

June 4, 2025

1042 ATS Scenario 3

Taxpayer: Withholding Agent Q

TIN: 00-50000003

Forms Included in the Scenario:

- Form 1042
- Form 1042-S
- Form 1042 Schedule Q (2)
- Form 1099-B

Additional Information: You must select "Yes" in the Return Header for the

*IRSResponsiblePrtyInfoCurrInd*

BusinessOfficer Grp:

PersonNm = Kirk Hickory  
PersonTitleTxt = President  
PhoneNum = 555-555-5555

Signing Officer Group:

SSN = 400-00-1031  
PersonFirstNm = Mel Oak

Form 1042 filed by a WA (that is a QDD) claiming a line 67 credit substantiated by a Form 1042-S and a Form 1099-B, and two Schedules Q attached (for two different branches).

Form **1042**  
Department of the Treasury  
Internal Revenue Service**Annual Withholding Tax Return for U.S. Source  
Income of Foreign Persons**Go to [www.irs.gov/Form1042](http://www.irs.gov/Form1042) for instructions and the latest information.

OMB No. 1545-0096

**2025**If this is an amended return, check here ☐

Name of withholding agent

Employer identification number

**For IRS Use Only**

WITHHOLDING AGENT Q

00-5000003

Ch. 3 Status Code 35

Ch. 4 Status Code 06

CC

FD

Number and street (If a P.O. box, see instructions.)

Room or suite no.

RD

FF

3 Apple Court

CAF

FP

City or town

State or province

Country

ZIP or foreign postal code

CR

I

London

UK

W1A 1AE

EDC

SIC

If you do not expect to file this return in the future, check here ☐ Enter date final income paid**Section 1 Record of Federal Tax Liability** (do not show federal tax deposits here)

| Line No. | Period ending | Tax liability for period (including any taxes assumed on Form(s) 1000) | Line No. | Period ending | Tax liability for period (including any taxes assumed on Form(s) 1000) | Line No. | Period ending | Tax liability for period (including any taxes assumed on Form(s) 1000) |
|----------|---------------|------------------------------------------------------------------------|----------|---------------|------------------------------------------------------------------------|----------|---------------|------------------------------------------------------------------------|
| 1        | 7             |                                                                        | 21       | 7             |                                                                        | 41       | 7             | 35000                                                                  |
| 2        | 15            |                                                                        | 22       | 15            |                                                                        | 42       | 15            |                                                                        |
| 3        | 22            | 15000                                                                  | 23       | 22            |                                                                        | 43       | 22            |                                                                        |
| 4        | 31            |                                                                        | 24       | 31            |                                                                        | 44       | 30            |                                                                        |
| 5        | Jan. total    | 15000                                                                  | 25       | May total     |                                                                        | 45       | Sept. total   | 35000                                                                  |
| 6        | 7             |                                                                        | 26       | 7             |                                                                        | 46       | 7             |                                                                        |
| 7        | 15            |                                                                        | 27       | 15            |                                                                        | 47       | 15            |                                                                        |
| 8        | 22            |                                                                        | 28       | 22            |                                                                        | 48       | 22            | 100000                                                                 |
| 9        | 28            |                                                                        | 29       | 30            |                                                                        | 49       | 31            |                                                                        |
| 10       | Feb. total    |                                                                        | 30       | June total    |                                                                        | 50       | Oct. total    | 100000                                                                 |
| 11       | 7             |                                                                        | 31       | 7             |                                                                        | 51       | 7             |                                                                        |
| 12       | 15            |                                                                        | 32       | 15            |                                                                        | 52       | 15            | 150000                                                                 |
| 13       | 22            |                                                                        | 33       | 22            |                                                                        | 53       | 22            |                                                                        |
| 14       | 31            |                                                                        | 34       | 31            |                                                                        | 54       | 30            |                                                                        |
| 15       | Mar. total    |                                                                        | 35       | July total    |                                                                        | 55       | Nov. total    | 150000                                                                 |
| 16       | 7             |                                                                        | 36       | 7             |                                                                        | 56       | 7             |                                                                        |
| 17       | 15            |                                                                        | 37       | 15            |                                                                        | 57       | 15            |                                                                        |
| 18       | 22            |                                                                        | 38       | 22            |                                                                        | 58       | 22            | 150000                                                                 |
| 19       | 30            | 50000                                                                  | 39       | 31            |                                                                        | 59       | 31            |                                                                        |
| 20       | Apr. total    | 50000                                                                  | 40       | Aug. total    |                                                                        | 60       | Dec. total    | 150000                                                                 |

