built-in gain or loss?

Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$  
Ending \$

Final K-1

Amended K-1

651119

OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)	20	Other information

21 More than one activity for at-risk purposes\*

22 More than one activity for passive activity purposes\*

\*See attached statement for additional information.

For IRS Use Only

Schedule K-1  
(Form 1065)

Department of the Treasury  
Internal Revenue Service

2019

For calendar year 2019, or tax year

beginning / / 2019 ending / /

Partner's Share of Income, Deductions,  
Credits, etc.

See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

C IRS Center where partnership filed return

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:

TIN Name

I1 What type of entity is this partner?

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

Beginning

Ending

Profit	%	%
Loss	%	%
Capital	%	%

Check if decrease is due to sale or exchange of partnership interest

K Partner's share of liabilities:

Beginning

Ending

Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

Check this box if Item K includes liability amounts from lower tier partnerships.

L Partner's Capital Account Analysis

Beginning capital account \$  
Capital contributed during the year \$  
Current year net income (loss) \$  
Other increase (decrease) (attach explanation) \$  
Withdrawals & distributions \$( )  
Ending capital account \$

M Did the partner contribute property with a built-in gain or loss?

Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$  
Ending \$

Final K-1

Amended K-1

651119

OMB No. 1545-0123

Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)	19	Distributions
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)	20	Other information

21 More than one activity for at-risk purposes\*

22 More than one activity for passive activity purposes\*

\*See attached statement for additional information.

For IRS Use Only

661117

Total of all forms filed = 2,974,155

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0092

**Schedule K-1  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year

2019

beginning / / 2019 ending / /

**Beneficiary's Share of Income, Deductions, Credits, etc.**

► See back of form and instructions.

**Part I Information About the Estate or Trust**

**A** Estate's or trust's employer identification number

**B** Estate's or trust's name

**C** Fiduciary's name, address, city, state, and ZIP code

**D** ☐ Check if Form 1041-T was filed and enter the date it was filed

**E** ☐ Check if this is the final Form 1041 for the estate or trust

**Part II Information About the Beneficiary**

**F** Beneficiary's identifying number

**G** Beneficiary's name, address, city, state, and ZIP code

**H** ☐ Domestic beneficiary ☐ Foreign beneficiary

**Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Interest income	<b>4,205,991</b>	<b>11</b>	Final year deductions
<b>2a</b>	Ordinary dividends	<b>24,077,073</b>		
<b>2b</b>	Qualified dividends			
<b>3</b>	Net short-term capital gain	<b>445,168</b>		
<b>4a</b>	Net long-term capital gain	<b>10,402,233</b>		
<b>4b</b>	28% rate gain		<b>12</b>	Alternative minimum tax adjustment
<b>4c</b>	Unrecaptured section 1250 gain			
<b>5</b>	Other portfolio and nonbusiness income	<b>9,118,675</b>		
<b>6</b>	Ordinary business income	<b>5,084,938</b>		
<b>7</b>	Net rental real estate income	<b>12,034,948</b>	<b>13</b>	Credits and credit recapture
<b>8</b>	Other rental income	<b>142,003</b>		
<b>9</b>	Directly apportioned deductions			
			<b>14</b>	Other information
				<b>13,129,359</b>
<b>10</b>	Estate tax deduction			

\*See attached statement for additional information.

**Note:** A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only



Total of all forms filed = 2,974,155

☐ Final K-1☐ Amended K-1

OMB No. 1545-0092

**Schedule K-1  
(Form 1041)**Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year

**2019**

beginning

/ / 2019

ending

/ /

**Beneficiary's Share of Income, Deductions, Credits, etc.**

► See back of form and instructions.

**Part I Information About the Estate or Trust****A** Estate's or trust's employer identification number**B** Estate's or trust's name**C** Fiduciary's name, address, city, state, and ZIP code**D** ☐ Check if Form 1041-T was filed and enter the date it was filed**E** ☐ Check if this is the final Form 1041 for the estate or trust**Part II Information About the Beneficiary****F** Beneficiary's identifying number**G** Beneficiary's name, address, city, state, and ZIP code**H** ☐ Domestic beneficiary☐ Foreign beneficiary**Part III****Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Interest income	<b>1,109,814</b>	<b>11</b>	Final year deductions
<b>2a</b>	Ordinary dividends	<b>1,209,200</b>		
<b>2b</b>	Qualified dividends			
<b>3</b>	Net short-term capital gain	<b>120,422</b>		
<b>4a</b>	Net long-term capital gain	<b>365,968</b>		
<b>4b</b>	28% rate gain		<b>12</b>	Alternative minimum tax adjustment
<b>4c</b>	Unrecaptured section 1250 gain			
<b>5</b>	Other portfolio and nonbusiness income	<b>466,538</b>		
<b>6</b>	Ordinary business income	<b>100,714</b>		
<b>7</b>	Net rental real estate income	<b>268,554</b>	<b>13</b>	Credits and credit recapture
<b>8</b>	Other rental income	<b>12,289</b>		
<b>9</b>	Directly apportioned deductions			
			<b>14</b>	Other information
				<b>1,802,671</b>
<b>10</b>	Estate tax deduction			

\*See attached statement for additional information.

**Note:** A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Total of all individuals represented = 2,525,647

☐ Final K-1☐ Amended K-1

OMB No. 1545-0092

**Schedule K-1  
(Form 1041)**Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year

**2019**

beginning

/ / 2019

ending

/ /

**Beneficiary's Share of Income, Deductions, Credits, etc.**

► See back of form and instructions.

**Part I Information About the Estate or Trust****A** Estate's or trust's employer identification number**B** Estate's or trust's name**C** Fiduciary's name, address, city, state, and ZIP code**D** ☐ Check if Form 1041-T was filed and enter the date it was filed**E** ☐ Check if this is the final Form 1041 for the estate or trust**Part II Information About the Beneficiary****F** Beneficiary's identifying number**G** Beneficiary's name, address, city, state, and ZIP code**H** ☐ Domestic beneficiary☐ Foreign beneficiary**Part III****Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Interest income	<b>1,006,888</b>	<b>11</b>	Final year deductions
<b>2a</b>	Ordinary dividends	<b>1,030,731</b>		
<b>2b</b>	Qualified dividends			
<b>3</b>	Net short-term capital gain	<b>110,965</b>		
<b>4a</b>	Net long-term capital gain	<b>336,763</b>		
<b>4b</b>	28% rate gain		<b>12</b>	Alternative minimum tax adjustment
<b>4c</b>	Unrecaptured section 1250 gain			
<b>5</b>	Other portfolio and nonbusiness income	<b>434,819</b>		
<b>6</b>	Ordinary business income	<b>86,773</b>		
<b>7</b>	Net rental real estate income	<b>243,938</b>	<b>13</b>	Credits and credit recapture
<b>8</b>	Other rental income	<b>11,338</b>		
<b>9</b>	Directly apportioned deductions			
			<b>14</b>	Other information
				<b>1,572,023</b>
<b>10</b>	Estate tax deduction			

\*See attached statement for additional information.

