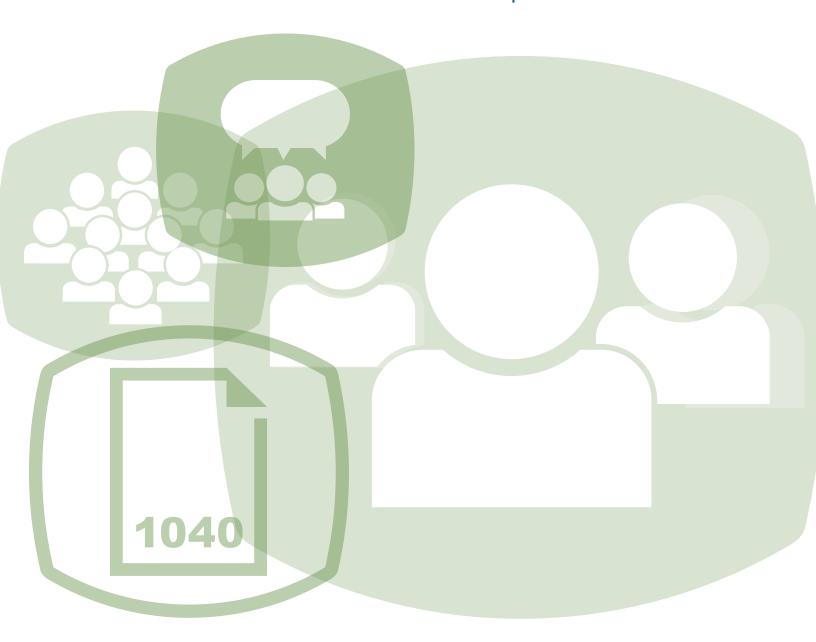


# Individual Information Returns 2021 **Line Item Estimates**



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Department of the Treasury Internal Revenue Service

# 2021 Individual Information Returns, Line Item Estimates

(Rev. 6-2024)

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

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

#### **Suggested Citation**

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

# Description of the Sample for the Line Item Estimates

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

#### **Domain of Study**

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

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

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

#### Sample Design and Selection

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

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

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

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

#### **Data Capture and Cleaning**

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

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

#### Method of Estimation

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

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

#### Sampling Variability

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

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

| FILER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no. | ZIP | FILER'S TIN                               |           | OMB No. 1545-2205            |                                 |   |
|---|-----|---|-----------|------------------------------|---------------------------------|---|
| Total of all forms filed = 3,553,301  |     | PAYEE'S TIN                               |           | 2021                         | Pay                             | ment Card and<br>Third Party<br>Network |
|   |     | 1a Gross amour card/third pa transactions |           |                              |                                 | Transactions                            |
|   |     | \$  | 3,517,404 | Form <b>1099-K</b>           |                                 |   |
|   |     | <b>1b</b> Card Not Pre<br>transactions    | sent      | 2 Merchant category          | y code                          | Copy 1                                  |
| Check to indicate if FILER is a (an): Check to indicate transactions reported are:                                |     | \$  | 2,164,377 |                              |                                 | For State Tax<br>Department             |
| Payment settlement entity (PSE) Payment card  |     | 3 Number of pa                            | ayment    | 4 Federal income ta withheld | Federal income tax     withheld |   |
| Electronic Payment Facilitator (EPF)/Other third party Third party network  |     |   |           | \$                           | 20,304                          |   |
| PAYEE'S name  |     | <b>5a</b> January                         |           | <b>5b</b> February           |                                 |   |
|   |     | \$  | 2,178,076 | \$ 2,                        | 240,366                         |   |
|   |     | 5c March                                  |           | <b>5d</b> April              |                                 |   |
| Street address (including apt. no.)   |     | \$  | 2,380,883 | \$ 2,                        | 439,253                         |   |
|   |     | 5e May                                    |           | 5f June                      |                                 |   |
|   |     | \$  | 2,482,870 | \$ 2,                        | 522,396                         |   |
|   |     | <b>5g</b> July                            |           | <b>5h</b> August             |                                 |   |
| City or town, state or province, country, and ZIP or foreign postal code  |     | \$  | 2,569,068 | \$ 2,                        | 581,686                         |   |
|   |     | 5i September                              |           | 5j October                   |                                 |   |
| PSE'S name and telephone number   |     | \$  | 2,617,953 | \$ 2,                        | 637,713                         |   |
|   |     | 5k November                               |           | 5I December                  |                                 |   |
|   |     | \$  | 2,590,784 | \$ 2,                        | 574,722                         |   |
| Account number (see instructions)   |     | 6 State                                   |           | 7 State identification       | n no.                           | 8 State income tax withheld             |
|   |     |   |           | <del> </del>                 |                                 | Γ <del>Υ</del>                          |

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

|   |        |  |                               | _       |                             |
|---|--------|--|-------------------------------|---------|-----------------------------|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |        | FILER'S TIN  | OMB No. 1545-2205             |         |                             |
| or foreign postar code, and telephone no.   | L      |  |                               | Pay     | ment Card and               |
|   |        | PAYEE'S TIN  |                               |         | Third Party                 |
| Total of all individuals represented = 2,887,505  |        |  | 2021                          |         | -                           |
|   |        | 1a Gross amount of payment card/third party network transactions |                               |         | Network<br>Transactions     |
|   | 1      | \$ 2,879,059   | Form <b>1099-K</b>            |         |                             |
|   | T      | 1b Card Not Present transactions                                 | 2 Merchant category           | / code  | Copy 1                      |
| Check to indicate if FILER is a (an): Check to indicate transactions reported are:                                    |        | \$ 1,769,248   |                               |         | For State Tax               |
| Payment settlement entity (PSE) Payment card  | ו⊏     | 3 Number of payment transactions                                 | 4 Federal income tax withheld | х       | Department                  |
| Electronic Payment Facilitator Third party Third party network  |        |  | \$                            | 20,292  |                             |
| PAYEE'S name  | T      | 5a January   | 5b February                   |         |                             |
|   | İ      | \$ 1,883,156   | \$ 1,                         | 935,237 |                             |
|   | Γ      | 5c March   | <b>5d</b> April               |         |                             |
| Street address (including apt. no.)   | İ      | \$ 2,036,512   | \$ 2,                         | 096,216 |                             |
|   | Γ      | <b>5e</b> May  | 5f June                       |         |                             |
|   | İ      | \$ 2,140,763   | \$ 2,                         | 172,926 |                             |
|   | Γ      | <b>5g</b> July   | <b>5h</b> August              |         |                             |
| City or town, state or province, country, and ZIP or foreign postal code  |        | \$ 2,213,692   | \$ 2,                         | 206,799 |                             |
|   | Γ      | 5i September   | 5j October                    |         |                             |
| PSE'S name and telephone number   |        | \$ 2,236,880   | \$ 2,                         | 263,629 |                             |
|   | Γ      | 5k November  | 5I December                   | _       |                             |
|   |        | \$ 2,204,680   | \$ 2,                         | 191,462 |                             |
| Account number (see instructions)   | $\neg$ | 6 State  | 7 State identification        | no.     | 8 State income tax withheld |
|   | - 1    |  | 1                             |         | l ¢                         |

Form 1099-K

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

| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | FILER'S TIN    |   | OMB No. 1545-2205                      |              |                             |
|---|----------------|---|--|--------------|-----------------------------|
| Total of all forms filed = 3,553,301  | card/third p   | PAYEE'S TIN  1a Gross amount of payment card/third party network transactions  \$ 238,529,378 |  | 20 <b>21</b> |                             |
|   | 1b Card Not Pi | resent  | Form <b>1099-K</b> 2 Merchant category | y code       | Copy 1                      |
| Check to indicate if FILER is a (an): Check to indicate transactions  | transaction:   | s<br><b>80,164,453</b>  |  |              | For State Tax               |
| Payment settlement entity (PSE) reported are: Payment card  | 3 Number of p  | payment   | 4 Federal income tax withheld          |              | Department                  |
| Electronic Payment Facilitator (EPF)/Other third party Third party network  |                |   | \$                                     | 128,362      |                             |
| PAYEE'S name  | 5a January     |   | 5b February                            |              |                             |
|   | \$             | 15,624,120  | \$ 15,                                 | 369,417      |                             |
|   | 5c March       |   | <b>5d</b> April                        |              |                             |
| Street address (including apt. no.)   | \$             | 20,222,574  | Ψ -7                                   | 415,400      |                             |
|   | 5e May         |   | <b>5f</b> June                         |              |                             |
|   | \$             | 22,288,683  | 7                                      | 260,767      |                             |
|   | <b>5g</b> July |   | <b>5h</b> August                       |              |                             |
| City or town, state or province, country, and ZIP or foreign postal code  | \$             | 20,449,358  | \$ 20,                                 | 855,536      |                             |
|   | 5i September   |   | 5j October                             |              |                             |
| PSE'S name and telephone number   | \$             | 20,592,153  | \$ 20,                                 | 593,639      |                             |
|   | 5k November    |   | 5I December                            |              |                             |
|   | \$             | 20,037,451  | \$ 21,                                 | 810,332      |                             |
| Account number (see instructions)   | 6 State        |   | 7 State identification                 | n no.        | 8 State income tax withheld |
|   | L              |   |  |              | \$                          |
|   |                |   |  |              | \$                          |