**Note:** The totals from the above table are to be entered on lines 64b through 64d (as indicated in the instructions for those lines).**61 No. of Forms 1042-S filed:** a On paper \_\_\_\_\_ b Electronically \_\_\_\_\_**62** Total gross amounts reported on all Forms 1042-S and 1000:

|     |                                                                                        |        |         |
|-----|----------------------------------------------------------------------------------------|--------|---------|
| a   | Total U.S. source FDAP income (other than U.S. source substitute payments) reported    | 62a    | 2100050 |
| b   | Total U.S. source substitute payments reported:                                        |        |         |
| (1) | Total U.S. source substitute dividend payments reported                                | 62b(1) |         |
| (2) | Total U.S. source substitute payments reported other than substitute dividend payments | 62b(2) |         |
| c   | Total gross amounts reported (add lines 62a-b)                                         | 62c    | 2100050 |
| d   | Enter gross amounts actually paid if different from gross amounts reported             | 62d    | 0       |

**Third Party Designee**Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes. Complete the following. ☐ No

Designee's name

Phone no.

Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Your signature

Date

Capacity in which acting

Daytime phone number 202-111-1111

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 11384V

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Form 1042 (2025)

Page **2**

|            |                                                                                           |               |        |
|------------|-------------------------------------------------------------------------------------------|---------------|--------|
| <b>63</b>  | Total tax reported as withheld or paid by withholding agent on all Forms 1042-S and 1000: |               |        |
| <b>a</b>   | Tax withheld by withholding agent . . . . .                                               | <b>63a</b>    | 380000 |
| <b>b</b>   | Tax withheld by other withholding agents:                                                 |               |        |
| <b>(1)</b> | For payments other than substitute dividends . . . . .                                    | <b>63b(1)</b> | 80000  |
| <b>(2)</b> | For substitute dividends . . . . .                                                        | <b>63b(2)</b> | 20000  |
| <b>c</b>   | Adjustments to withholding:                                                               |               |        |
| <b>(1)</b> | Adjustments to overwithholding . . . . .                                                  | <b>63c(1)</b> | ( )    |
| <b>(2)</b> | Adjustments to underwithholding . . . . .                                                 | <b>63c(2)</b> | 10000  |
| <b>d</b>   | Tax paid by withholding agent . . . . .                                                   | <b>63d</b>    | 10000  |
| <b>e</b>   | <b>Total tax reported as withheld or paid</b> (add lines 63a–d) . . . . .                 | <b>63e</b>    | 500000 |

**Computation of Tax Due or Overpayment**

|            |                                                                                                                                                                                                                                            |            |                                                                          |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|
| <b>64</b>  | Total net tax liability                                                                                                                                                                                                                    |            |                                                                          |
| <b>a</b>   | Adjustments to total net tax liability . . . . .                                                                                                                                                                                           | <b>64a</b> |                                                                          |
| <b>b</b>   | Total net tax liability under chapter 3 . . . . .                                                                                                                                                                                          | <b>64b</b> | 500000                                                                   |
| <b>c</b>   | Total net tax liability under chapter 4 . . . . .                                                                                                                                                                                          | <b>64c</b> |                                                                          |
| <b>d</b>   | Excise tax on specified federal procurement payments (total payments made x 2% (0.02)) . . . . .                                                                                                                                           | <b>64d</b> |                                                                          |
| <b>e</b>   | <b>Total net tax liability</b> (add lines 64a–d) . . . . .                                                                                                                                                                                 | <b>64e</b> | 500000                                                                   |
| <b>65</b>  | Total paid by electronic funds transfer (or with a request for extension of time to file):                                                                                                                                                 |            |                                                                          |
| <b>a</b>   | Total paid during calendar year . . . . .                                                                                                                                                                                                  | <b>65a</b> | 380000                                                                   |
| <b>b</b>   | Total paid during subsequent year . . . . .                                                                                                                                                                                                | <b>65b</b> | 10000                                                                    |
| <b>66</b>  | Enter overpayment applied as credit from 2024 Form 1042 . . . . .                                                                                                                                                                          | <b>66</b>  | 10000                                                                    |
| <b>67</b>  | Credit for amounts withheld by other withholding agents:                                                                                                                                                                                   |            |                                                                          |
| <b>a</b>   | For payments other than substitute dividend payments . . . . .                                                                                                                                                                             | <b>67a</b> | 80000                                                                    |
| <b>b</b>   | For substitute dividend payments . . . . .                                                                                                                                                                                                 | <b>67b</b> | 20000                                                                    |
| <b>68</b>  | <b>Total payments.</b> Add lines 65 through 67 . . . . .                                                                                                                                                                                   | <b>68</b>  | 500000                                                                   |
| <b>69</b>  | If line 64e is larger than line 68, enter balance due here . . . . .                                                                                                                                                                       | <b>69</b>  |                                                                          |
| <b>70a</b> | Enter overpayment attributable to overwithholding on U.S. source income of foreign persons . . . . .                                                                                                                                       | <b>70a</b> |                                                                          |
| <b>b</b>   | Enter overpayment attributable to excise tax on specified federal procurement payments . . . . .                                                                                                                                           | <b>70b</b> |                                                                          |
| <b>71a</b> | Apply overpayment (sum of lines 70a and 70b) to <b>(check one)</b> :<br><input type="checkbox"/> Credit on 2026 Form 1042 or <input type="checkbox"/> Refund<br>To elect direct deposit for this amount, complete lines 71b, 71c, and 71d. |            |                                                                          |
| <b>b</b>   | Routing number . . . . .                                                                                                                                                                                                                   | <b>c</b>   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number . . . . .                                                                                                                                                                                                                   |            |                                                                          |