**Note:** A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only



671119

Total of all forms filed = 7,882,601

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1120-S)**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year

2019

beginning / / 2019

ending / /

**Shareholder's Share of Income, Deductions, Credits, etc.**

► See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	478,421,393		3,100,047
2	Net rental real estate income (loss)		
	10,172,788		
3	Other net rental income (loss)		
	(411,905)		
4	Interest income		
	19,109,483		
5a	Ordinary dividends		
	5,743,047		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
	1,892,840		
7	Net short-term capital gain (loss)		
	543,900		
8a	Net long-term capital gain (loss)		
	126,151,099		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
	21,824,419		
12	Other deductions		
		17	Other information
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

**Part I Information About the Corporation**

A Corporation's employer identification number

B Corporation's name, address, city, state, and ZIP code

C IRS Center where corporation filed return

**Part II Information About the Shareholder**

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code

F Shareholder's percentage of stock ownership for tax year %

For IRS Use Only

Total of all forms filed = 7,882,601

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1120-S)**Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year

**2019**beginning  /  / 2019ending  /  /**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP code**C** IRS Center where corporation filed return**Part II Information About the Shareholder****D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code**F** Shareholder's percentage of stock  
ownership for tax year . . . . . %**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss) <b>7,180,778</b>	<b>13</b>	Credits <b>282,512</b>
<b>2</b>	Net rental real estate income (loss) <b>669,679</b>		
<b>3</b>	Other net rental income (loss) <b>54,807</b>		
<b>4</b>	Interest income <b>1,622,472</b>		
<b>5a</b>	Ordinary dividends <b>282,888</b>		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties <b>55,930</b>		
<b>7</b>	Net short-term capital gain (loss) <b>112,589</b>		
<b>8a</b>	Net long-term capital gain (loss) <b>282,148</b>		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction <b>723,941</b>	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions		
		<b>17</b>	Other information
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

For IRS Use Only

Total of all individuals represented = 6,408,799

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1**  
**(Form 1120-S)**Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or tax year

2019

beginning  /  / 2019ending  /  / **Shareholder's Share of Income, Deductions, Credits, etc.**

▶ See back of form and separate instructions.

**Part III** Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

<b>1</b>	Ordinary business income (loss) <b>6,056,498</b>	<b>13</b>	Credits <b>236,942</b>
<b>2</b>	Net rental real estate income (loss) <b>551,682</b>		
<b>3</b>	Other net rental income (loss) <b>45,320</b>		
<b>4</b>	Interest income <b>1,427,883</b>		
<b>5a</b>	Ordinary dividends <b>257,395</b>		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties <b>49,272</b>		
<b>7</b>	Net short-term capital gain (loss) <b>102,342</b>		
<b>8a</b>	Net long-term capital gain (loss) <b>257,097</b>		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction <b>672,224</b>	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions		
		<b>17</b>	Other information
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

**Part I** Information About the Corporation**A** Corporation's employer identification number**B** Corporation's name, address, city, state, and ZIP code**C** IRS Center where corporation filed return**Part II** Information About the Shareholder**D** Shareholder's identifying number**E** Shareholder's name, address, city, state, and ZIP code**F** Shareholder's percentage of stock ownership for tax year . . . . . %

For IRS Use Only

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

7272

**Amount of selected lines filed (in thousands of dollars)**

☐ VOID

☐ CORRECTED

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 406,128</b>		1 Coverdell ESA contributions	OMB No. 1545-1815
		\$ 374,408	<b>2019</b> Form <b>5498-ESA</b>
		2 Rollover contributions	
		\$ 140,670	
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN		
BENEFICIARY'S name			
Street address (including apt. no.)			
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)			

**Coverdell ESA  
Contribution  
Information**

**Copy A  
For  
Internal Revenue  
Service Center  
File with Form 1096.**

For Privacy Act and  
Paperwork Reduction  
Act Notice, see the  
**2019 General  
Instructions for  
Certain Information  
Returns.**

Form **5498-ESA**

Cat. No. 34011J

[www.irs.gov/Form5498ESA](http://www.irs.gov/Form5498ESA)

Department of the Treasury - Internal Revenue Service

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

7272

**Number of Forms filed for selected line**

☐ VOID

☐ CORRECTED

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 406,128</b>		1 Coverdell ESA contributions	OMB No. 1545-1815
		\$ 390,783	<b>2019</b> Form <b>5498-ESA</b>
		2 Rollover contributions	
		\$ 11,798	
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN		
BENEFICIARY'S name			
Street address (including apt. no.)			
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)			

**Coverdell ESA  
Contribution  
Information**

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Service Center  
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For Privacy Act and  
Paperwork Reduction  
Act Notice, see the  
**2019 General  
Instructions for  
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Form **5498-ESA**

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Department of the Treasury - Internal Revenue Service

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

7272

**Number of individuals for selected line**

☐ VOID

☐ CORRECTED

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 338,422</b>		1 Coverdell ESA contributions	OMB No. 1545-1815  <b>2019</b>  Form <b>5498-ESA</b>
		\$ 325,922	
		2 Rollover contributions	
		\$ 11,798	
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN		
BENEFICIARY'S name			
Street address (including apt. no.)			
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)			

**Coverdell ESA  
Contribution  
Information**

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Certain Information  
Returns.**

Form **5498-ESA**

Cat. No. 34011J

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Department of the Treasury - Internal Revenue Service

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

7373

Amount of selected lines filed (in thousands of dollars)

☐ VOID

☐ CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 141</b>		1 Date of sale or exchange	OMB No. 1545-1814	<b>2019</b> Form <b>1099-CAP</b>	<b>Changes in Corporate Control and Capital Structure</b>  <b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> For Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		2 Aggregate amount rec'd*			
		3 No. of shares exchanged	4 Classes of stock exchanged		
CORPORATION'S TIN	SHAREHOLDER'S TIN				
SHAREHOLDER'S name					
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)		5			
		* The shareholder cannot claim a loss based on the amount in box 2.			

Form **1099-CAP**

Cat. No. 35115M

[www.irs.gov/Form1099CAP](http://www.irs.gov/Form1099CAP)

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.

7373

Number of Forms filed for selected line

☐ VOID

☐ CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 141</b>		1 Date of sale or exchange	OMB No. 1545-1814	<b>2019</b> Form <b>1099-CAP</b>	<b>Changes in Corporate Control and Capital Structure</b>  <b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> For Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		2 Aggregate amount rec'd*			
		3 No. of shares exchanged	4 Classes of stock exchanged		
CORPORATION'S TIN	SHAREHOLDER'S TIN				
SHAREHOLDER'S name					
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)		5			
		* The shareholder cannot claim a loss based on the amount in box 2.			

Form **1099-CAP**

Cat. No. 35115M

[www.irs.gov/Form1099CAP](http://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.**

7373

**Number of individuals for selected line**

☐ VOID

☐ CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all individuals represented = 141</b>		1 Date of sale or exchange	OMB No. 1545-1814	<b>2019</b> Form <b>1099-CAP</b>	<b>Changes in Corporate Control and Capital Structure</b>  <b>Copy A</b>  <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> For Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		2 Aggregate amount rec'd*			
		3 No. of shares exchanged	4 Classes of stock exchanged		
CORPORATION'S TIN	SHAREHOLDER'S TIN				
SHAREHOLDER'S name					
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)		5			
		* The shareholder cannot claim a loss based on the amount in box 2.			