Department of the Treasury - Internal Revenue Service

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

|   | 22222                                  | a Employee's social security number | OMB No. 154    | 15-0008           |   |                         |  |  |  |
|---|--|-------------------------------------|----------------|-------------------|---|-------------------------|--|--|--|
| <b>b</b> Emp  | oloyer identification number           | (EIN)                               | OND NO. 10     |                   | 1 Wages, tips, other compensation 276,388,660 224 |                         |  |  |  |
| <b>c</b> Emp  | lloyer's name, address, and            | ZIP code                            |                | <b>3</b> So       | cial security wages 265,301,741                   | ,                       | 4 Social security tax withheld 263,637,636 |  |  |
|   | Total of all forms filed = 277,981,454 |                                     |                | <b>5</b> Me       | edicare wages and tips<br>271,591,513             |                         | 6 Medicare tax withheld 266,312,754        |  |  |
|   |  |                                     |                | <b>7</b> So       | cial security tips<br>12,620,946                  | 8 Allocated tips 55,898 |  |  |  |
| <b>d</b> Con  | trol number                            |                                     |                | 9                 |   | 10 Dependent care       | benefits<br>1,853,367                      |  |  |
| e Employee's first name and initial Last name Suff. |  |                                     | <b>11</b> No   | onqualified plans | 12a<br>° "C", "D"<br>• "E", "F"                   | 73,363,918              |  |  |  |
|   |  |                                     |                | 13 Stat           | tutory Retirement Third-party<br>plan sick pay    | 12b<br>©"AA"            | 10,205,620                                 |  |  |
|   |  |                                     |                | <b>14</b> Oth     | ner   | 12c<br>"DD"             | 76,633,581                                 |  |  |
|   |  |                                     |                |                   |   | 12d<br>© "W"            | 15,741,068                                 |  |  |
| f Emp   | loyee's address and ZIP cod            | de                                  |                |                   |   |                         |  |  |  |
| 15 State  | Employer's state ID numb               | ner 16 State wages, tips, etc.      | 17 State incor | ne tax            | 18 Local wages, tips, etc.                        | 19 Local income tax     | 20 Locality name                           |  |  |
|   |  |                                     |                |                   |   |                         |  |  |  |

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

5057

Department of the Treasury-Internal Revenue Service

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

| 22222   | a Employee's social security number                | OMB No. 154    | 5-0008        |   |  |                                |  |  |
|---|--|----------------|---------------|---|--|--------------------------------|--|--|
| <b>b</b> Employer identification number             | (EIN)  |                | 1 Wag         | ges, tips, other compensation 183,353,956 | 2 Federal income tax withheld 165,827,831  |                                |  |  |
| c Employer's name, address, and                     | ZIP code   |                | <b>3</b> Soc  | cial security wages<br>176,700,487        | 4 Social security tax withheld 176,180,670 |                                |  |  |
| Total of all individuals re                         | Total of all individuals represented = 183,836,567 |                |               |   | 6 Medicare tax withheld<br>179,827,680     |                                |  |  |
|   |  |                | <b>7</b> Soc  | cial security tips<br>10,479,941          | 8 Allocated tips 55,898                    |                                |  |  |
| d Control number                                    |  |                | 9             |   | 10 Depende                                 | ent care benefits<br>1,778,045 |  |  |
| e Employee's first name and initial Last name Suff. |  |                | <b>11</b> No  | nqualified plans                          | 120","D",<br>"E","F"                       | 68,227,771                     |  |  |
|   |  |                | 13 Statu      | utory Retirement Third-party sick pay     | 12b<br>©"AA"                               | 9,764,940                      |  |  |
|   |  |                | <b>14</b> Oth | er  | 12c  | 70,880,936                     |  |  |
|   |  |                |               |   | 12d  | 15,031,703                     |  |  |
| f Employee's address and ZIP cod                    | de   |                |               |   |  |                                |  |  |
| 15 State Employer's state ID numb                   | per 16 State wages, tips, etc.                     | 17 State incon | ne tax        | 18 Local wages, tips, etc.                | 19 Local incom                             | ne tax 20 Locality name        |  |  |
|   |  |                |               |   |  |                                |  |  |

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

5057

Department of the Treasury-Internal Revenue Service

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

| 55555   | a Employee's social security number | OMB No. 1545-0008              |   |   |  |                  |  |  |
|---|-------------------------------------|--------------------------------|---|---|--|------------------|--|--|
| <b>b</b> Employer identification number                   | EIN)                                |                                | 1 Wages, tips, other compensation 9,920,000,000 2 Federal income tax wi |   |  |                  |  |  |
| c Employer's name, address, and  Total of all forms filed |                                     |                                | 3 Social security wages 4 Social security tax with 508,62               |   |  |                  |  |  |
| Total of all forms med                                    | 211,001,101                         |                                | 5 Me  | dicare wages and tips<br>10,300,000,000 | 6 Medicare tax withheld<br>160,565,000 |                  |  |  |
|   |                                     |                                | <b>7</b> Soc  | 55,897,014                              | 8 Allocated tips 100,331               |                  |  |  |
| d Control number  |                                     | 9 10 Dependent care benef 5,88 |   |   |  |                  |  |  |
| e Employee's first name and initial Last name Suff.       |                                     |                                | d''E", "F'  |   |  | 889,734,865      |  |  |
|   |                                     |                                | 13 Statutory employee Retirement plan Third-party sick pay              |   |  | 45,230,064       |  |  |
|   |                                     |                                | <b>14</b> Oth   | er                                      | 12c                                    | 762,221,000      |  |  |
|   |                                     |                                |   |   | 12d<br>© "W"                           | 37,610,915       |  |  |
| f Employee's address and ZIP cod                          | de                                  |                                |   |   |  |                  |  |  |
| 15 State Employer's state ID numb                         | per 16 State wages, tips, etc.      | 17 State incon                 | ne tax  | 18 Local wages, tips, etc.              | 19 Local income tax                    | 20 Locality name |  |  |
|   |                                     |                                |   |   |  |                  |  |  |

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

5057

Department of the Treasury-Internal Revenue Service

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

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

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

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

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

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

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Department of the Treasury - Internal Revenue Service

(keep for your records)

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

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

Form **3922** (Rev. 9-2016) Cat. No. 41180P www.irs.gov/form3922 Department of the Treasury - Internal Revenue Service **Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page** 

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

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

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

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

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

|   | VOID CORRE        | CIED   |   |   |  |  |
|---|-------------------|--|---|---|--|--|
| TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  Total of all forms filed = 26,074,010 |                   | 1 Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021  \$ 1,085 2 Total contributions made in 202 | 5400.04                                     | HSA, Archer MSA, o<br>Medicare Advantage<br>MSA Information |  |  |
|   |                   | \$ 17,408,777  |   | _   |  |  |
| TRUSTEE'S TIN   | PARTICIPANT'S TIN | 3 Total HSA or Archer MSA co   | ntributions made in 2022                    | for 2021  | Copy A   |  |
|   |                   | \$   | 2,  | 419,461   | Foi  |  |
| PARTICIPANT'S name  |                   | 4 Rollover contributions   | 5 Fair market value of<br>Archer MSA, or MA |   | Internal Revenue Service Center                    |  |
|   |                   | \$ 18,53   | 5 \$ 22,                                    | 317,847   |  |  |
| Street address (including apt. no.)   |                   | 6 HSA Archer MSA   |   |   | For Privacy Act and<br>Paperwork<br>Reduction Ac   |  |
| City or town, state or province, country, and ZIP or foreign postal code  |                   | MA<br>MSA  |   |   | Notice, see<br>the <b>2021 Genera</b>              |  |
| Account number (see instructions)   |                   |  |   |   | Instructions for<br>Certain Information<br>Returns |  |
| <b>-100 0 1</b>   |                   |  |   |   |  |  |

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

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

| 2727  | U VOID            |  | CTED  |   |   |          |   |
|---|-------------------|--|---|---|---|----------|---|
| TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  Total of all individuals represented = 22,790,244 |                   |  | 1 Employee or person's Arch contributions and 2022 for \$ | ner MSA<br>made in 2021<br>2021<br><b>1,085</b> | OMB No. 1545-1518 2021                      | Med      | ., Archer MSA, or<br>licare Advantage<br>MSA Information          |
|   |                   |  | \$  | 16,336,277                                      | Form <b>5498-SA</b>                         |          |   |
| TRUSTEE'S TIN   | PARTICIPANT'S TIN |  | 3 Total HSA or  | Archer MSA con                                  | tributions made in 2022                     | for 2021 | Сору А  |
|   |                   |  | \$  |   | 2,  | 302,399  |   |
| PARTICIPANT'S name  |                   |  | 4 Rollover cont   | ributions                                       | 5 Fair market value of<br>Archer MSA, or MA | ,        | Internal Revenue<br>Service Center                                |
|   |                   |  | \$  | 18,535  | \$ 20,                                      | 516,023  | File with Form 1096.  |
| Street address (including apt. no.)   |                   |  | 6 HSA<br>Archer MSA                                       |   |   |          | For Privacy Act and<br>Paperwork<br>Reduction Act                 |
| City or town, state or province, country, and ZIP or foreign postal code  |                   |  | MA<br>MSA   |   |   |          | Notice, see<br>the <b>2021 General</b><br><b>Instructions for</b> |
| Account number (see instructions)   |                   |  |   |   |   |          | Certain Information Returns.                                      |
| E400 04   |                   |  |   |   |   |          |   |