**Section 2 Reconciliation of Payments of U.S. Source FDAP Income**

|          |                                                                                                                                                       |           |         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Total U.S. source FDAP income required to be withheld upon under chapter 4 . . . . .                                                                  | <b>1</b>  |         |
| <b>2</b> | Total U.S. source FDAP income required to be reported under chapter 4 but not required to be withheld upon under chapter 4 because:                   |           |         |
| <b>a</b> | Amount of income paid to recipients whose chapter 4 status established no withholding is required . . . . .                                           | <b>2a</b> | 2100050 |
| <b>b</b> | Amount of excluded nonfinancial payments . . . . .                                                                                                    | <b>2b</b> |         |
| <b>c</b> | Amount of income paid with respect to grandfathered obligations . . . . .                                                                             | <b>2c</b> |         |
| <b>d</b> | Amount of income effectively connected with the conduct of a trade or business in the United States . . . . .                                         | <b>2d</b> |         |
| <b>e</b> | Total U.S. source FDAP income required to be reported under chapter 4 but not required to be withheld upon under chapter 4 (add lines 2a–d) . . . . . | <b>2e</b> | 2100050 |
| <b>3</b> | Total U.S. source FDAP income reportable under chapter 4 (add lines 1 and 2e) . . . . .                                                               | <b>3</b>  | 2100050 |
| <b>4</b> | Total U.S. source FDAP income reported on all Forms 1042-S (from lines 62a, 62b(1), and 62b(2)) . . . . .                                             | <b>4</b>  | 2100050 |
| <b>5</b> | Total variance, subtract line 3 from line 4; if amount other than zero, provide explanation on line 6 . . . . .                                       | <b>5</b>  | 0       |
| <b>6</b> |                                                                                                                                                       |           |         |

**Section 3 Potential Section 871(m) Transactions**

Check here if any payments (including gross proceeds) were made by the withholding agent under a potential section 871(m) transaction, including a notional principal contract or other derivatives contract that references (in whole or in part) a U.S. stock or other underlying security. See instructions . . . . . ☐

**Section 4 Payments by a Qualified Derivatives Dealer (QDD)**

Check here if any payments were made by a QDD . . . . . ☒

If the box is checked, you must do the following.

(1) Attach Schedule(s) Q (Form 1042). See instructions.

(2) Enter your EIN (other than your QI-EIN)

Form **1042-S**  
Department of the Treasury  
Internal Revenue Service

**Foreign Person's U.S. Source Income Subject to Withholding**
**2025**

OMB No. 1545-0096

**Copy B**  
for Recipient
Go to [www.irs.gov/Form1042S](http://www.irs.gov/Form1042S) for instructions and the latest information.
 00000000123 UNIQUE FORM IDENTIFIER ☐ AMENDED ☐ AMENDMENT NO.