Form **1099-CAP**

Cat. No. 35115M

[www.irs.gov/Form1099CAP](http://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)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all forms filed = 3,441,515</b>		1 Date of closing	OMB No. 1545-0997  <b>2019</b>  Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>  <b>Copy B</b> <b>For Transferor</b> 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 this item is required to be reported and the IRS determines that it has not been reported.
		2 Gross proceeds		
		\$ <b>1,049,693,100</b>		
FILER'S TIN	TRANSFEROR'S TIN	3 Address (including city, state, and ZIP code) or legal description		
TRANSFEROR'S name		4 Transferor received or will receive property or services as part of the consideration (if checked) <input type="checkbox"/>		
Street address (including apt. no.)		5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		6 Buyer's part of real estate tax		
Account number (see instructions)		\$ <b>998,396</b>		

Form **1099-S**

(keep for your records)

[www.irs.gov/Form1099S](http://www.irs.gov/Form1099S)

Department of the Treasury - Internal Revenue Service

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

**Number of Forms filed for selected line**

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all forms filed = 3,441,515</b>		<b>1</b> Date of closing	OMB No. 1545-0997  <b>2019</b>  Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>  <b>Copy B</b> <b>For Transferor</b> 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 this item is required to be reported and the IRS determines that it has not been reported.
		<b>2</b> Gross proceeds  \$ <b>3,416,583</b>		
FILER'S TIN	TRANSFEROR'S TIN	<b>3</b> Address (including city, state, and ZIP code) or legal description		
TRANSFEROR'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>4</b> Transferor received or will receive property or services as part of the consideration (if checked) <input type="checkbox"/>		
Account number (see instructions)		<b>5</b> If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/>  <b>6</b> Buyer's part of real estate tax \$ <b>1,155,554</b>		

Form **1099-S**

(keep for your records)

[www.irs.gov/Form1099S](http://www.irs.gov/Form1099S)

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)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all individuals represented = 3,108,727</b>		<b>1</b> Date of closing	OMB No. 1545-0997  <b>2019</b>  Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>
		<b>2</b> Gross proceeds  \$ <b>3,088,002</b>		
FILER'S TIN	TRANSFEROR'S TIN	<b>3</b> Address (including city, state, and ZIP code) or legal description		<b>Copy B For Transferor</b> 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 this item is required to be reported and the IRS determines that it has not been reported.
TRANSFEROR'S name		<b>4</b> Transferor received or will receive property or services as part of the consideration (if checked) <input type="checkbox"/>		
Street address (including apt. no.)		<b>5</b> If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		<b>6</b> Buyer's part of real estate tax \$ <b>1,082,323</b>		
Account number (see instructions)				

Form **1099-S**

(keep for your records)

[www.irs.gov/Form1099S](http://www.irs.gov/Form1099S)

Department 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)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 1,113,908,815</b>			Applicable checkbox on Form 8949		OMB No. 1545-0715  <b>2019</b> Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>
			<b>1a</b> Description of property (Example: 100 sh. XYZ Co.)			
PAYER'S TIN			RECIPIENT'S TIN			<b>Copy B For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.
<b>1d</b> Proceeds \$ <b>8,161,320,900</b>			<b>1e</b> Cost or other basis \$ <b>6,300,995,200</b>			
<b>1f</b> Accrued market discount \$ <b>542,497</b>			<b>1g</b> Wash sale loss disallowed \$ <b>219,601,966</b>			
RECIPIENT'S name			<b>2</b> Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>			
Street address (including apt. no.)			<b>3</b> If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code			<b>4</b> Federal income tax withheld \$ <b>152,326</b>			
Account number (see instructions)			<b>5</b> If checked, noncovered security <input type="checkbox"/>			
CUSIP number			<b>6</b> Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>			
<b>14</b> State name			<b>15</b> State identification no.			
<b>16</b> State tax withheld \$			<b>7</b> If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>			
-----			<b>8</b> Profit or (loss) realized in 2019 on closed contracts \$ <b>-1,289,718</b>			
-----			<b>9</b> Unrealized profit or (loss) on open contracts—12/31/2018 \$ <b>-97,179</b>			
-----			<b>10</b> Unrealized profit or (loss) on open contracts—12/31/2019 \$ <b>34,673</b>			
-----			<b>11</b> Aggregate profit or (loss) on contracts \$ <b>-1,029,249</b>			
-----			<b>12</b> If checked, basis reported to IRS <input type="checkbox"/>			
-----			<b>13</b> Bartering \$ <b>78,604</b>			

Form **1099-B**

(Keep for your records)

[www.irs.gov/Form1099B](http://www.irs.gov/Form1099B)

Department of the Treasury - Internal Revenue Service

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.  <b>Total of all forms filed = 1,113,908,815</b>			Applicable checkbox on Form 8949		OMB No. 1545-0715  <b>2019</b> Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>	
			1a Description of property (Example: 100 sh. XYZ Co.)				
PAYER'S TIN			RECIPIENT'S TIN			<b>Copy B For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.	
							1b Date acquired
1d Proceeds \$ <b>1,052,476,478</b>			1e Cost or other basis \$ <b>957,789,825</b>				
1f Accrued market discount \$ <b>1,188,842</b>			1g Wash sale loss disallowed \$ <b>126,948,295</b>				
RECIPIENT'S name			2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>				
Street address (including apt. no.)			3 If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>				
City or town, state or province, country, and ZIP or foreign postal code			4 Federal income tax withheld \$ <b>241,458</b>				
Account number (see instructions)			5 If checked, noncovered security <input type="checkbox"/>				
CUSIP number			6 Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>				
FATCA filing requirement <input type="checkbox"/>			7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>				
14 State name			15 State identification no.			16 State tax withheld \$	
12 If checked, basis reported to IRS <input type="checkbox"/>			13 Bartering \$ <b>88,561</b>				

Form **1099-B**

(Keep for your records)

[www.irs.gov/Form1099B](http://www.irs.gov/Form1099B)

Department of the Treasury - Internal Revenue Service

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.  <b>Total of all individuals represented = 33,395,588</b>			Applicable checkbox on Form 8949		OMB No. 1545-0715  <b>2019</b> Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>				
			<b>1a</b> Description of property (Example: 100 sh. XYZ Co.)							
PAYER'S TIN			RECIPIENT'S TIN			<b>Copy B For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.				
							<b>1b</b> Date acquired		<b>1c</b> Date sold or disposed	
<b>1d</b> Proceeds \$ <b>32,711,290</b>		<b>1e</b> Cost or other basis \$ <b>28,288,940</b>								
<b>1f</b> Accrued market discount \$ <b>366,898</b>		<b>1g</b> Wash sale loss disallowed \$ <b>5,863,769</b>								
RECIPIENT'S name			<b>2</b> Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>		<b>3</b> If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>					
			Street address (including apt. no.)				<b>4</b> Federal income tax withheld \$ <b>142,286</b>		<b>5</b> If checked, noncovered security <input type="checkbox"/>	
							City or town, state or province, country, and ZIP or foreign postal code			<b>6</b> Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>
Account number (see instructions)			<b>8</b> Profit or (loss) realized in 2019 on closed contracts \$ <b>325,540</b>		<b>9</b> Unrealized profit or (loss) on open contracts—12/31/2018 \$ <b>136,088</b>					
			CUSIP number				FATCA filing requirement <input type="checkbox"/>			<b>10</b> Unrealized profit or (loss) on open contracts—12/31/2019 \$ <b>88,023</b>
<b>14</b> State name		<b>15</b> State identification no.		<b>16</b> State tax withheld \$			<b>12</b> If checked, basis reported to IRS <input type="checkbox"/>		<b>13</b> Bartering \$ <b>15,496</b>	

Form **1099-B**

(Keep for your records)

[www.irs.gov/Form1099B](http://www.irs.gov/Form1099B)

Department 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.		<div>OMB No. 1545-0877</div> <div><b>2019</b></div> <div>Form <b>1099-A</b></div>		<p><b>Acquisition or Abandonment of Secured Property</b></p> <p><b>Copy B For Borrower</b></p> <p>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 taxable income results from this transaction and the IRS determines that it has not been reported.</p>
<p><b>Total of all forms filed = 286,935</b></p>				
LENDER'S TIN	BORROWER'S TIN	1 Date of lender's acquisition or knowledge of abandonment	2 Balance of principal outstanding \$ <b>31,258,385</b>	
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		3	4 Fair market value of property \$ <b>40,132,902</b>	
		5 If checked, the borrower was personally liable for repayment of the debt . . . . . <input type="checkbox"/>		
Account number (see instructions)		6 Description of property		