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

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

| TRUSTEE'S name, street address, cit<br>ZIP or foreign postal code, and teleph | 1 Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021 |                          |                |  | HSA, Archer MSA, or<br>Medicare Advantage |                                    |  |
|---|--|--------------------------|----------------|--|---|------------------------------------|--|
| Total of all forms filed = 26,074,010   |  | \$ 2,993                 |                | 1  | MSA Information                           |                                    |  |
|   | 2 Total contribut  | ions made in 2021        |                |  |   |                                    |  |
|   |  | \$                       | 44,287,213     | Form <b>5498-SA</b>                                  |   |                                    |  |
| TRUSTEE'S TIN   | PARTICIPANT'S TIN  | 3 Total HSA or           | Archer MSA con | tributions made in 2022                              | 2 for 2021                                | Сору А                             |  |
|   |  | \$                       |                | 529,382  | For                                       |                                    |  |
| PARTICIPANT'S name  |  | 4 Rollover contributions |                | 5 Fair market value of HSA,<br>Archer MSA, or MA MSA |   | Internal Revenue<br>Service Center |  |
|   |  | \$                       | 165,788        | \$ 94,   | 440,060                                   |                                    |  |
| Street address (including apt. no.)   |  | 6 HSA                    |                |  |   | For Privacy Act and                |  |
|   |  | Archer MSA               |                |  |   | Paperwork<br>Reduction Act         |  |
| City or town, state or province, country                                      | MA   |                          |                |  | Notice, see                               |                                    |  |
|   |  | MSA                      | $\Box$         |  |   | the 2021 General                   |  |
| Account number (see instructions)   |  |                          |                |  |   | Instructions for                   |  |
|   |  |                          |                |  |   | Certain Information<br>Returns.    |  |

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

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

| TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code |              |                                    | tha           | an amo                       | ributions (other bunts in boxes 0, 13a, and 14a) 6,199,275 | G       | 3 No. 1545                      |          |                  | IRA<br>Contribution        |
|--|--------------|------------------------------------|---------------|------------------------------|--|---------|---------------------------------|----------|------------------|----------------------------|
| Total of all   | forms file   | ed = 140,274,648                   | 2 Ro          | ollover                      | contributions  |         |                                 | _        |                  | Information                |
|  |              |                                    | \$            | 41- IDA                      | 7,469,447  | _       | Form <b>549</b>                 |          |                  | T                          |
|  |              |                                    |               | 3 Roth IRA conversion amount |  |         | 4 Recharacterized contributions |          |                  | Сору В                     |
| TRUSTEE'S or ISSUER'S  | TIN          | PARTICIPANT'S TIN                  | \$            |                              | 1,602,230  | \$      |                                 | 1        | 38,639           |                            |
|  |              |                                    | <b>5</b> FM   | IV of ac                     | count  |         | _ife insurand<br>oox 1          | e cost i | ncluded in       | For<br>Participant         |
|  |              |                                    | \$            |                              | 133,665,052  | \$      |                                 |          | *                |                            |
| PARTICIPANT'S name   |              | 7 <sub>IR</sub>                    | а 🗌           | SEP 🗌                        | SIMP   | LE 🗌    | Roth IF                         | RA 🗌     | This information |                            |
|  |              |                                    |               | P con                        | ributions  |         | SIMPLE co                       | ntributi | ons              | is being                   |
|  |              |                                    | \$            |                              | 1,334,426  |         |                                 |          | 65,797           | furnished to               |
| Street address (including  | apt. no.)    |                                    |               | th IRA                       | contributions  |         | f checked, re                   |          | minimum          | the IRS.                   |
|  |              |                                    | \$            |                              | 12,770,759   |         |                                 |          |                  | <u> </u><br> -             |
| 011  |              | 1715                               | 12a RN        | MD dat                       | е  |         | RMD amou                        |          |                  |                            |
| City or town, state or prov  | /ince, count | ry, and ZIP or foreign postal code | 40 - D        | -4                           |  | \$      | ·/   40-                        |          | 10,573           | -                          |
|  |              |                                    | \$            | stpone                       | ed/late contrib.<br>13,695                                 | 13b `   | Year 13c                        | Code     |                  |                            |
|  |              |                                    | <b>14a</b> Re | payme                        | ents   | 14b     | Code                            |          |                  |                            |
|  |              |                                    | \$            |                              | 7,702  |         |                                 |          |                  |                            |
| Account number (see instructions)  |              | - 1                                | /IV of c      | ertain specified             | 15b  | Code(s) |                                 |          |                  |                            |
|  |              |                                    | \$            |                              | 1,874,639  |         |                                 |          |                  |                            |
| Form <b>5498</b>   |              | (keep for your records)            | www.irs       | .gov/F                       | orm5498  | De      | partment of                     | of the T | reasury -        | - Internal Revenue Service |

Department of the Treasury - Internal Revenue Service

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

| TRUSTEE'S or ISSUER'S name province, country, and ZIP or for | than am<br>2-4, 8-1                     | 1 IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)  \$ 5,688,647 |                  |                |                            |             |                          |  |
|--|---|---|------------------|----------------|----------------------------|-------------|--------------------------|--|
| Total of all individuals                                     | represented = 78,201,916                | <u> </u>  | 5,688,647        |                |                            |             | Information              |  |
|  |   |   | contributions    | _              | E400                       |             |                          |  |
|  |   | \$  | 6,397,645        |                | m <b>5498</b>              | <u> </u>    |                          |  |
|  |   | 3 Roth IRA<br>amount  | conversion       |                | haracterized<br>tributions |             | Сору В                   |  |
| TRUSTEE'S or ISSUER'S TIN                                    | PARTICIPANT'S TIN                       | \$  | 1,533,905        | \$             |                            | 133,312     |                          |  |
|  |   | 5 FMV of ac   | count            | 6 Life<br>box  | insurance cost             | included in | For<br>Participant       |  |
|  |   | \$  | 76,006,403       | \$             |                            | *           |                          |  |
| PARTICIPANT'S name   | PARTICIPANT'S name                      |   |                  | SIMPLE         | Roth I                     | RA 🗆        | This information         |  |
|  |   | 8 SEP contributions 9   |                  |                | PLE contribut              | tions       | is being                 |  |
|  |   | \$  | 1,203,089        | \$             | 2,                         | 302,004     | furnished to             |  |
| Street address (including apt. ne                            | 0.)                                     | 10 Roth IRA   | contributions    |                | ecked, required            |             | the IRS.                 |  |
|  |   | \$  | 11,267,251       | distr          | bution for 2022            |             |                          |  |
|  |   | 12a RMD da  | te               | 12b RMD amount |                            |             |                          |  |
| City or town, state or province, or                          | country, and ZIP or foreign postal code |   |                  | \$             | 3,7                        | 792,371     |                          |  |
|  |   | 13a Postpon   | ed/late contrib. | <b>13b</b> Yea | r 13c Code                 |             |                          |  |
|  |   | \$  | 13,689           |                |                            |             |                          |  |
|  |   | 14a Repaym  | ents             | <b>14b</b> Coo | de                         |             |                          |  |
|  |   | \$  | 7,562            |                |                            |             |                          |  |
| Account number (see instructions)                            |   | 15a FMV of o  | ertain specified | <b>15b</b> Coo | de(s)                      |             |                          |  |
|  |   | \$  | 1,710,149        |                |                            |             |                          |  |
| Form <b>5498</b>   | (keep for your records)                 | www.irs.gov/  | Form5498         | Depa           | tment of the               | Treasury -  | Internal Revenue Service |  |

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(keep for your records)

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

| TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code |   | 1 IRA contributions (other than amounts in boxes 2–4, 8–10, 13a, and 14a)  \$ 26,746,839 | IRA<br>Contributior<br>Informatior |
|--|---|--|------------------------------------|
| Total of all fo  | rms filed = 140,274,648                   | 2 Rollover contributions   |                                    |
|  |   | \$ 777,495,069 Form 5498  3 Roth IRA conversion amount 4 Recharacterized contributions   | Сору Е                             |
| TRUSTEE'S or ISSUER'S TIN  | PARTICIPANT'S TIN                         | \$ 43,481,298 \$ 820,535   |                                    |
|  |   | 5 FMV of account 6 Life insurance cost included in box 1                                 | For<br>Participan                  |
|  |   | \$ 15,356,000,000 \$ *   |                                    |
| PARTICIPANT'S name   |   | 7 IRA SEP SIMPLE Roth IRA  | nis information                    |
|  |   | 8 SEP contributions 9 SIMPLE contributions   | is being                           |
|  |   | \$ 19,287,345 \$ 13,649,928  | furnished to                       |
| Street address (including apt  | . no.)                                    | 10 Roth IRA contributions 11 If checked, required minimum distribution for 2022          | the IRS                            |
|  |   | 12a RMD date 12b RMD amount  |                                    |
| City or town, state or provinc   | e, country, and ZIP or foreign postal cod | \$ 53,444,045  |                                    |
|  |   | 13a Postponed/late contrib. 13b Year 13c Code  |                                    |
|  |   | \$ 101,514   |                                    |
|  |   | 14a Repayments 14b Code  |                                    |
|  |   | \$ 151,755   |                                    |
| Account number (see instruc  | tions)                                    | 15a FMV of certain specified assets 15b Code(s)  |                                    |
|  |   | \$ 180,255,888   |                                    |
| Form <b>5498</b>   | (keep for your records)                   | www.irs.gov/Form5498 Department of the Treasury - Inter                                  | nal Revenue Service                |

www.irs.gov/Form5498

Department of the Treasury - Internal Revenue Service

(keep for your records)