|                                                                                                                                                                                                                 |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Income code<br><b>34</b>                                                                                                                                                                               | <b>2</b> Gross income<br><b>200000</b> | <b>3</b> Chapter indicator. Enter "3" or "4"<br><b>3a</b> Exemption code<br><b>3b</b> Tax rate <b>10 . 00</b> |  | <b>4a</b> Exemption code<br><b>4b</b> Tax rate <b>00 . 00</b>        |  | <b>13d</b> City or town, state or province, country, ZIP or foreign postal code<br><b>London, W1A 1AE</b> |  |
| <b>5</b> Withholding allowance                                                                                                                                                                                  |                                        | <b>13e</b> Recipient's U.S. TIN, if any<br><b>00-5000003</b>                                                  |  | <b>13f</b> Ch. 3 status code<br><b>35</b>                            |  | <b>13g</b> Ch. 4 status code<br><b>06</b>                                                                 |  |
| <b>6</b> Net income                                                                                                                                                                                             |                                        | <b>13h</b> Recipient's GIIN<br><b>12AAAA 99999 SL111</b>                                                      |  | <b>13i</b> Recipient's foreign tax identification number, if any     |  | <b>13j</b> LOB code<br><b>07</b>                                                                          |  |
| <b>7a</b> Federal tax withheld<br><b>200000</b>                                                                                                                                                                 |                                        | <b>13</b> Recipient's account number                                                                          |  | <b>13l</b> Recipient's date of birth (YYYYMMDD)                      |  |                                                                                                           |  |
| <b>7b</b> Check if federal withholding was not withheld with the IRS because of procedures were applied (see instructions) <input type="checkbox"/>                                                             |                                        | <b>14a</b> Primary Withholding Agent's name (if applicable)                                                   |  | <b>15</b> Check if pro-rata basis reporting <input type="checkbox"/> |  |                                                                                                           |  |
| <b>7c</b> Check if withholding occurred in subsequent year with respect to partnership interest <input type="checkbox"/>                                                                                        |                                        | <b>14b</b> Primary Withholding Agent's EIN                                                                    |  | <b>15b</b> Ch. 3 status code                                         |  | <b>15c</b> Ch. 4 status code                                                                              |  |
| <b>7d</b> Check if you are a Qualified Intermediary, Withholding Foreign Partnership, or Withholding Foreign Trust with its reporting on Form 1042-S to report to a specific recipient <input type="checkbox"/> |                                        | <b>15d</b> Intermediary or flow-through entity's EIN, if any                                                  |  | <b>15e</b> Intermediary or flow-through entity's GIIN                |  | <b>15f</b> Country code                                                                                   |  |
| <b>8</b> Tax withheld by other agents                                                                                                                                                                           |                                        | <b>15g</b> Foreign tax identification number, if any                                                          |  | <b>15h</b> Address (number and street)                               |  | <b>15i</b> City or town, state or province, country, ZIP or foreign postal code                           |  |
| <b>9</b> Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ( )                                                                                                          |                                        | <b>16a</b> Payer's name                                                                                       |  | <b>16b</b> Payer's TIN                                               |  | <b>16c</b> Payer's GIIN                                                                                   |  |
| <b>10</b> Total withholding credit (combine boxes 7a, 8, and 9)<br><b>200000</b>                                                                                                                                |                                        | <b>16d</b> Ch. 3 status code                                                                                  |  | <b>16e</b> Ch. 4 status code                                         |  | <b>17a</b> State income tax withheld                                                                      |  |
| <b>11</b> Tax paid by withholding agent (amount withheld) (see instructions)                                                                                                                                    |                                        | <b>17b</b> Payer's state tax no.                                                                              |  | <b>17c</b> Name of state                                             |  |                                                                                                           |  |
| <b>12a</b> Withholding agent's EIN<br><b>00-3333333</b>                                                                                                                                                         |                                        | <b>12b</b> Ch. 3 status code<br><b>15</b>                                                                     |  | <b>12c</b> Ch. 4 status code<br><b>06</b>                            |  |                                                                                                           |  |
| <b>12d</b> Withholding agent's name<br><b>PAYER BANK</b>                                                                                                                                                        |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |
| <b>12e</b> Withholding agent's Global Intermediary Identification Number (GIIN)                                                                                                                                 |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |
| <b>12f</b> Country code<br><b>UK</b>                                                                                                                                                                            |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |
| <b>12g</b> Foreign tax identification number, if any                                                                                                                                                            |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |
| <b>12h</b> Address (number and street)<br><b>12 JUNGLE SQUARE</b>                                                                                                                                               |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |
| <b>12i</b> City or town, state or province, country, ZIP or foreign postal code<br><b>LONDON, W1A 1AE</b>                                                                                                       |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |
| <b>13a</b> Recipient's name<br><b>WITHHOLDING AGENT Q</b>                                                                                                                                                       |                                        | <b>13b</b> Recipient's country code<br><b>UK</b>                                                              |  |                                                                      |  |                                                                                                           |  |
| <b>13c</b> Address (number and street)<br><b>London</b>                                                                                                                                                         |                                        |                                                                                                               |  |                                                                      |  |                                                                                                           |  |

(keep for your records)

Form **1042-S** (2025)

**SCHEDULE Q**  
**(Form 1042)****Tax Liability of Qualified Derivatives Dealer (QDD)**

OMB No. 1545-0096

**2025**Department of the Treasury  
Internal Revenue Service

Attach to Form 1042.