Form **1099-A**

(keep for your records)

[www.irs.gov/Form1099A](http://www.irs.gov/Form1099A)

Department of the Treasury - Internal Revenue Service



## Number of Forms filed for selected line

☐ CORRECTED (if checked)

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0877		<b>2019</b> Form <b>1099-A</b>	<b>Acquisition or Abandonment of Secured Property</b>
<b>Total of all forms filed = 286,935</b>					
LENDER'S TIN	BORROWER'S TIN	1 Date of lender's acquisition or knowledge of abandonment	2 Balance of principal outstanding	<b>Copy B For Borrower</b>  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 taxable income results from this transaction and the IRS determines that it has not been reported.	
			\$ <b>279,877</b>		
BORROWER'S name		3	4 Fair market value of property		
Street address (including apt. no.)			\$ <b>279,859</b>		
City or town, state or province, country, and ZIP or foreign postal code		5 If checked, the borrower was personally liable for repayment of the debt . . . . . <input type="checkbox"/>			
Account number (see instructions)		6 Description of property			

Form **1099-A**

(keep for your records)

www.irs.gov/Form1099A

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)

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0877		<b>2019</b> Form <b>1099-A</b>	<b>Acquisition or Abandonment of Secured Property</b>
<b>Total of all individuals represented = 270,780</b>					
LENDER'S TIN	BORROWER'S TIN	1 Date of lender's acquisition or knowledge of abandonment	2 Balance of principal outstanding		<b>Copy B For Borrower</b> 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 taxable income results from this transaction and the IRS determines that it has not been reported.
			\$ <b>264,444</b>		
BORROWER'S name		3	4 Fair market value of property	\$ <b>263,725</b>	
Street address (including apt. no.)		5 If checked, the borrower was personally liable for repayment of the debt <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code		6 Description of property			
Account number (see instructions)					

Form **1099-A**

(keep for your records)

[www.irs.gov/Form1099A](http://www.irs.gov/Form1099A)

Department 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)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p style="text-align: center;"><b>Total of all forms filed = 90,460,901</b></p>		*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.		OMB No. 1545-1380  <div style="font-size: 2em; font-weight: bold;">2019</div>  Form <b>1098</b>	<p style="text-align: center;"><b>Mortgage Interest Statement</b></p>  <p style="text-align: center;"><b>Copy B For Payer/ Borrower</b></p> The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
		1 Mortgage interest received from payer(s)/borrower(s)* \$ <span style="float: right;"><b>510,242,671</b></span>			
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal \$ <span style="float: right;"><b>14,958,276,000</b></span>	3 Mortgage origination date		
PAYER'S/BORROWER'S name		4 Refund of overpaid interest \$ <span style="float: right;"><b>45,029</b></span>	5 Mortgage insurance premiums \$ <span style="float: right;"><b>21,288,885</b></span>		
		6 Points paid on purchase of principal residence \$ <span style="float: right;"><b>4,474,998</b></span>			
Street address (including apt. no.)		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
City or town, state or province, country, and ZIP or foreign postal code		8 Address or description of property securing mortgage (see instructions)			
9 Number of properties securing the mortgage	10 Other				
Account number (see instructions)					
				11 Mortgage acquisition date	

Form **1098**

(Keep for your records)

[www.irs.gov/Form1098](http://www.irs.gov/Form1098)

Department of the Treasury - Internal Revenue Service

## 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 no.  <b>Total of all forms filed = 90,460,901</b>		*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.		OMB No. 1545-1380  <b>2019</b>  Form <b>1098</b>	<b>Mortgage Interest Statement</b>
		<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ <b>89,897,937</b>		<b>Copy B For Payer/ Borrower</b>  The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.	
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	<b>2</b> Outstanding mortgage principal \$ <b>86,721,315</b>	<b>3</b> Mortgage origination date		
PAYER'S/BORROWER'S name		<b>4</b> Refund of overpaid interest \$ <b>42,129</b>	<b>5</b> Mortgage insurance premiums \$ <b>14,952,453</b>		
		<b>6</b> Points paid on purchase of principal residence \$ <b>2,081,349</b>			
Street address (including apt. no.)		<b>7</b> <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
City or town, state or province, country, and ZIP or foreign postal code		<b>8</b> Address or description of property securing mortgage (see instructions)			
<b>9</b> Number of properties securing the mortgage	<b>10</b> Other				
Account number (see instructions)					
				<b>11</b> Mortgage acquisition date	

Form **1098**

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

## 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 no.  <b>Total of all individuals represented = 59,810,565</b>		<b>*Caution:</b> 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.		OMB No. 1545-1380  <b>2019</b>  Form <b>1098</b>	<b>Mortgage Interest Statement</b>  <b>Copy B</b> <b>For Payer/Borrower</b>  The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
		<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ <b>59,579,110</b>		<b>11</b> Mortgage acquisition date	
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	<b>2</b> Outstanding mortgage principal \$ <b>59,060,680</b>	<b>3</b> Mortgage origination date		
PAYER'S/BORROWER'S name		<b>4</b> Refund of overpaid interest \$ <b>42,028</b>	<b>5</b> Mortgage insurance premiums \$ <b>13,076,455</b>		
Street address (including apt. no.)		<b>6</b> Points paid on purchase of principal residence \$ <b>2,028,931</b>			
City or town, state or province, country, and ZIP or foreign postal code		<b>7</b> <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
<b>9</b> Number of properties securing the mortgage		<b>10</b> Other			
Account number (see instructions)		<b>8</b> Address or description of property securing mortgage (see instructions)			

Form **1098**

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



**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  <b>Total of all forms filed = 28,255,867</b>		<b>1</b> Payments received for qualified tuition and related expenses <b>\$ 26,963,066</b>	OMB No. 1545-1574  <b>2019</b>  Form <b>1098-T</b>
		<b>2</b>	
FILER'S employer identification no.	STUDENT'S TIN	<b>3</b>	
STUDENT'S name		<b>4</b> Adjustments made for a prior year <b>\$ 1,190,355</b>	<b>5</b> Scholarships or grants <b>\$ 15,561,866</b>
Street address (including apt. no.)		<b>6</b> Adjustments to scholarships or grants for a prior year <b>\$ 416,356</b>	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January—March 2020 <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code			
Service Provider/Acct. No. (see instr.)	<b>8</b> Check if at least half-time student <input type="checkbox"/>	<b>9</b> Checked if a graduate student <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund <b>\$ 5,652</b>

**Tuition Statement**

**Copy B For Student**

This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

Form **1098-T**

(keep for your records)

[www.irs.gov/Form1098T](http://www.irs.gov/Form1098T)

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

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all individuals represented = 25,467,240</b>		<b>1</b> Payments received for qualified tuition and related expenses <b>\$ 24,467,114</b>	OMB No. 1545-1574  <b>2019</b>  Form <b>1098-T</b>
		<b>2</b>	
FILER'S employer identification no.	STUDENT'S TIN	<b>3</b>	
STUDENT'S name		<b>4</b> Adjustments made for a prior year <b>\$ 1,189,522</b>	<b>5</b> Scholarships or grants <b>\$ 14,988,404</b>
Street address (including apt. no.)		<b>6</b> Adjustments to scholarships or grants for a prior year <b>\$ 416,154</b>	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January—March 2020 <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code			
Service Provider/Acct. No. (see instr.)	<b>8</b> Check if at least half-time student <input type="checkbox"/>	<b>9</b> Checked if a graduate student <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund <b>\$ 5,652</b>