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

|   | U VOID U CORRE                      | CIED   |                   |                                |                            |                               |
|---|-------------------------------------|--|-------------------|--------------------------------|----------------------------|-------------------------------|
| PAYER'S/TRUSTEE'S name, street a country, ZIP or foreign postal code, a | 1 Gross distribu                    | ition  | OMB No. 1545-1760 |                                | Payments From<br>Qualified |                               |
|   |                                     | \$   | 3,670,769         | Form <b>1099-Q</b>             |                            | Education                     |
| Total of all forms filed =  | 3,675,639                           | 2 Earnings                                       |                   | (Rev. November 2019)           |                            | Programs                      |
|   |                                     |  |                   | For calendar year              |                            | (Under Sections 529 and 530)  |
|   |                                     | \$   | 3,354,009         | 20                             |                            | 529 and 550)                  |
| PAYER'S/TRUSTEE'S TIN   | RECIPIENT'S TIN                     | 3 Basis  |                   | 4 Trustee-to-trustee           |                            | Copy A                        |
|   |                                     | \$   | 3,420,139         | transfer                       |                            | For                           |
| RECIPIENT'S name  |                                     | 5 Distribution is from: 6 Check if the recipient |                   | nt is                          | Internal Revenue           |                               |
|   |                                     | Qualified tuition                                | n program—        | not the designated beneficiary |                            | Service Center                |
|   |                                     | Private  | or State          |                                |                            | File with Form 1096           |
| Street address (including apt. no.)                                     |                                     | Coverdell ESA                                    |                   |                                |                            | For Privacy Act and Paperwork |
|   |                                     |  |                   |                                |                            | Reduction Act                 |
| City or town, state or province, coun                                   | try, and ZIP or foreign postal code |  |                   |                                |                            | Notice, see the               |
|   |                                     |  |                   |                                |                            | current General               |
| Account number (see instructions)                                       |                                     |  |                   |                                |                            | Certain Information           |
| Form <b>1099-Q</b> (Rev. 11-2019)                                       | Cat. No. 32223J                     | www.irs.gov/Fo                                   | rm1099Q           | Department of the T            | reasury -                  | Internal Revenue Service      |

Form 1099-Q (Rev. 11-2019)

Cat. No. 32223J

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

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

Form 1099-Q (Rev. 11-2019)

Cat. No. 32223J

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Department of the Treasury - Internal Revenue Service

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

|   |  | CIED                    |             |  | _ |                                      |  |
|---|--|-------------------------|-------------|--|---|--------------------------------------|--|
| PAYER'S/TRUSTEE'S name, street country, ZIP or foreign postal cod | et address, city or town, state or province, | 1 Gross distrib         | ution       | OMB No. 1545-1760                              |   | Payments From                        |  |
| country, 21r or loreign postar code, and telephone no.            |  | \$                      | 39,130,020  | Form <b>1099-Q</b>                             |   | Qualified<br>Education               |  |
| Total of all forms filed :  | = 3,675,639                                  | 2 Earnings              |             | (Rev. November 2019)                           |   | Programs                             |  |
|   |  | ¢                       | 15,235,747  | For calendar year 20                           |   | (Under Sections 529 and 530)         |  |
| PAYER'S/TRUSTEE'S TIN   | RECIPIENT'S TIN                              | 3 Basis                 | 22,087,982  | 4 Trustee-to-trustee transfer                  |   | Copy A                               |  |
|   |  | \$                      |             |  |   | For<br>Internal Revenue              |  |
| RECIPIENT'S name  |  | 5 Distribution is from: |             | 6 Check if the recipient is not the designated |   | Service Center                       |  |
|   |  | Qualified tuition       | on program— | beneficiary                                    |   |                                      |  |
|   |  | Private                 | or State    |  |   | File with Form 1096. For Privacy Act |  |
| Street address (including apt. no.)                               |  | Coverdell ESA           | 4           |  |   | and Paperwork                        |  |
|   |  |                         |             |  |   | Reduction Act                        |  |
| City or town, state or province, co                               | untry, and ZIP or foreign postal code        |                         |             |  |   | Notice, see the<br>current General   |  |
|   |  |                         |             |  |   | Instructions for                     |  |
| Account number (see instructions                                  | )  |                         |             |  |   | Certain Information                  |  |

Form 1099-Q (Rev. 11-2019)

Cat. No. 32223J

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Department of the Treasury - Internal Revenue Service

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

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| 3232 UVOID CORRE  | CTED                                      |   | _                                |  |  |  |  |
|---|---|---|----------------------------------|--|--|--|--|
| PAYER'S name, street address, city or town, province or state, country,   | 1 Reportable winnings                     | 2 Date won                                    | OMB No. 1545-0238                |  |  |  |  |
| and ZIP or foreign postal code  | 00.050.000                                |   | Form W-2G                        |  |  |  |  |
|   | \$ 23,859,080                             |   | Certain                          |  |  |  |  |
| Total of all forms filed = 24,014,560   | 3 Type of wager                           | 4 Federal income tax withheld<br>\$ 1,563,405 | Gambling<br>Winnings             |  |  |  |  |
|   | 5 Transaction                             | 6 Race  | (Rev. January 2021)              |  |  |  |  |
|   |   |   | For calendar year                |  |  |  |  |
|   | 7 Winnings from identical wagers          | 8 Cashier                                     | 20                               |  |  |  |  |
| PAYER'S federal identification number PAYER'S telephone number  | \$ 156,402                                |   |                                  |  |  |  |  |
|   | 9 Winner's taxpayer identification no.    | 10 Window                                     |                                  |  |  |  |  |
|   |   |   | For Privacy Act<br>and Paperwork |  |  |  |  |
|   |   |   | Reduction Act                    |  |  |  |  |
| WINNER'S name   | 11 First identification                   | 12 Second identification                      | Notice, see the                  |  |  |  |  |
|   |   |   | current General Instructions for |  |  |  |  |
|   |   |   | Certain Information              |  |  |  |  |
| Street address (including apt. no.)   | 13 State/Payer's state identification no. | 14 State winnings                             | Returns.                         |  |  |  |  |
|   |   | Φ.  |                                  |  |  |  |  |
| City or town, province or state, country, and ZIP or foreign postal code  | 15 State income tax withheld              | \$ 16 Local winnings                          |                                  |  |  |  |  |
| City of town, province of state, country, and zir of foreign postar code  | 13 State income tax withheld              | 10 Local willings                             | File with Form 1096              |  |  |  |  |
|   | \$  | \$  | File With Form 1090              |  |  |  |  |
|   | 17 Local income tax withheld              | Φ<br>18 Name of locality                      | Conv.A                           |  |  |  |  |
|   | 17 Local income tax withinitia            | 10 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  |   |   |                                  |  |  |  |  |
| Signature ▶   |   | Date ►  |                                  |  |  |  |  |

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www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

Cat. No. 10138V

# 

| 3E3E   | CONNECTED                                   |                               | _                                      |
|--|---|-------------------------------|--|
| PAYER'S name, street address, city or town, province and ZIP or foreign postal code                              | or state, country, 1 Reportable winnings    | 2 Date won                    | OMB No. 1545-0238                      |
|  | \$ 4,326,8                                  | 99                            | Certain                                |
|  | 3 Type of wager                             | 4 Federal income tax withheld |  |
| Total of all forms filed = 4,365,60  | 5   | \$ 668,505                    | Winnings                               |
|  | 5 Transaction                               | 6 Race                        | (Rev. January 2021)                    |
|  |   |                               | For calendar year                      |
|  | 7 Winnings from identical wa                | •                             | 20                                     |
| PAYER'S federal identification number PAYER'S telep  | hone number \$ 58,7                         | 34                            |  |
|  | 9 Winner's taxpayer identification          | n no. 10 Window               | F Duit A 4                             |
|  |   |                               | For Privacy Act and Paperwork          |
|  |   |                               | Reduction Act                          |
| WINNER'S name  | 11 First identification                     | 12 Second identification      | Notice, see the current <b>General</b> |
|  |   |                               | Instructions for                       |
| Ohrant address finalistic and track  | 40. Ohata (Danasila akata idantifi ati      |                               | Certain Information                    |
| Street address (including apt. no.)  | 13 State/Payer's state identification       | n no. 14 State winnings       | Returns.                               |
|  |   | \$                            |  |
| City or town, province or state, country, and ZIP or for   | reign postal code 15 State income tax withh |                               |  |
| only of town, province of state, soundry, and zin of for   | organ postar oddo                           | old 10 Lood Williams          | File with Form 1096                    |
|  | \$  | \$                            | 1110 111111 101111 1000                |
|  | 17 Local income tax withh                   |                               | Copy A                                 |
|  |   |                               | For Internal Revenue                   |
|  | \$  |                               | Service Center                         |
| Under penalties of perjury, I declare that, to the best correctly identify me as the recipient of this payment a |   |                               |  |
| Signature ►  |   | Date ►                        |  |
| Form <b>W-2G</b> (Rev. 1-2021) Cat. No. 101  | 38V www.irs.gov/FormW2G                     | Department of the Treasury    | - Internal Revenue Service             |

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

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

#### 

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

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

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

Cat. No. 10138V

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

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

Total of all forms filed = 5,028

#### Information Return for Federal Contracts

Submit with Form 8596-A.

| 1 Name and address of contractor                           |                         |   | 2 Contractor's taxpayer identification number                                     |                                 |  |  |
|--|-------------------------|---|---|---------------------------------|--|--|
| 3 Name of common parent, if applicable (See instructions.) |                         |   | Common parent's employer identification number, if applicable (See instructions.) |                                 |  |  |
| 5 Name of Federal executive agency                         |                         | 6 Federal executive agency's employer identification number |   |                                 |  |  |
| 7  | Date of contract action | 8 Expected date of contract completion                      | 9 Total amount obligate \$  | d under the contract<br>5,028   |  |  |
| 10   | Contract number         | 11 Agency code  | 12 Contract office number   | 13 Contract modification number |  |  |

#### **General Instructions**

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

**Future developments.** For the latest information about developments related to Form 8596 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/form8596">www.irs.gov/form8596</a>.