Go to [www.irs.gov/Form1042](http://www.irs.gov/Form1042) for the latest information.

|                                                                                                                                                                                                                              |  |                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| Name of taxpayer<br><b>Withholding Agent Q</b>                                                                                                                                                                               |  | Employer identification number<br><b>00-5000003</b> |  |
| Name of QDD<br><b>Branch A</b>                                                                                                                                                                                               |  | QI-EIN<br><b>00-5500000</b>                         |  |
| QDD Tax Year (enter month, day, and year for beginning and ending dates)<br>Beginning <b>January 1</b> , 20 <b>25</b> , and ending <b>December 31</b> , 20 <b>25</b> .                                                       |  | Schedule <b>1</b> of <b>2</b>                       |  |
| Indicate the year or portion of the year to which the schedule relates (enter month, day, and year beginning and ending dates)<br>Beginning <b>January 1</b> , 20 <b>25</b> , and ending <b>December 31</b> , 20 <b>25</b> . |  |                                                     |  |

| Summary of QDD Tax Liability |                                                                                                       | (a)<br>Gross Amount | (b)<br>Withholding<br>Tax Rate | (c)<br>Amount of<br>Tax Liability (column<br>(a) x column (b)) |
|------------------------------|-------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|----------------------------------------------------------------|
| <b>1</b>                     | Total section 871(m) amount . . . . .                                                                 | <b>1</b> 0          | 0                              | 0                                                              |
| <b>2</b>                     | Total dividends received in equity derivatives dealer capacity . .                                    | <b>2</b> 15000      | 30.00                          | 4,500                                                          |
| <b>3</b>                     | Total QDD tax liability pursuant to section 3.09(A) of the Qualified Intermediary Agreement . . . . . | <b>3</b>            |                                |                                                                |
| <b>4</b>                     | Total QDD tax liability pursuant to section 3.09(B) of the Qualified Intermediary Agreement . . . . . | <b>4</b>            |                                |                                                                |
| <b>5</b>                     | Total QDD tax liability pursuant to section 3.09(C) of the Qualified Intermediary Agreement:          |                     |                                |                                                                |
| <b>a</b>                     | Income Type _____                                                                                     | <b>5a</b>           |                                |                                                                |
| <b>b</b>                     | Income Type _____                                                                                     | <b>5b</b>           |                                |                                                                |
| <b>c</b>                     | Income Type _____                                                                                     | <b>5c</b>           |                                |                                                                |
| <b>d</b>                     | Income Type _____                                                                                     | <b>5d</b>           |                                |                                                                |
| <b>6</b>                     | Total of line 5 amounts . . . . .                                                                     | <b>6</b>            |                                |                                                                |

**Who Must File**

If the taxpayer or any branch of the taxpayer was a qualified derivatives dealer (QDD) (defined below) during the tax year, Schedule Q must be completed and filed for each of those QDDs. The taxpayer must file Schedule Q as an attachment to Form 1042 even if the QDD has zero tax liability.

**Qualified derivatives dealer (QDD).** A QDD is a home office or branch that, in accordance with the qualified intermediary agreement (QIA) (defined below), qualifies and has been approved for QDD status and satisfies the requirements of the QIA. See the QIA for additional information.

**Qualified intermediary agreement (QIA).** The QIA is section 6 of Rev. Proc. 2022-43, 2022-52 I.R.B. 570.

**QDD Partnerships.** If a partnership is, or has a branch that is, a QDD (a "QDD Partnership"), then it must complete Schedule(s) Q.

**General Instructions**

A separate Schedule Q is required for each QDD. In addition, if a taxpayer has a fiscal year rather than a calendar year, the taxpayer must provide a separate Schedule Q for each QDD for each portion of the fiscal year that falls within the calendar year.

**Example.** A QDD with a fiscal year beginning September 1 and ending August 31 would complete two schedules (one for the period of September 1, 2025, through December 31, 2025, and one for the period of January 1, 2026, through August 31, 2026).