**Tuition Statement**

**Copy B For Student**

This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

Form **1098-T**

(keep for your records)

[www.irs.gov/Form1098T](http://www.irs.gov/Form1098T)

Department 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)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <p style="text-align: center;"><b>Total of all forms filed = 25,937,987</b></p>			OMB No. 1545-1576  <div style="font-size: 2em; font-weight: bold;">2019</div> Form <b>1098-E</b>	<b>Student Loan Interest Statement</b>
RECIPIENT'S TIN	BORROWER'S TIN		<b>1</b> Student loan interest received by lender \$ <span style="float: right;"><b>48,088,263</b></span>	
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.		
Account number (see instructions)				<b>2</b> If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>

Form **1098-E**

(keep for your records)

[www.irs.gov/Form1098E](http://www.irs.gov/Form1098E)

Department of the Treasury - Internal Revenue Service

**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  <p style="text-align: center;"><b>Total of all forms filed = 25,937,987</b></p>		OMB No. 1545-1576  <div style="font-size: 2em; font-weight: bold;">2019</div> Form <b>1098-E</b>
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**Student  
Loan Interest  
Statement**

RECIPIENT'S TIN	BORROWER'S TIN	<b>1</b> Student loan interest received by lender \$ <span style="float: right;"><b>25,882,970</b></span>
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>2</b> If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>
Account number (see instructions)		

**Copy B  
For Borrower**

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 overstated a deduction for student loan interest.

Form **1098-E**

(keep for your records)

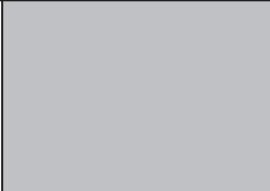
[www.irs.gov/Form1098E](http://www.irs.gov/Form1098E)

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)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all individuals represented = 21,077,950</b>			OMB No. 1545-1576  <b>2019</b>  Form <b>1098-E</b>	<b>Student Loan Interest Statement</b>
RECIPIENT'S TIN	BORROWER'S TIN		<b>1</b> Student loan interest received by lender \$ <b>21,048,784</b>	
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)		<b>2</b> If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>		

Form **1098-E**

(keep for your records)

[www.irs.gov/Form1098E](http://www.irs.gov/Form1098E)

Department 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)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 4,732,413</b>		1 Date of identifiable event	OMB No. 1545-1424  <b>2019</b>  Form <b>1099-C</b>	<b>Copy B For Debtor</b>  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 taxable income results from this transaction and the IRS determines that it has not been reported.
		2 Amount of debt discharged \$ <b>36,128,566</b>		
		3 Interest if included in box 2 \$ <b>796,529</b>		
CREDITOR'S TIN  DEBTOR'S TIN		4 Debt description		
DEBTOR'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		5 If checked, the debtor was personally liable for repayment of the debt . . . . . <input type="checkbox"/>		
Account number (see instructions)		6 Identifiable event code	7 Fair market value of property \$ <b>21,620,754</b>	

Form **1099-C** (keep for your records) [www.irs.gov/Form1099C](http://www.irs.gov/Form1099C) Department of the Treasury - Internal Revenue Service

## 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.  <b>Total of all forms filed = 4,732,413</b>		1 Date of identifiable event	OMB No. 1545-1424  <b>2019</b>  Form <b>1099-C</b>	<b>Cancellation of Debt</b>
		2 Amount of debt discharged \$ <b>4,710,053</b>		
		3 Interest if included in box 2 \$ <b>468,563</b>		
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description		
DEBTOR'S name		5 If checked, the debtor was personally liable for repayment of the debt . . . . . <input type="checkbox"/>		
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code		6 Identifiable event code		7 Fair market value of property \$ <b>212,067</b>
Account number (see instructions)				

Form **1099-C**

(keep for your records)

www.irs.gov/Form1099C

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)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all individuals represented = 3,799,690</b>		1 Date of identifiable event	OMB No. 1545-1424  <b>2019</b>  Form <b>1099-C</b>	<b>Cancellation of Debt</b>  <b>Copy B For Debtor</b>  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 taxable income results from this transaction and the IRS determines that it has not been reported.
		2 Amount of debt discharged		
		3 Interest if included in box 2		
CREDITOR'S TIN  DEBTOR'S TIN		4 Debt description		
DEBTOR'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		5 If checked, the debtor was personally liable for repayment of the debt <input type="checkbox"/>		
Account number (see instructions)		6 Identifiable event code	7 Fair market value of property	
			\$ <b>205,653</b>	

Form **1099-C**

(keep for your records)

[www.irs.gov/Form1099C](http://www.irs.gov/Form1099C)

Department 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)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 77,506,606</b>		<b>1</b> Unemployment compensation \$ <b>29,593,089</b>		OMB No. 1545-0120  <b>2019</b>  Form <b>1099-G</b>	<b>Certain Government Payments</b>  <b>Copy B For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.
		<b>2</b> State or local income tax refunds, credits, or offsets \$ <b>75,194,424</b>			
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Box 2 amount is for tax year		<b>4</b> Federal income tax withheld \$ <b>1,496,646</b>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> RTAA payments \$ <b>14,247</b>		<b>6</b> Taxable grants \$ <b>2,483,244</b>	
		<b>7</b> Agriculture payments \$ <b>11,647,237</b>		<b>8</b> If checked, box 2 is trade or business income <input type="checkbox"/>	
		<b>9</b> Market gain \$ *			
Account number (see instructions)		<b>10a</b> State	<b>10b</b> State identification no.	<b>11</b> State income tax withheld \$	

Form **1099-G**

(keep for your records)

[www.irs.gov/Form1099G](http://www.irs.gov/Form1099G)

Department of the Treasury - Internal Revenue Service

**\* 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**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 77,506,606</b>		<b>1</b> Unemployment compensation \$ <b>6,951,406</b>		OMB No. 1545-0120  <b>2019</b>  Form <b>1099-G</b>	<b>Certain Government Payments</b>  <b>Copy B For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.
		<b>2</b> State or local income tax refunds, credits, or offsets \$ <b>69,604,977</b>			
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Box 2 amount is for tax year		<b>4</b> Federal income tax withheld \$ <b>3,563,216</b>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> RTAA payments \$ *		<b>6</b> Taxable grants \$ <b>120,699</b>	
		<b>7</b> Agriculture payments \$ <b>685,561</b>		<b>8</b> If checked, box 2 is trade or business income <input type="checkbox"/>	
		<b>9</b> Market gain \$ <b>490</b>			
Account number (see instructions)		<b>10a</b> State	<b>10b</b> State identification no.	<b>11</b> State income tax withheld \$	
				\$	

Form **1099-G**

(keep for your records)

[www.irs.gov/Form1099G](http://www.irs.gov/Form1099G)

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**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 70,473,439</b>		<b>1</b> Unemployment compensation \$ <b>6,896,762</b>		OMB No. 1545-0120  <b>2019</b>  Form <b>1099-G</b>	<b>Certain Government Payments</b>  <b>Copy B For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.
		<b>2</b> State or local income tax refunds, credits, or offsets \$ <b>65,656,165</b>			
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Box 2 amount is for tax year		<b>4</b> Federal income tax withheld \$ <b>3,554,906</b>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> RTAA payments \$ *		<b>6</b> Taxable grants \$ <b>119,053</b>	
		<b>7</b> Agriculture payments \$ <b>682,613</b>		<b>8</b> If checked, box 2 is trade or business income <input type="checkbox"/>	
		<b>9</b> Market gain \$ <b>490</b>			
Account number (see instructions)		<b>10a</b> State	<b>10b</b> State identification no.	<b>11</b> State income tax withheld \$	
				\$	

Form **1099-G**

(keep for your records)

[www.irs.gov/Form1099G](http://www.irs.gov/Form1099G)

Department of the Treasury - Internal Revenue Service

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Estimates exclude duplicates and returns replaced by amendeds.