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Total of all forms filed = 2,834

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

Submit with Form 8596-A.

| 1 Name and address of contractor                           |                         |   | 2 Contractor's taxpayer identification number                                       |                                 |  |  |
|--|-------------------------|---|---|---------------------------------|--|--|
| 3 Name of common parent, if applicable (See instructions.) |                         |   | 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 \$   | d under the contract<br>2,834   |  |  |
| 10   | Contract number         | 11 Agency code  | 12 Contract office number   | 13 Contract modification number |  |  |

#### **General Instructions**

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

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**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.

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

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

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

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

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

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

Amount of selected lines filed (in thousands of dollars)

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

Total of all forms filed = 5,028

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

Submit with Form 8596-A.

| 1 Name and address of contractor                           |        |   | 2 Contractor's taxpayer identification number                                     |                                 |  |  |
|--|--------|---|---|---------------------------------|--|--|
| 3 Name of common parent, if applicable (See instructions.) |        |   | Common parent's employer identification number, if applicable (See instructions.) |                                 |  |  |
| 5 Name of Federal executive agency                         |        | 6 Federal executive agency's employer identification number |   |                                 |  |  |
| 7 Date of contract a                                       | action | 8 Expected date of contract completion                      | 9 Total amount obligated under the contract<br>\$ 2,922,941                       |                                 |  |  |
| 10 Contract number   |        | 11 Agency code  | 12 Contract office number   | 13 Contract modification number |  |  |

#### **General Instructions**

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

**Future developments.** For the latest information about developments related to Form 8596 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/form8596">www.irs.gov/form8596</a>.

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

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

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

651121

|            | Total of all forms filed = 24,747,978  |       | Final K-1 Amended                                | l K-1   | OMB No. 1545-0123                                |
|------------|--|-------|--|---------|--|
| Sch        | edule K-1 20 <b>21</b>   | Pa    |  |         | rent Year Income,                                |
| (For       | rm 1065)   |       | Deductions, Cred                                 | its, a  | nd Other Items                                   |
|            | rtment of the Treasury al Revenue Service For calendar year 2021, or tay year                          | 1     | Ordinary business income (loss)                  | 14      | Self-employment earnings (loss)                  |
|            | beginning / / 2021 ending / /  | 2     | 11,523,305  Net rental real estate income (loss) |         |  |
| Par        | tner's Share of Income, Deductions,  |       | 7,299,759  |         |  |
|            | dits, etc. ► See back of form and separate instructions.   | 3     | Other net rental income (loss) 372,871           | 15      | Credits  |
| F          | art I Information About the Partnership  | 4a    | Guaranteed payments for services                 |         |  |
| Α          | Partnership's employer identification number   | 4b    | Guaranteed payments for capital                  | 16      | Schedule K-3 is attached if                      |
| В          | Partnership's name, address, city, state, and ZIP code   | 4c    | Total guaranteed payments                        | 17      | checked ▶ ☐  Alternative minimum tax (AMT) items |
|            |  |       | 837,227  | ļ.,     | Alternative minimum tax (Aivir) items            |
|            |  | 5     | Interest income 6,099,862                        |         |  |
| С          | IRS center where partnership filed return ▶  | 6a    | Ordinary dividends                               |         |  |
| D          | Check if this is a publicly traded partnership (PTP)   | 01    | 3,380,687  | 10      |  |
| P          | art II Information About the Partner   | 6b    | Qualified dividends                              | 18      | Tax-exempt income and nondeductible expenses     |
| E          | Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)                       | _     | Bill   | -       | , , , , , , , , , , , , , , , , , , ,            |
| F          | Name, address, city, state, and ZIP code for partner entered in E. See instructions.                   | 6c    | Dividend equivalents 84,578                      |         |  |
|            |  | 7     | Royalties 631,886                                |         |  |
|            |  | 8     | Net short-term capital gain (loss)               | 1       |  |
|            |  | 0-    | 2,282,209  | 19      | Distributions                                    |
| G          | General partner or LLC Limited partner or other LLC member-manager Limited partner or other LLC member | 9a    | Net long-term capital gain (loss) 3,038,253      |         |  |
| H1         | □ Domestic partner □ Foreign partner   | 9b    | Collectibles (28%) gain (loss)                   |         |  |
| H2         | If the partner is a disregarded entity (DE), enter the partner's:                                      |       |  | 20      | Other information                                |
|            | TIN Name   | 9с    | Unrecaptured section 1250 gain                   |         |  |
| 11         | What type of entity is this partner?   |       |  |         |  |
| 12         | If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ▶                                | 10    | Net section 1231 gain (loss)                     |         |  |
| J          | Partner's share of profit, loss, and capital (see instructions):                                       | 44    | Other in a constitution                          |         |  |
|            | Beginning Ending   | 11    | Other income (loss) 2,131                        |         |  |
|            | Profit % %   |       | 2,101  |         |  |
|            | Loss % %   |       |  |         |  |
|            | Capital %   %  Check if decrease is due to sale or exchange of partnership interest . ▶                | 12    | Section 179 deduction                            | 21      | Foreign taxes paid or accrued                    |
| ĸ          | Partner's share of liabilities:  |       | 394,269  |         |  |
| '`         | Beginning Ending   | 13    | Other deductions                                 |         |  |
|            | Nonrecourse \$   |       | 5,432  | 2       |  |
|            |  |       |  |         |  |
|            | Qualified nonrecourse financing \$ \$  |       |  |         |  |
|            | Recourse \$  |       |  |         |  |
|            | Check this box if Item K includes liability amounts from lower tier partnerships ▶                     |       |  |         |  |
| L          | Partner's Capital Account Analysis   | 22    | More than one activity for at-ris                | k purpo | oses*  |
|            | Beginning capital account \$   | 23    | More than one activity for passi                 |         |  |
|            | Capital contributed during the year \$   | *Se   | ee attached statement for ad                     | dition  | al information.                                  |
|            | Current year net income (loss) \$  |       |  |         |  |
|            | Other increase (decrease) (attach explanation) \$  |       |  |         |  |
|            | Withdrawals and distributions \$ ()  | Only  |  |         |  |
|            | Ending capital account \$  | ĕ     |  |         |  |
| <u> </u>   |  | . Use |  |         |  |
| М          | Did the partner contribute property with a built-in gain (loss)?                                       | IRS   |  |         |  |
| <u>.</u> . | Yes No If "Yes," attach statement. See instructions.   | For   |  |         |  |
| N          | Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)                                      | "     |  |         |  |
|            | Beginning  |       |  |         |  |
|            |  | 1     |  |         |  |

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

651121

|            | Total of all individuals represented = 12,590,256  |                   | Final K-1         | ☐ Amended                            | K-1      | OMB No. 1545-0123                   |
|------------|--|-------------------|-------------------|--------------------------------------|----------|-------------------------------------|
| Sch        | edule K-1 20 <b>21</b>   | P                 |                   |                                      |          | rent Year Income,                   |
| (For       | rm 1065)   |                   | Dedu              | ictions, Credi                       | ts, a    | nd Other Items                      |
|            | rtment of the Treasury al Revenue Service For calendar year 2021, or tax year              | ar 1              | Ordinary busines  | ss income (loss)<br><b>7,260,287</b> | 14       | Self-employment earnings (loss)     |
|            | beginning / / 2021 ending / /  | 2                 | Net rental real e | state income (loss)<br>4,057,946     |          |                                     |
|            | tner's Share of Income, Deductions, edits, etc.  See back of form and separate instruction | 1s. 3             | Other net rental  | income (loss)<br>295,854             | 15       | Credits                             |
| <b>■</b> P | art I Information About the Partnership  | 4a                | Guaranteed pay    | ments for services                   |          |                                     |
| Α          | Partnership's employer identification number   |                   |                   |                                      |          |                                     |
| В          | Partnership's name, address, city, state, and ZIP code                                     | 4b                | Guaranteed pay    | ments for capital                    | 16       | Schedule K-3 is attached if checked |
|            |  | 4c                | Total guarantee   | d payments<br><b>745,397</b>         | 17       | Alternative minimum tax (AMT) items |
|            |  | 5                 | Interest income   | 3,308,936                            |          |                                     |
| С          | IRS center where partnership filed return ▶  | 6a                | Ordinary divider  | nds                                  |          |                                     |
| D          | Check if this is a publicly traded partnership (PTP)                                       |                   |                   | 2,154,196                            |          |                                     |
| P          | art II Information About the Partner   | 6b                | Qualified divide  | nds                                  | 18       | Tax-exempt income and               |
| Е          | Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instruction              | s.)               |                   |                                      |          | nondeductible expenses              |
| F          | Name, address, city, state, and ZIP code for partner entered in E. See instruction         | 6c                | Dividend equiva   | lents <b>65,481</b>                  |          |                                     |
| İ          | ,, ., ,,   | 7                 | Royalties         |                                      | 1        |                                     |
|            |  |                   |                   | 440,136                              |          |                                     |
|            |  | 8                 | Net short-term    | capital gain (loss)<br>1,496,513     | 19       | Distributions                       |
| G          | General partner or LLC Limited partner or other LLC member-manager member                  | 9a                | Net long-term c   | apital gain (loss)<br>1,713,255      |          |                                     |
| Н1         | ☐ Domestic partner ☐ Foreign partner   | 9b                | Collectibles (28) | %) gain (loss)                       |          |                                     |
| H2         | If the partner is a disregarded entity (DE), enter the partner's:                          |                   |                   |                                      | 20       | Other information                   |
|            | TIN Name   | 9c                | Unrecaptured se   | ection 1250 gain                     |          |                                     |
| 11         | What type of entity is this partner?   | _                 |                   |                                      |          |                                     |
| 12         | If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ▶ □                  | 10                | Net section 123   | 1 gain (loss)                        |          |                                     |
| J          | Partner's share of profit, loss, and capital (see instructions):                           |                   |                   |                                      |          |                                     |
|            | Beginning Ending   | 11                | Other income (lo  | *                                    |          |                                     |
|            | Profit % %   | _                 |                   | 1,189                                |          |                                     |
|            | Loss % %   | -                 |                   |                                      |          |                                     |
|            | Capital % %  | 12                | Section 179 dec   | Justion                              | 21       | Foreign taxes paid or accrued       |
| ,_         | Check if decrease is due to sale or exchange of partnership interest . ▶ L                 | ے' ا <sup>ر</sup> | Section 179 dec   | 348,285                              |          | Totelgit taxes paid of accided      |
| K          | Partner's share of liabilities:  Beginning Ending  | 13                | Other deduction   |                                      |          |                                     |
|            | Nonrecourse \$   |                   |                   | 4,297                                |          |                                     |
|            |  | _                 |                   | .,                                   | -        |                                     |
|            | Qualified nonrecourse financing \$   |                   |                   |                                      |          |                                     |
|            | Recourse \$  | _                 |                   |                                      |          |                                     |
|            | Check this box if Item K includes liability amounts from lower tier partnerships ▶         | <u> </u>          |                   |                                      |          |                                     |
| L          | Partner's Capital Account Analysis   | 22                | More than o       | ne activity for at-risk              | k purpo  | oses*                               |
|            | Beginning capital account \$   | 23                | More than o       | ne activity for passiv               | ve activ | vity purposes*                      |
|            | Capital contributed during the year \$   |                   | ee attached st    | atement for add                      | dition   | al information.                     |
|            | Current year net income (loss) \$  | _                 |                   |                                      |          |                                     |
|            | Other increase (decrease) (attach explanation) \$  | _   .             |                   |                                      |          |                                     |
|            | Withdrawals and distributions \$ (   | )   호             |                   |                                      |          |                                     |
|            | Ending capital account \$  | Use Only          |                   |                                      |          |                                     |
| <u> </u>   |  | s                 |                   |                                      |          |                                     |
| М          | Did the partner contribute property with a built-in gain (loss)?                           | RS                |                   |                                      |          |                                     |
| _          | Yes No If "Yes," attach statement. See instructions.                                       |                   |                   |                                      |          |                                     |
| N          | Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)                          | "                 |                   |                                      |          |                                     |
|            | Beginning  | -                 |                   |                                      |          |                                     |
| ı          | Ending \$  | - 1               |                   |                                      |          |                                     |