**Specific Instructions**

**Name of QDD.** The name of the QDD should follow the naming protocol used for applying to be a QDD.

**Number of schedules filed.** A QDD may be required to file multiple Schedules Q, for example, if it has multiple branches that are QDDs or if it is a fiscal year taxpayer (as explained in *General Instructions*, earlier). Indicate the number of each Schedule Q filed, as well as the total number of Schedules Q being filed by the taxpayer in the entry spaces provided.

**Partnerships.** A QDD Partnership must complete Schedule(s) Q taking into account the partnership-specific adjustments specified in section 3.09 of the QIA.

**Column (b), Withholding Tax Rate.** In the case of a QDD Partnership, this column should be completed reflecting the weighted average applicable withholding tax rate of the partners. The weighted average applicable withholding tax rate of the partners is determined by adding the product of each partner's percentage of the allocations of the applicable item by that partner's applicable withholding tax rate. The withholding tax rate of a U.S. partner is zero, unless it is a partnership with direct or indirect foreign partners.

**Column (c), Amount of Tax Liability.** Except as provided in the *Note* immediately below, the amount in column (c) is determined by multiplying column (a) by column (b). This column is not reduced by any withholding that has occurred. In the case of a QDD Partnership, this column should reflect the total tax liability of the partners.

**Note:** For calendar years 2018 through 2026, certain information is not required, as indicated in the line instructions below. However, if the taxpayer has a fiscal year rather than a calendar year that begins in 2026 and ends in 2027, information is required for any amounts paid or accrued on or after January 1, 2027.

**Line 1.** The gross amount to be entered in column (a) is the sum of each section 871(m) amount for the QDD for the relevant period. See section 2.73 of the QIA for the definition of section 871(m) amount.

**Note:** For calendar years 2019 through 2026, this information is not required.

**Line 2.** For calendar years 2019 through 2026, only the gross amount (column (a)) and tax rate (column (b)) are required.

**Line 3.** Column (c) is the sum of each section 3.09(A) amount for the QDD for the relevant period.

**Note:** For calendar years 2019 through 2026, this information is not required.

**Line 4.** Enter the information requested in columns (a), (b), and (c).

**Line 5.** In addition to specifying the type of income (for example, dividends or interest), enter the information requested in columns (a), (b), and (c) separately for each income type. For dividends, include all dividends, including dividends separately stated on line 2.

**Note:** For calendar years 2019 through 2026, do not include dividends included on line 2.

**SCHEDULE Q**  
**(Form 1042)****Tax Liability of Qualified Derivatives Dealer (QDD)**

OMB No. 1545-0096

**2025**Department of the Treasury  
Internal Revenue Service

Attach to Form 1042.

Go to [www.irs.gov/Form1042](http://www.irs.gov/Form1042) for the latest information.

|                                                                                                                                                                                                                              |  |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|
| Name of taxpayer<br><b>Withholding Agent Q</b>                                                                                                                                                                               |  | Employer identification number<br><b>00-5000003</b> |
| Name of QDD<br><b>Branch A</b>                                                                                                                                                                                               |  | QI-EIN<br><b>00-5500000</b>                         |
| QDD Tax Year (enter month, day, and year for beginning and ending dates)<br>Beginning <b>January 1</b> , 20 <b>25</b> , and ending <b>December 31</b> , 20 <b>25</b> .                                                       |  | Schedule <b>2</b> of <b>2</b>                       |
| Indicate the year or portion of the year to which the schedule relates (enter month, day, and year beginning and ending dates)<br>Beginning <b>January 1</b> , 20 <b>25</b> , and ending <b>December 31</b> , 20 <b>25</b> . |  |                                                     |

| Summary of QDD Tax Liability |                                                                                                       | (a)<br>Gross Amount | (b)<br>Withholding<br>Tax Rate | (c)<br>Amount of<br>Tax Liability (column<br>(a) x column (b)) |
|------------------------------|-------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|----------------------------------------------------------------|
| <b>1</b>                     | Total section 871(m) amount . . . . .                                                                 | <b>1</b> 0          | 0                              | 0                                                              |
| <b>2</b>                     | Total dividends received in equity derivatives dealer capacity . .                                    | <b>2</b> 200000     | 30.00                          | 60000                                                          |
| <b>3</b>                     | Total QDD tax liability pursuant to section 3.09(A) of the Qualified Intermediary Agreement . . . . . | <b>3</b>            |                                |                                                                |
| <b>4</b>                     | Total QDD tax liability pursuant to section 3.09(B) of the Qualified Intermediary Agreement . . . . . | <b>4</b>            |                                |                                                                |
| <b>5</b>                     | Total QDD tax liability pursuant to section 3.09(C) of the Qualified Intermediary Agreement:          |                     |                                |                                                                |
| <b>a</b>                     | Income Type _____                                                                                     | <b>5a</b>           |                                |                                                                |
| <b>b</b>                     | Income Type _____                                                                                     | <b>5b</b>           |                                |                                                                |
| <b>c</b>                     | Income Type _____                                                                                     | <b>5c</b>           |                                |                                                                |
| <b>d</b>                     | Income Type _____                                                                                     | <b>5d</b>           |                                |                                                                |
| <b>6</b>                     | Total of line 5 amounts . . . . .                                                                     | <b>6</b>            |                                |                                                                |