☐ CORRECTED (if checked)

Form **1099-DIV** (keep for your records) [www.irs.gov/Form1099DIV](http://www.irs.gov/Form1099DIV) Department of the Treasury - Internal Revenue Service

**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**

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <div style="text-align: right; font-weight: bold;">Total of all forms filed = 49,621,665</div>		<b>1a</b> Total ordinary dividends \$ <span style="float: right; font-weight: bold;">47,795,311</span>		OMB No. 1545-0110  <div style="font-size: 2em; font-weight: bold;">2019</div> Form <b>1099-DIV</b>		<b>Dividends and Distributions</b>  <b>Copy B</b> <b>For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.
		<b>1b</b> Qualified dividends \$ <span style="float: right; font-weight: bold;">45,168,081</span>				
		<b>2a</b> Total capital gain distr. \$ <span style="float: right; font-weight: bold;">21,139,664</span>		<b>2b</b> Unrecap. Sec. 1250 gain \$ <span style="float: right; font-weight: bold;">2,320,529</span>		
PAYER'S TIN	RECIPIENT'S TIN	<b>2c</b> Section 1202 gain \$ <span style="float: right; font-weight: bold;">36,287</span>		<b>2d</b> Collectibles (28%) gain \$ <span style="float: right; font-weight: bold;">36,287</span>		
RECIPIENT'S name		<b>3</b> Nondividend distributions \$ <span style="float: right; font-weight: bold;">7,793,805</span>		<b>4</b> Federal income tax withheld \$ <span style="float: right; font-weight: bold;">1,430,276</span>		
		<b>5</b> Section 199A dividends \$ <span style="float: right; font-weight: bold;">14,193,524</span>		<b>6</b> Investment expenses \$ <span style="float: right; font-weight: bold;">223,806</span>		
Street address (including apt. no.)		<b>7</b> Foreign tax paid \$ <span style="float: right; font-weight: bold;">14,809,641</span>		<b>8</b> Foreign country or U.S. possession		
		<b>9</b> Cash liquidation distributions \$ <span style="float: right; font-weight: bold;">253,385</span>				
City or town, state or province, country, and ZIP or foreign postal code		<b>11</b> Exempt-interest dividends \$ <span style="float: right; font-weight: bold;">6,841,387</span>		<b>12</b> Specified private activity bond interest dividends \$ <span style="float: right; font-weight: bold;">4,975,156</span>		
Account number (see instructions)		<b>13</b> State		<b>14</b> State identification no.		
		\$ <span style="float: right; font-weight: bold;">-----</span>		\$ <span style="float: right; font-weight: bold;">-----</span>		

Form **1099-DIV**

(keep for your records)

[www.irs.gov/Form1099DIV](http://www.irs.gov/Form1099DIV)

Department 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)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 168,705,771</b>		Payer's RTN (optional)		OMB No. 1545-0112		<b>Interest Income</b>
		1 Interest income		<div>2019</div> Form <b>1099-INT</b>		
		\$ <b>78,891,190</b>				
PAYER'S TIN  RECIPIENT'S TIN		2 Early withdrawal penalty				<b>Copy B</b>  <b>For Recipient</b>
		\$ <b>229,421</b>				
		3 Interest on U.S. Savings Bonds and Treas. obligations				
		\$ <b>13,455,005</b>				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 this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld		5 Investment expenses		
		\$ <b>61,369</b>		\$ <b>353,986</b>		
		6 Foreign tax paid		7 Foreign country or U.S. possession		
		\$ <b>26,524</b>				
		8 Tax-exempt interest		9 Specified private activity bond interest		
		\$ <b>44,434,513</b>		\$ <b>485,228</b>		
		10 Market discount		11 Bond premium		
		\$ <b>15,537</b>		\$ <b>626,126</b>		
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$ <b>85,599</b>		\$ <b>13,412,539</b>		
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.	17 State tax withheld
						\$ ----- \$ -----

Form **1099-INT**

(keep for your records)

[www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT)

Department of the Treasury - Internal Revenue Service

**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.  <b>Total of all forms filed = 168,705,771</b>		Payer's RTN (optional)		OMB No. 1545-0112		<b>Interest Income</b>  <b>2019</b>  Form <b>1099-INT</b>
		1 Interest income				
		\$ 146,214,079				
PAYER'S TIN  RECIPIENT'S TIN		2 Early withdrawal penalty				<b>Copy B</b>  <b>For Recipient</b>
		\$ 1,286,882				
		3 Interest on U.S. Savings Bonds and Treas. obligations				
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld				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 this income is taxable and the IRS determines that it has not been reported.
		\$ 1,444,670				
		5 Investment expenses				
FATCA filing requirement <input type="checkbox"/>		6 Foreign tax paid		7 Foreign country or U.S. possession		
		\$ 38,893				
		8 Tax-exempt interest		9 Specified private activity bond interest		
Account number (see instructions)		10 Market discount		11 Bond premium		
		\$ 17,365		\$ 837,974		
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$ 174,384		\$ 1,442,056		
		14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State identification no.
						17 State tax withheld
						\$
						\$

Form **1099-INT**

(keep for your records)

[www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT)

Department of the Treasury - Internal Revenue Service

## 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.  <b>Total of all individuals represented = 83,716,637</b>		Payer's RTN (optional)		OMB No. 1545-0112		<b>Interest Income</b>  <b>2019</b>  Form <b>1099-INT</b>
		1 Interest income				
		\$ <b>79,440,569</b>				
PAYER'S TIN  RECIPIENT'S TIN		2 Early withdrawal penalty				<b>Copy B</b>  <b>For Recipient</b>  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 this income is taxable and the IRS determines that it has not been reported.
		\$ <b>1,085,953</b>				
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		3 Interest on U.S. Savings Bonds and Treas. obligations				
		\$ <b>2,974,160</b>				
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld		5 Investment expenses		
		\$ <b>1,291,280</b>		\$ <b>93,434</b>		
		6 Foreign tax paid		7 Foreign country or U.S. possession		
		\$ <b>36,823</b>				
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		8 Tax-exempt interest		9 Specified private activity bond interest		
		\$ <b>1,812,563</b>		\$ <b>185,711</b>		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		10 Market discount		11 Bond premium		
		\$ <b>17,142</b>		\$ <b>772,703</b>		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$ <b>160,019</b>		\$ <b>1,216,752</b>		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		FATCA filing requirement <input type="checkbox"/>				
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.	17 State tax withheld
						\$
						\$

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department 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)**

9393

☐ VOID

☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 338,772</b>		<b>1</b> Gross long-term care benefits paid  \$ <b>11,908,408</b>	OMB No. 1545-1519  <b>2019</b>  Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
		<b>2</b> Accelerated death benefits paid  \$ *		
PAYER'S TIN	POLICYHOLDER'S TIN	<b>3</b> Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	INSURED'S TIN	
POLICYHOLDER'S name		INSURED'S name		
Street address (including apt. no.)		Street address (including apt. no.)		
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		
Account number (see instructions)	<b>4</b> Qualified contract <input type="checkbox"/> (optional)	<b>5</b> Check, if applicable: <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified	

Form **1099-LTC**

Cat. No. 23021Z

[www.irs.gov/Form1099LTC](http://www.irs.gov/Form1099LTC)

Department of the Treasury - Internal Revenue Service

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## Number of Forms filed for selected line