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

651121

| Total of all forms filed = 24,747,978             |  |                                      | Г                | Final K-1                  | Amende  | -l K-1          | OMB No. 1545-0123                   |
|---|--|--------------------------------------|------------------|----------------------------|---|-----------------|-------------------------------------|
| Schedule K-1 20 <b>21</b>                         |  |                                      |                  |                            |   |                 | rent Year Income,                   |
| (Form 1065)                                       |  | Deductions, Credits, and Other Items |                  |                            |   |                 |                                     |
|   | rtment of the Treasury   |                                      | 1                | Ordinary I                 | business income (loss)                          | 14              | Self-employment earnings (loss)     |
| mem   | al Revenue Service For c   | alendar year 2021, or tax year       |                  |                            | 269,416,861                                     |                 |                                     |
| Dar   | beginning // / 2021 endi   |                                      | 2                | Net rental                 | real estate income (loss) 10,753,600            |                 |                                     |
|   | ***  | m and separate instructions.         | 3                | Other net                  | rental income (loss)                            | 15              | Credits                             |
|   |  | tu e va hi e                         | 4-               | Cuavanta                   | 1,055,821                                       |                 |                                     |
|   | art I Information About the Par  | tnersnip                             | 4a               | Guarante                   | ed payments for services                        |                 |                                     |
| Α   | Partnership's employer identification number   |                                      | 4b               | Guarante                   | ed payments for capital                         | 16              | Schedule K-3 is attached if checked |
| В   | Partnership's name, address, city, state, and ZIF  | o code                               | 4c               | Total gua                  | ranteed payments                                | 17              | Alternative minimum tax (AMT) items |
|   |  |                                      |                  |                            | 66,593,907                                      |                 |                                     |
|   |  |                                      | 5                | Interest in                |   |                 |                                     |
|   |  |                                      | 0-               | 0                          | 31,451,849                                      | -               |                                     |
| <u>C</u>  | IRS center where partnership filed return ▶  | (DTD)                                | 6a               | Ordinary                   | dividends<br><b>49,635,737</b>                  |                 |                                     |
| D   | Check if this is a publicly traded partnership art II Information About the Par  | <u> </u>                             | 6b               | Qualified                  | dividends                                       | 18              | Tax-exempt income and               |
|   |  |                                      | 60               | Qualified                  | aividerias                                      | 10              | nondeductible expenses              |
| Е   | Partner's SSN or TIN (Do not use TIN of a disreg   | arded entity. See instructions.)     | 6c               | Dividend                   | equivalents                                     | +               |                                     |
| _   | Name address site state and ZID and for newton   | ou antound in F. Con instructions    | 00               | Dividend                   | 146,561   |                 |                                     |
| F   | Name, address, city, state, and ZIP code for partn   | er entered in E. See instructions.   | 7                | Royalties                  |   | +               |                                     |
|   |  |                                      | '                | . ioyaiioo                 | 12,100,087                                      |                 |                                     |
|   |  |                                      | 8                | Net short                  | -term capital gain (loss)                       | 1               |                                     |
|   |  |                                      |                  |                            | 30,463,272                                      | 19              | Distributions                       |
| G   | General partner or LLC Limit member-manager mem  | ed partner or other LLC<br>ber       | 9a               | Net long-                  | term capital gain (loss)<br><b>399,223,29</b> 0 |                 |                                     |
| H1  | ☐ Domestic partner ☐ Fore  | ign partner                          | 9b               | Collectibl                 | es (28%) gain (loss)                            | 1               |                                     |
| H2  | If the partner is a disregarded entity (DE), en  | ter the partner's:                   |                  |                            |   | 20              | Other information                   |
|   |  | <u> </u>                             | 9с               | Unrecapt                   | ured section 1250 gain                          | 1               |                                     |
| l1  | What type of entity is this partner?   |                                      |                  |                            |   |                 |                                     |
| 12  | If this partner is a retirement plan (IRA/SEP/Keog   | h/etc.), check here ▶                | 10               | Net section                | on 1231 gain (loss)                             |                 |                                     |
| J   | artner's share of profit, loss, and capital (see instructions):  |                                      |                  |                            |   |                 |                                     |
|   | Beginning  | Ending                               | 11               | Other inc                  | ome (loss)                                      |                 |                                     |
|   | Profit %   | %                                    |                  |                            | 12,529  | <u> </u>        |                                     |
|   | Loss %   | %                                    |                  |                            |   |                 |                                     |
|   | Capital %  | %                                    |                  | 0 11 4                     | 70 1 1 1  | -               |                                     |
| K   | Check if decrease is due to sale or exchange of<br>Partner's share of liabilities:   | oartnership interest . >             | 12               | Section I                  | 79 deduction <b>5,981,403</b>                   | 21              | Foreign taxes paid or accrued       |
|   | Beginning  | Ending                               | 13               | Other dec                  | ductions  |                 |                                     |
|   | Nonrecourse \$   | \$                                   |                  |                            | 31,17   | 3               |                                     |
|   | Qualified nonrecourse  |                                      |                  |                            |   |                 |                                     |
|   | financing \$   | \$                                   |                  |                            |   |                 |                                     |
|   | Recourse \$  | \$                                   |                  |                            |   |                 |                                     |
|   | Check this box if Item K includes liability amounts from   | om lower tier partnerships ►         |                  |                            |   |                 |                                     |
| L   | Partner's Capital Account  | Analysis                             | 22               | =                          | than one activity for at-ris                    |                 |                                     |
| Beginning capital account \$                      |  | 23                                   |                  | than one activity for pass |   |                 |                                     |
| Capital contributed during the year \$            |  | *56                                  | ee attach        | ed statement for ac        | dition  | al information. |                                     |
| Current year net income (loss) \$                 |  |                                      |                  |                            |   |                 |                                     |
| Other increase (decrease) (attach explanation) \$ |  | >                                    |                  |                            |   |                 |                                     |
| Withdrawals and distributions \$()                |  |                                      |                  |                            |   |                 |                                     |
|   | Ending capital account \$  |                                      | se (             |                            |   |                 |                                     |
|   | Did the product of the control of th | (I)C                                 | ٽر<br>آٽ         |                            |   |                 |                                     |
| М   | Did the partner contribute property with a built-in  | , ,                                  | For IRS Use Only |                            |   |                 |                                     |
| N   | Partner's Share of Net Unrecognized Section  |                                      | -jo              |                            |   |                 |                                     |
| 14  | Beginning  | ion rostoj dam or (Luss)             | "                |                            |   |                 |                                     |
|   | Ending   | -                                    |                  |                            |   |                 |                                     |