**Who Must File**

If the taxpayer or any branch of the taxpayer was a qualified derivatives dealer (QDD) (defined below) during the tax year, Schedule Q must be completed and filed for each of those QDDs. The taxpayer must file Schedule Q as an attachment to Form 1042 even if the QDD has zero tax liability.

**Qualified derivatives dealer (QDD).** A QDD is a home office or branch that, in accordance with the qualified intermediary agreement (QIA) (defined below), qualifies and has been approved for QDD status and satisfies the requirements of the QIA. See the QIA for additional information.

**Qualified intermediary agreement (QIA).** The QIA is section 6 of Rev. Proc. 2022-43, 2022-52 I.R.B. 570.

**QDD Partnerships.** If a partnership is, or has a branch that is, a QDD (a "QDD Partnership"), then it must complete Schedule(s) Q.

**General Instructions**

A separate Schedule Q is required for each QDD. In addition, if a taxpayer has a fiscal year rather than a calendar year, the taxpayer must provide a separate Schedule Q for each QDD for each portion of the fiscal year that falls within the calendar year.

**Example.** A QDD with a fiscal year beginning September 1 and ending August 31 would complete two schedules (one for the period of September 1, 2025, through December 31, 2025, and one for the period of January 1, 2026, through August 31, 2026).

**Specific Instructions**

**Name of QDD.** The name of the QDD should follow the naming protocol used for applying to be a QDD.

**Number of schedules filed.** A QDD may be required to file multiple Schedules Q, for example, if it has multiple branches that are QDDs or if it is a fiscal year taxpayer (as explained in *General Instructions*, earlier). Indicate the number of each Schedule Q filed, as well as the total number of Schedules Q being filed by the taxpayer in the entry spaces provided.

**Partnerships.** A QDD Partnership must complete Schedule(s) Q taking into account the partnership-specific adjustments specified in section 3.09 of the QIA.

**Column (b), Withholding Tax Rate.** In the case of a QDD Partnership, this column should be completed reflecting the weighted average applicable withholding tax rate of the partners. The weighted average applicable withholding tax rate of the partners is determined by adding the product of each partner's percentage of the allocations of the applicable item by that partner's applicable withholding tax rate. The withholding tax rate of a U.S. partner is zero, unless it is a partnership with direct or indirect foreign partners.

**Column (c), Amount of Tax Liability.** Except as provided in the *Note* immediately below, the amount in column (c) is determined by multiplying column (a) by column (b). This column is not reduced by any withholding that has occurred. In the case of a QDD Partnership, this column should reflect the total tax liability of the partners.

**Note:** For calendar years 2018 through 2026, certain information is not required, as indicated in the line instructions below. However, if the taxpayer has a fiscal year rather than a calendar year that begins in 2026 and ends in 2027, information is required for any amounts paid or accrued on or after January 1, 2027.

**Line 1.** The gross amount to be entered in column (a) is the sum of each section 871(m) amount for the QDD for the relevant period. See section 2.73 of the QIA for the definition of section 871(m) amount.

**Note:** For calendar years 2019 through 2026, this information is not required.

**Line 2.** For calendar years 2019 through 2026, only the gross amount (column (a)) and tax rate (column (b)) are required.

**Line 3.** Column (c) is the sum of each section 3.09(A) amount for the QDD for the relevant period.

**Note:** For calendar years 2019 through 2026, this information is not required.

**Line 4.** Enter the information requested in columns (a), (b), and (c).

**Line 5.** In addition to specifying the type of income (for example, dividends or interest), enter the information requested in columns (a), (b), and (c) separately for each income type. For dividends, include all dividends, including dividends separately stated on line 2.