9393

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 338,772</b>		1 Gross long-term care benefits paid  \$ <b>335,857</b>	OMB No. 1545-1519  <b>2019</b>  Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>
		2 Accelerated death benefits paid  \$ *		
PAYER'S TIN	POLICYHOLDER'S TIN	3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	INSURED'S TIN	<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
POLICYHOLDER'S name		INSURED'S name		
Street address (including apt. no.)		Street address (including apt. no.)		
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		
Account number (see instructions)	4 Qualified contract <input type="checkbox"/> (optional)	5 Check, if applicable: <input type="checkbox"/> Chronically ill (optional) <input type="checkbox"/> Terminally ill	Date certified	

Form **1099-LTC**

Cat. No. 23021Z

[www.irs.gov/Form1099LTC](http://www.irs.gov/Form1099LTC)

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**

9393

☐ VOID

☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all individuals represented = 321,587</b>		<b>1</b> Gross long-term care benefits paid  \$ <b>318,671</b>	OMB No. 1545-1519  <b>2019</b>		<b>Long-Term Care and Accelerated Death Benefits</b>
		<b>2</b> Accelerated death benefits paid  \$ *	Form <b>1099-LTC</b> INSURED'S TIN		
PAYER'S TIN	POLICYHOLDER'S TIN	<b>3</b> Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		<b>Copy A For Internal Revenue Service Center File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>	
POLICYHOLDER'S name		INSURED'S name			
Street address (including apt. no.)		Street address (including apt. no.)			
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			
Account number (see instructions)	<b>4</b> Qualified contract <input type="checkbox"/> (optional)	<b>5</b> Check, if applicable: <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified		

Form **1099-LTC**

Cat. No. 23021Z

[www.irs.gov/Form1099LTC](http://www.irs.gov/Form1099LTC)

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)**

9494

☐ VOID

☐ CORRECTED

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		<div style="text-align: center;"> <b>2019</b>                      Form <b>1099-SA</b> </div>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
<b>Total of all forms filed = 14,919,640</b>				
PAYER'S TIN	RECIPIENT'S TIN	<b>1</b> Gross distribution \$ <b>29,552,739</b>	<b>2</b> Earnings on excess cont. \$ <b>1,504</b>	<b>Copy A For Internal Revenue Service Center File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
RECIPIENT'S name		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$ <b>11,450</b>	
Street address (including apt. no.)		<b>5</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-SA**

Cat. No. 38471D

[www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA)

Department of the Treasury - Internal Revenue Service

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

9494

**Number of Forms filed for selected line**

☐ VOID

☐ CORRECTED

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		<div style="text-align: center;"> <b>2019</b>                      Form <b>1099-SA</b> </div>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
<b>Total of all forms filed = 14,919,640</b>				
PAYER'S TIN	RECIPIENT'S TIN	<b>1</b> Gross distribution \$ <b>14,871,843</b>	<b>2</b> Earnings on excess cont. \$ <b>12,734</b>	<b>Copy A For Internal Revenue Service Center File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
RECIPIENT'S name		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$ <b>7,155</b>	
Street address (including apt. no.)		<b>5</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-SA**

Cat. No. 38471D

[www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA)

Department of the Treasury - Internal Revenue Service

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

9494

**Number of individuals for selected line**

☐ VOID

☐ CORRECTED

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		<div style="text-align: center;"> <b>2019</b>                      Form <b>1099-SA</b> </div>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
<b>Total of all individuals represented = 14,012,775</b>				
PAYER'S TIN	RECIPIENT'S TIN	<b>1</b> Gross distribution \$ <b>13,981,599</b>	<b>2</b> Earnings on excess cont. \$ <b>12,734</b>	<b>Copy A For Internal Revenue Service Center File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2019 General Instructions for Certain Information Returns.</b>
RECIPIENT'S name		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$ <b>7,115</b>	
Street address (including apt. no.)		<b>5</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-SA**

Cat. No. 38471D

[www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA)

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)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.   <div style="text-align: right; font-weight: bold;">Total of all forms filed = 42,301,954</div>			<b>1</b> Rents \$ <span style="float: right;">77,349,669</span>	OMB No. 1545-0115  <div style="font-size: 2em; font-weight: bold;">2019</div>	<b>Miscellaneous Income</b>	
			<b>2</b> Royalties \$ <span style="float: right;">25,701,456</span>			
			<b>3</b> Other income \$ <span style="float: right;">32,021,203</span>	<b>4</b> Federal income tax withheld \$ <span style="float: right;">1,215,388</span>		<b>Copy B For Recipient</b>
			PAYER'S TIN   			
RECIPIENT'S name   Street address (including apt. no.)   City or town, state or province, country, and ZIP or foreign postal code			<b>5</b> Fishing boat proceeds \$ <span style="float: right;">352,197</span>	<b>6</b> Medical and health care payments \$ <span style="float: right;">16,460,583</span>	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 this income is taxable and the IRS determines that it has not been reported.	
			<b>7</b> Nonemployee compensation \$ <span style="float: right;">512,245,174</span>	<b>8</b> Substitute payments in lieu of dividends or interest \$ <span style="float: right;">242,110</span>		
			<b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	<b>10</b> Crop insurance proceeds \$ <span style="float: right;">6,028,784</span>		
			<b>11</b>	<b>12</b>		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	<b>13</b> Excess golden parachute payments \$ <span style="float: right;">9,153</span>	<b>14</b> Gross proceeds paid to an attorney \$ <span style="float: right;">5,565,792</span>		
<b>15a</b> Section 409A deferrals \$ <span style="float: right;">24,108</span>	<b>15b</b> Section 409A income \$ <span style="float: right;">5,151</span>	<b>16</b> State tax withheld \$ -----	<b>17</b> State/Payer's state no.	<b>18</b> State income \$ -----		

Form **1099-MISC** (keep for your records)
 [www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)
 Department of the Treasury - Internal Revenue Service

**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.  <b>Total of all forms filed = 42,301,954</b>		<b>1 Rents</b> \$ <b>3,558,507</b>		OMB No. 1545-0115  <b>2019</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>	
		<b>2 Royalties</b> \$ <b>4,748,986</b>				
		<b>3 Other income</b> \$ <b>5,314,686</b>		<b>4 Federal income tax withheld</b> \$ <b>353,148</b>		<b>Copy B For Recipient</b>
PAYER'S TIN	RECIPIENT'S TIN	<b>5 Fishing boat proceeds</b> \$ <b>20,212</b>		<b>6 Medical and health care payments</b> \$ <b>1,184,296</b>		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>7 Nonemployee compensation</b> \$ <b>26,997,086</b>		<b>8 Substitute payments in lieu of dividends or interest</b> \$ <b>220,406</b>		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 this income is taxable and the IRS determines that it has not been reported.
		<b>9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale</b> <input type="checkbox"/>		<b>10 Crop insurance proceeds</b> \$ <b>160,440</b>		
		<b>11</b>		<b>12</b>		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		<b>13 Excess golden parachute payments</b> \$ <b>1,319</b>		<b>14 Gross proceeds paid to an attorney</b> \$ <b>105,864</b>
<b>15a Section 409A deferrals</b> \$ <b>3,959</b>		<b>15b Section 409A income</b> \$ <b>2,645</b>		<b>16 State tax withheld</b> \$ -----		<b>17 State/Payer's state no.</b> -----
				<b>18 State income</b> \$ -----		

Form **1099-MISC**

(keep for your records)