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

661117

| Total of all forms filed = 3,372,280   |                  | Final K-1  | Amend                                 | led K-1     | OMB No. 1545-0092                  |
|--|------------------|--|---------------------------------------|-------------|------------------------------------|
| Schedule K-1 (Form 1041) 20 <b>21</b>  | P                | art III  |                                       |             | of Current Year Income,            |
|  |                  | a. c   | Deductions, Cre                       | dits,       | and Other Items                    |
| Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service            | r 1              | Interest   | income<br><b>962,111</b>              | 11          | Final year deductions              |
| beginning / / 2021 ending / /  | 2a               | Ordinary   | dividends 1,283,016                   |             |                                    |
| Beneficiary's Share of Income, Deductions Credits, etc.  | 1                | Qualified  | d dividends                           |             |                                    |
|  |                  | N  |                                       |             |                                    |
| Part I Information About the Estate or Trust  A Estate's or trust's employer identification number | 3                | Net sho  | t-term capital gain<br><b>201,840</b> |             |                                    |
|  | 4a               | Net long   | -term capital gain<br>551,021         |             |                                    |
| B Estate's or trust's name   | 4b               | 28% rat  | e gain                                | 12          | Alternative minimum tax adjustment |
|  | 4c               | Unrecap  | tured section 1250 gain               |             |                                    |
| C Fiduciary's name, address, city, state, and ZIP code   | 5                |  | ortfolio and ness income 543,327      |             |                                    |
|  | 6                | Ordinary   | business income 120,172               |             |                                    |
|  | 7                | Net rent   | al real estate income<br>296,143      | 13          | Credits and credit recapture       |
|  | 8                | Other re   | ntal income 15,109                    |             |                                    |
| D Check if Form 1041-T was filed and enter the date it was filed                                   | 9                | Directly a   | apportioned deductions                |             |                                    |
|  |                  |  |                                       |             |                                    |
|  |                  |  |                                       | 14          | Other information                  |
| E Check if this is the final Form 1041 for the estate or trust                                     |                  |  |                                       |             | 1,866,221                          |
| Part II Information About the Beneficiary  F Beneficiary's identifying number                      | 10               | Estate ta  | ax deduction                          |             |                                    |
| G Beneficiary's name, address, city, state, and ZIP code   | _                |  |                                       |             |                                    |
| Denentially 3 flame, address, only, state, and 2 in code   |                  |  |                                       |             |                                    |
|  |                  |  |                                       |             |                                    |
|  |                  |  |                                       |             |                                    |
|  |                  | ee attacl  | ned statement for a                   | L<br>dditic | nal information.                   |
|  | be<br>de         | <b>Note:</b> A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity. |                                       |             | directly apportioned               |
|  |                  |  |                                       |             |                                    |
|  |                  |  |                                       |             |                                    |
|  | For IRS Use Only |  |                                       |             |                                    |
|  | <b> </b> ₩       |  |                                       |             |                                    |
| H Domestic beneficiary Foreign beneficiary   | For              |  |                                       |             |                                    |

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Cat. No. 11380D

Schedule K-1 (Form 1041) 2021

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

| E | -6  | l   | l   | l  | 7  |
|---|-----|-----|-----|----|----|
| П | NIa | 4 5 | 4 = | 00 | 00 |

| Total of all individuals represented = 2,883,958   |   | Final K-1                      | Amend                        | led K-1                               | OMB No. 1545-0092                     |
|--|---|--------------------------------|------------------------------|---------------------------------------|---------------------------------------|
| Schedule K-1 (Form 1041) 2021  | Pa  |                                |                              |                                       | of Current Year Income,               |
| Department of the Treasury For calendar year 2021, or tax year   | 1   | Interest income                |                              | dits,                                 | and Other Items Final year deductions |
| Internal Revenue Service   |   |                                | 883,346                      |                                       |                                       |
| beginning / / 2021 ending / /  | 2a  | Ordinary divide                | ends<br>1,087,582            |                                       |                                       |
| Beneficiary's Share of Income, Deductions, Credits, etc.  See back of form and instructions  | 2b  | Qualified divide               | ends                         |                                       |                                       |
| , Coo Saok of form and modulotion  | 3   | Net short-term                 | canital gain                 | -                                     |                                       |
| Part I Information About the Estate or Trust  A Estate's or trust's employer identification number   |   | TVCL SHOTE LOTTI               | 195,900                      |                                       |                                       |
|  | 4a  | Net long-term                  | capital gain<br>519,092      |                                       |                                       |
| B Estate's or trust's name   | 4b  | 28% rate gain                  |                              | 12                                    | Alternative minimum tax adjustment    |
|  | 4c  | Unrecaptured s                 | section 1250 gain            |                                       |                                       |
| C Fiduciary's name, address, city, state, and ZIP code   | - 5   | Other portfolio nonbusiness in |                              |                                       |                                       |
|  | 6   | Ordinary busin                 | ess income<br><b>109,593</b> |                                       |                                       |
|  | 7   | Net rental real                | estate income 274,436        | 13                                    | Credits and credit recapture          |
|  | 8   | Other rental inc               | come 12,487                  |                                       |                                       |
| Charles Francisco de Carles de Carle | 9   | Directly apportion             | oned deductions              |                                       |                                       |
| D Check if Form 1041-T was filed and enter the date it was filed   |   |                                |                              |                                       |                                       |
|  |   |                                |                              | 14                                    | Other information 1,599,190           |
| E Check if this is the final Form 1041 for the estate or trust   |   |                                |                              |                                       | 1,339,190                             |
| Part II Information About the Beneficiary  | 10  | Estate tax ded                 | uction                       |                                       |                                       |
| F Beneficiary's identifying number   |   |                                |                              |                                       |                                       |
| G Beneficiary's name, address, city, state, and ZIP code   |   |                                |                              |                                       |                                       |
|  |   |                                |                              |                                       |                                       |
|  |   |                                |                              |                                       |                                       |
|  | *See attached statement for addition Note: A statement must be attached beneficiary's share of income and of deductions from each business, resolver rental activity. |                                |                              | d showing the<br>directly apportioned |                                       |
|  | For IRS Use Only  |                                |                              |                                       |                                       |
| H Domestic beneficiary Foreign beneficiary   | For   |                                |                              |                                       |                                       |

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Cat. No. 11380D

Schedule K-1 (Form 1041) 2021

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

| 66 | 11 | 17 |
|----|----|----|
|----|----|----|

| Total of all forms filed = 3,372,280   |                  | Final K-1   | Amend                               | led K-1        | OMB No. 1545-0092                       |
|--|------------------|-------------|-------------------------------------|----------------|---|
| Schedule K-1 (Form 1041) 2021  | Pa               | art III     |                                     |                | of Current Year Income, and Other Items |
| Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service            | 1                | Interest in | <u> </u>                            | 11             | Final year deductions                   |
| beginning / / 2021 ending / /  | 2a               | Ordinary    | dividends<br><b>26,994,227</b>      |                |   |
| Beneficiary's Share of Income, Deductions, Credits, etc.  See back of form and instructions.       | 2b               | Qualified   | dividends                           |                |   |
| Part I Information About the Estate or Trust  A Estate's or trust's employer identification number | 3                | Net short   | -term capital gain <b>1,205,795</b> |                |   |
|  | 4a               | Net long-   | term capital gain <b>26,795,450</b> |                |   |
| B Estate's or trust's name   | 4b               | 28% rate    | gain                                | 12             | Alternative minimum tax adjustment      |
|  | 4c               | Unrecapt    | ured section 1250 gain              |                |   |
| C Fiduciary's name, address, city, state, and ZIP code   | 5                |             | tfolio and ess income 13,132,036    |                |   |
|  | 6                | Ordinary    | business income<br>7,967,407        |                |   |
|  | 7                | Net renta   | real estate income 12,225,460       | 13             | Credits and credit recapture            |
|  | 8                | Other ren   | tal income<br><b>165,008</b>        |                |   |
| D Check if Form 1041-T was filed and enter the date it was filed                                   | 9                | Directly ap | portioned deductions                |                |   |
|  |                  |             |                                     | 14             | Other information 17,947,989            |
| 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                      | 10               | Estate tax  | deduction                           |                |   |
| G Beneficiary's name, address, city, state, and ZIP code   |                  |             |                                     |                |   |
|  |                  |             |                                     |                |   |
|  |                  |             |                                     |                |   |
|  | No<br>bei<br>dec | te: A stan  | from each busines                   | tache<br>and c |   |
|  | Only             |             |                                     |                |   |
|  | For IRS Use Only |             |                                     |                |   |
| H Domestic beneficiary Foreign beneficiary   | ۳ ا              |             |                                     |                |   |

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

| Total of all forms filed = 8,576,493   |          | Final K-1 Amended  |       | OMB No. 1545-0123                   |
|--|----------|--|-------|-------------------------------------|
| Schedule K-1 (Form 1120-S) 2021  | Pa       | Shareholder's Share Deductions, Credits,                                 |       |                                     |
| Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service  | 1        | Ordinary business income (loss) 7,793,915                                | 13    | Credits 319,381                     |
| beginning / / 2021 ending / /  | 2        | Net rental real estate income (loss)                                     |       |                                     |
| Shareholder's Share of Income, Deductions,   | 3        | 707,485 Other net rental income (loss)                                   |       |                                     |
| Credits, etc. See separate instructions.   | "        | 50,165   |       |                                     |
| Part I Information About the Corporation   | 4        | Interest income  |       |                                     |
| A Corporation's employer identification number   | 5a       | 1,682,126 Ordinary dividends   |       |                                     |
| The Composition of the Compositi |          | 306,457  |       |                                     |
| B Corporation's name, address, city, state, and ZIP code   | 5b       | Qualified dividends  | 14    | Schedule K-3 is attached if checked |
|  | 6        | Royalties 46,042   | 15    | Alternative minimum tax (AMT) items |
|  | 7        | Net short-term capital gain (loss) 145,586                               |       |                                     |
| C IRS Center where corporation filed return  | 8a       | Net long-term capital gain (loss) 303,209                                |       |                                     |
| D Corporation's total number of shares   | 8b       | Collectibles (28%) gain (loss)   |       |                                     |
| Beginning of tax year  | 8c       | Unrecaptured section 1250 gain   |       |                                     |
|  | 9        | Net section 1231 gain (loss)   | 16    | Items affecting shareholder basis   |
| Part II Information About the Shareholder  |          | Net section 1231 gain (ioss)   | 10    | items affecting shareholder basis   |
| E Shareholder's identifying number   | 10       | Other income (loss)  |       |                                     |
| F Shareholder's name, address, city, state, and ZIP code   |          |  |       |                                     |
|  |          |  |       |                                     |
|  |          |  |       |                                     |
|  |          |  |       |                                     |
| G Current year allocation percentage %   |          |  | 17    | Other information                   |
|  | 11       | Section 179 deduction  |       |                                     |
| H Shareholder's number of shares   | 12       | 663,415 Other deductions   |       |                                     |
| Beginning of tax year  | '2       | Other deductions   |       |                                     |
|  |          |  |       |                                     |
| I Loans from shareholder  Beginning of tax year  |          |  |       |                                     |
| End of tax year \$   |          |  |       |                                     |
|  | 1        |  |       |                                     |
|  |          |  |       |                                     |
|  |          |  |       |                                     |
| ίμο<br>·   |          |  |       |                                     |
| For IRS Use Only   |          |  |       |                                     |
| ۲ .<br>  |          |  |       |                                     |
| Σ  | 18<br>19 | More than one activity for at-risk     More than one activity for passiv |       |                                     |
|  |          |  |       |                                     |
|  |          | * See attached statement f   | or ad | ditional information.               |