**Note:** For calendar years 2019 through 2026, do not include dividends included on line 2.

☐ CORRECTED (if checked)

|                                                                                                                                                                              |  |                                      |                                                                                       |                                                                                                                                                                                                   |                                                            |                                                                                                       |                                                                          |                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><br>PAYER CO.<br>123 ANYSTREET ANYTOWN,<br>KY 10000 |  |                                      | Applicable checkbox on Form 8949                                                      |                                                                                                                                                                                                   | OMB No. 1545-0715<br><br><b>2025</b><br>Form <b>1099-B</b> |                                                                                                       | <b>Proceeds From<br/>Broker and<br/>Barter Exchange<br/>Transactions</b> |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                              |  |                                      | 1a Description of property (Example: 100 sh. XYZ Co.)<br><b>10 shares of XYZ Inc.</b> |                                                                                                                                                                                                   |                                                            |                                                                                                       |                                                                          |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                              |  |                                      | 1b Date acquired<br><b>01/01/2023</b>                                                 |                                                                                                                                                                                                   | 1c Date sold or disposed<br><b>02/15/2025</b>              |                                                                                                       |                                                                          |                                                                                                                                                                                                                                                                                                |
| PAYER'S TIN<br><b>00-5555000</b>                                                                                                                                             |  | RECIPIENT'S TIN<br><b>00-5000000</b> |                                                                                       | 1d Proceeds<br><b>\$ 28571</b>                                                                                                                                                                    |                                                            | 1e Cost or other basis<br><b>\$ 100000</b>                                                            |                                                                          | <b>Copy B<br/>For Recipient</b><br><br>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. |
|                                                                                                                                                                              |  |                                      |                                                                                       | 1f Accrued market discount<br><b>\$</b>                                                                                                                                                           |                                                            | 1g Wash sale loss disallowed<br><b>\$</b>                                                             |                                                                          |                                                                                                                                                                                                                                                                                                |
| RECIPIENT'S name<br><br><b>Withholding Agent Q</b>                                                                                                                           |  |                                      |                                                                                       | 2 Short-term gain or loss <input type="checkbox"/><br>Long-term gain or loss <input type="checkbox"/><br>Ordinary loss <input type="checkbox"/>                                                   |                                                            | 3 If checked, proceeds from:<br>Collectibles <input type="checkbox"/><br>QOF <input type="checkbox"/> |                                                                          |                                                                                                                                                                                                                                                                                                |
| Street address (including apt. no.)<br><br><b>3 Apple Court</b>                                                                                                              |  |                                      |                                                                                       | 4 Federal income tax withheld<br><b>\$</b>                                                                                                                                                        |                                                            | 5 If checked, noncovered security <input type="checkbox"/>                                            |                                                                          |                                                                                                                                                                                                                                                                                                |
| City or town, state or province, country, and ZIP or foreign postal code<br><br><b>London W1A 1AA</b>                                                                        |  |                                      |                                                                                       | 6 Reported to IRS:<br>Gross proceeds <input checked="" type="checkbox"/><br>Net proceeds <input type="checkbox"/><br>Profit or loss realized in 2025 on closed contracts <input type="checkbox"/> |                                                            | 7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>                      |                                                                          |                                                                                                                                                                                                                                                                                                |
| Account number (see instructions)                                                                                                                                            |  |                                      |                                                                                       | 8 Unrealized profit or (loss) on open contracts—12/31/2024<br><b>\$</b>                                                                                                                           |                                                            | 9 Unrealized profit or (loss) on open contracts—12/31/2025<br><b>\$</b>                               |                                                                          |                                                                                                                                                                                                                                                                                                |
| CUSIP number                                                                                                                                                                 |  |                                      |                                                                                       | 10 Unrealized profit or (loss) on open contracts—12/31/2025<br><b>\$</b>                                                                                                                          |                                                            | 11 Aggregate profit or (loss) on contracts<br><b>\$</b>                                               |                                                                          |                                                                                                                                                                                                                                                                                                |
| 14 State name                                                                                                                                                                |  | 15 State identification no.          |                                                                                       | 12 If checked, basis reported to IRS <input type="checkbox"/>                                                                                                                                     |                                                            | 13 Bartering <input type="checkbox"/>                                                                 |                                                                          |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                              |  |                                      |                                                                                       |                                                                                                                                                                                                   |                                                            |                                                                                                       |                                                                          |                                                                                                                                                                                                                                                                                                |

Form **1099-B** (Keep for your records) [www.irs.gov/Form1099B](http://www.irs.gov/Form1099B) Department of the Treasury - Internal Revenue Service

DO NOT FILE