[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

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.  <b>Total of all individuals represented = 28,409,607</b>		<b>1 Rents</b> \$ <b>2,955,758</b>		OMB No. 1545-0115  <b>2019</b> Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>  <b>Copy B For Recipient</b>		
		<b>2 Royalties</b> \$ <b>2,866,125</b>					
		<b>3 Other income</b> \$ <b>4,926,178</b>		<b>4 Federal income tax withheld</b> \$ <b>344,281</b>			
		PAYER'S TIN		RECIPIENT'S TIN		<b>5 Fishing boat proceeds</b> \$ <b>17,493</b>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>6 Medical and health care payments</b> \$ <b>365,438</b>		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 this income is taxable and the IRS determines that it has not been reported.			
		<b>7 Nonemployee compensation</b> \$ <b>18,783,672</b>				<b>8 Substitute payments in lieu of dividends or interest</b> \$ <b>208,963</b>	
		<b>9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale</b> <input type="checkbox"/>				<b>10 Crop insurance proceeds</b> \$ <b>151,215</b>	
<b>11</b>		<b>12</b>					
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		<b>13 Excess golden parachute payments</b> \$ <b>1,310</b>			
<b>14 Gross proceeds paid to an attorney</b> \$ <b>59,281</b>		<b>15a Section 409A deferrals</b> \$ <b>3,326</b>		<b>15b Section 409A income</b> \$ <b>2,645</b>			
<b>16 State tax withheld</b> \$		<b>17 State/Payer's state no.</b>		<b>18 State income</b> \$			

Form **1099-MISC**

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[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

Department 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)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 1,290,455</b>		<b>1</b> Patronage dividends \$ <b>1,792,771</b>	OMB No. 1545-0118  <b>2019</b>  Form <b>1099-PATR</b>
		<b>2</b> Nonpatronage distributions \$ <b>968</b>	
		<b>3</b> Per-unit retain allocations \$ <b>47,244,154</b>	
		PAYER'S TIN	RECIPIENT'S TIN
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code  Account number (see instructions)		<b>5</b> Redemption of nonqualified notices and retain allocations \$ <b>128,730</b>	<b>6</b> Domestic production activities deduction \$ <b>985,933</b>
		<b>7</b> Qualified payments \$ <b>257,136</b>	<b>8</b> Investment credit \$ <b>22,685,421</b>
		<b>9</b> Work opportunity credit \$ <b>23</b>	<b>10</b> Patron's AMT adjustment \$ <b>-</b>
		<b>11</b> Other credits and deductions \$ <b>6,913</b>	

**Taxable Distributions Received From Cooperatives**

**Copy B For Recipient**

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 this income is taxable and the IRS determines that it has not been reported.

Form **1099-PATR**

(keep for your records)

[www.irs.gov/Form1099PATR](http://www.irs.gov/Form1099PATR) Department of the Treasury - Internal Revenue Service

**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.  <b>Total of all forms filed = 1,290,455</b>		1 Patronage dividends	OMB No. 1545-0118
		\$ 1,056,999	<b>2019</b>  Form 1099-PATR
		2 Nonpatronage distributions	
		\$ 410	
		3 Per-unit retain allocations	
		\$ 256,724	
PAYER'S TIN	RECIPIENT'S TIN	4 Federal income tax withheld	
		\$ 10,963	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code  Account number (see instructions)		5 Redemption of nonqualified notices and retain allocations	6 Domestic production activities deduction
		\$ 97,652	\$ 233,944
		7 Qualified payments	8 Investment credit
		\$	\$ 23,046
		9 Work opportunity credit	10 Patron's AMT adjustment
		\$ 245	\$ -
		11 Other credits and deductions	
		\$	315

**Taxable Distributions Received From Cooperatives**

**Copy B For Recipient**

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Form **1099-PATR**

(keep for your records)

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**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.  <b>Total of all individuals represented = 970,299</b>		<b>1</b> Patronage dividends \$ <b>843,794</b>	OMB No. 1545-0118  <b>2019</b>  Form <b>1099-PATR</b>
		<b>2</b> Nonpatronage distributions \$ <b>410</b>	
		<b>3</b> Per-unit retain allocations \$ <b>213,783</b>	
		PAYER'S TIN	RECIPIENT'S TIN
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code  Account number (see instructions)		<b>5</b> Redemption of nonqualified notices and retain allocations \$ <b>91,219</b>	<b>6</b> Domestic production activities deduction \$ <b>203,306</b>
		<b>7</b> Qualified payments \$	<b>8</b> Investment credit \$ <b>17,703</b>
		<b>9</b> Work opportunity credit \$ <b>227</b>	<b>10</b> Patron's AMT adjustment \$ <b>-</b>
		<b>11</b> Other credits and deductions \$ <b>308</b>	

**Taxable  
Distributions  
Received From  
Cooperatives**

**Copy B  
For Recipient**

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 this income is taxable and the IRS determines that it has not been reported.

Form **1099-PATR**

(keep for your records)

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**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.  <p align="center"><b>Total of all forms filed = 109,552,264</b></p>			<b>1</b> Gross distribution \$ <b>2,129,454,300</b>		OMB No. 1545-0119  <div style="font-size: 2em; font-weight: bold; text-align: center;">2019</div> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>				
			<b>2a</b> Taxable amount \$ <b>1,235,783,800</b>								
PAYER'S TIN  RECIPIENT'S TIN			<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		<p align="center"><b>Copy B</b></p> <p align="center"><b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b></p> <p align="center">This information is being furnished to the IRS.</p>				
			<b>3</b> Capital gain (included in box 2a) \$ <b>107,649</b>		<b>4</b> Federal income tax withheld \$ <b>141,872,939</b>						
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$ <b>1,890,526</b>						
			<b>7</b> Distribution code(s)		<b>8</b> Other						
			IRA/ SEP/ SIMPLE <input type="checkbox"/>		\$ <b>2,641,720</b> %						
<b>9a</b> Your percentage of total distribution %			<b>9b</b> Total employee contributions \$ <b>113,686,773</b>								
<b>10</b> Amount allocable to IRR within 5 years \$ <b>16,368</b>		<b>11</b> 1st year of desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>		<b>12</b> State tax withheld \$		<b>13</b> State/Payer's state no.		<b>14</b> State distribution \$	
Account number (see instructions)			Date of payment		<b>15</b> Local tax withheld \$		<b>16</b> Name of locality		<b>17</b> Local distribution \$		

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

## 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 phone no.  <b>Total of all forms filed = 109,552,264</b>			1 Gross distribution \$ <b>109,187,995</b>		OMB No. 1545-0119  <b>2019</b>  Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
			2a Taxable amount \$ <b>91,559,011</b>			
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$ <b>38,253</b>	4 Federal income tax withheld \$ <b>56,093,879</b>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$ <b>21,410</b>	
			7 Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ <b>653,837</b> %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ <b>2,933,099</b>	
10 Amount allocable to IRR within 5 years \$ <b>1,452</b>	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$		13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)		Date of payment	15 Local tax withheld \$		16 Name of locality	17 Local distribution \$

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Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

## 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 phone no.  <b>Total of all individuals represented = 63,376,027</b>			1 Gross distribution \$ <b>63,235,381</b>		OMB No. 1545-0119  <b>2019</b>  Form <b>1099-R</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ <b>55,743,314</b>			
			2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$ <b>28,803</b>		4 Federal income tax withheld \$ <b>38,016,763</b>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$ <b>21,322</b>	
			7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ <b>623,250</b> %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ <b>2,919,250</b>	
10 Amount allocable to IRR within 5 years \$ <b>1,452</b>	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$		13 State/Payer's state no.	
			14 State distribution \$			
Account number (see instructions)		Date of payment	15 Local tax withheld \$		16 Name of locality	
			17 Local distribution \$			

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Form **1099-R**

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Department of the Treasury - Internal Revenue Service