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

|                  | Total of all individuals represented = 7,086,291                                |    | Final K-1    | ☐ Amer                              | nded K-1    | OMB No. 1545-0123                       |
|------------------|---|----|--------------|-------------------------------------|-------------|---|
| (Fo              | nedule K-1 20 <b>21</b>   | Pa |              | areholder's Sheductions, Cred       |             | Current Year Income, Other Items        |
|                  | artment of the Treasury For calendar year 2021, or tax year all Revenue Service | 1  | Ordinary bu  | usiness income (loss<br>6,658,1     | ´           | Credits <b>263,705</b>                  |
|                  | beginning / / 2021 ending / /   | 2  | Net rental r | eal estate income (lo               | oss)        | 200,700                                 |
| Sh               | areholder's Share of Income, Deductions,  | 3  | Other net r  | 604,0                               | 84          |   |
|                  | edits, etc.   See separate instructions.  | 3  | Other net re | ental income (loss)<br><b>45,</b> 4 | 49          |   |
|                  | <u></u>   | 4  | Interest inc | <u>*</u> _                          |             |   |
| Ľ                | Part I Information About the Corporation  |    |              | 1,505,0                             | 83          |   |
| Α                | Corporation's employer identification number                                    | 5a | Ordinary di  | vidends<br><b>282,0</b>             | 73          |   |
| В                | Corporation's name, address, city, state, and ZIP code                          | 5b | Qualified di | vidends                             | 14          | Schedule K-3 is attached if checked ▶ □ |
|                  |   | 6  | Royalties    | 42,8                                | 94 15       | Alternative minimum tax (AMT) items     |
|                  |   | 7  | Net short-to | erm capital gain (los               | ' I         |   |
| С                | IRS Center where corporation filed return                                       | 8a | Net long-te  | rm capital gain (loss               | )           |   |
| D                | Corporation's total number of shares  Beginning of tax year                     | 8b | Collectibles | s (28%) gain (loss)                 |             |   |
|                  | Beginning of tax year   | 8c | Unrecaptur   | ed section 1250 gai                 | n           |   |
| ľ                | Part II Information About the Shareholder                                       | 9  | Net section  | 1231 gain (loss)                    | 16          | Items affecting shareholder basis       |
| E                | Shareholder's identifying number  | 10 | Other incor  | ne (loss)                           |             |   |
| F                | Shareholder's name, address, city, state, and ZIP code                          |    |              |                                     |             |   |
|                  |   |    |              |                                     |             |   |
|                  |   |    |              |                                     |             |   |
| G                | Current year allocation percentage %  |    |              |                                     | 17          | Other information                       |
|                  | Shareholder's number of shares  | 11 | Section 179  | deduction 629,9                     | 152         |   |
| н                | Beginning of tax year   | 12 | Other dedu   |                                     | ,02<br>     |   |
|                  | End of tax year   |    |              |                                     |             |   |
| ı                | Loans from shareholder  |    |              |                                     |             |   |
|                  | Beginning of tax year \$<br>End of tax year \$                                  |    |              |                                     |             |   |
|                  |   |    |              |                                     |             |   |
|                  |   |    |              |                                     |             |   |
|                  |   |    |              |                                     |             |   |
| _                |   |    |              |                                     |             |   |
| Only             |   |    |              |                                     |             |   |
| Jse              |   |    |              |                                     |             |   |
| For IRS Use Only |   |    |              |                                     |             |   |
| For              |   | 18 | More th      | an one activity for a               | t-risk purp | Dses*                                   |
|                  |   | 19 | More th      | an one activity for p               | assive acti | vity purposes*                          |
|                  |   |    | * See at     | tached stateme                      | ent for ac  | dditional information.                  |

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

| Total of all forms filed = 8,576,493  |          | Final K-1 Ame                             | nded K-1     | OMB No. 1545-0123                     |
|---|----------|---|--------------|---------------------------------------|
| Schedule K-1 (Form 1120-S) 2021   | Pa       | Shareholder's Sl<br>Deductions, Cre       |              | Current Year Income,<br>I Other Items |
| Department of the Treasury For calendar year 2021, or tax year Internal Revenue Service | 1        | Ordinary business income (los: 686,566,   | .            | Credits 3,489,292                     |
| beginning / / 2021 ending / /   | 2        | Net rental real estate income (I          |              | 5,100,202                             |
| Shareholder's Share of Income, Deductions,  |          | 10,568,                                   | 101          |                                       |
| Credits, etc. See separate instructions.  | 3        | Other net rental income (loss) 1,280,     | 616          |                                       |
| Part I Information About the Corporation  | 4        | Interest income                           |              |                                       |
|   |          | 7,325,2                                   | 240          |                                       |
| A Corporation's employer identification number  | 5a       | Ordinary dividends 8,367,3                | 880          |                                       |
| B Corporation's name, address, city, state, and ZIP code                                | 5b       | Qualified dividends                       | 14           | Schedule K-3 is attached if checked ▶ |
|   | 6        | Royalties 2,904,                          | 15<br>587    | Alternative minimum tax (AMT) items   |
|   | 7        | Net short-term capital gain (los 2,139,   | ·            |                                       |
| C IRS Center where corporation filed return   | 8a       | Net long-term capital gain (los: 147,468, | .            |                                       |
| D Corporation's total number of shares  | 8b       | Collectibles (28%) gain (loss)            | 703          |                                       |
| Beginning of tax year<br>End of tax year  | 8c       | Unrecaptured section 1250 ga              | in           |                                       |
| ·   |          |   |              |                                       |
| Part II Information About the Shareholder   | 9        | Net section 1231 gain (loss)              | 16           | Items affecting shareholder basis     |
| E Shareholder's identifying number  | 10       | Other income (loss)                       |              |                                       |
| F Shareholder's name, address, city, state, and ZIP code                                |          |   |              |                                       |
|   |          |   |              |                                       |
|   |          |   |              |                                       |
|   |          |   |              |                                       |
|   |          |   | 17           | Other information                     |
| G Current year allocation percentage %  | 11       | Section 179 deduction                     |              |                                       |
| H Shareholder's number of shares  |          | 26,774,                                   | 201          |                                       |
| Beginning of tax year   | 12       | Other deductions                          |              |                                       |
| End of tax year   |          |   |              |                                       |
| I Loans from shareholder  |          |   |              |                                       |
| Beginning of tax year \$  |          |   |              |                                       |
| End of tax year \$  |          |   |              |                                       |
|   | $\dashv$ |   |              |                                       |
|   |          |   |              |                                       |
|   |          |   |              |                                       |
| <u>&gt;</u>   |          |   |              |                                       |
| ō   |          |   |              |                                       |
| Nse Nse Nse Nse Nse Nse Nse Nse Nse Nse   |          |   |              |                                       |
| For IRS Use Only  |          |   |              |                                       |
|   | 18       | More than one activity for a              | at-risk purp | oses*                                 |
| <del>-</del>  | 19       | More than one activity for p              |              |                                       |
|   |          | * See attached stateme                    | ant for ac   | Iditional information                 |
|   |          | occ attached statem                       | טוונוטו מנ   | aditional information.                |

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

|   |  | LOTED                  |  |      |                             |  |
|---|--|------------------------|--|------|-----------------------------|--|
| PAYER'S name, street addr or foreign postal code, and | ress, city or town, state or province, country, ZI telephone no. | P                      | OMB No. 1545-0116  |      |                             |  |
| Total of all  | forms filed = 38,003,140   |                        | 2021   |      | Nonemployee Compensation    |  |
|   |  |                        | Form <b>1099-NEC</b>                                     |      |                             |  |
| PAYER'S TIN   | RECIPIENT'S TIN  | 1 Nonemployee compe    | nsation <b>37,654,1</b>                                  | 166  | Copy 1                      |  |
| RECIPIENT'S name                                      |  |                        | ales totaling \$5,000 or more of to recipient for resale |      | For State Tax<br>Department |  |
|   |  | 3                      |  |      | ]                           |  |
| Street address (including ap                          | ot. no.)   |                        |  |      |                             |  |
|   |  | 4 Federal income tax v |  |      |                             |  |
| City or town, state or provin                         | nce, country, and ZIP or foreign postal code                     | \$                     | 104,   | ,212 |                             |  |
|   |  | 5 State tax withheld   | 6 State/Payer's state no.                                |      | 7 State income              |  |
| Account number (see instru                            | ctions)  | \$                     |  |      | \$                          |  |
| 1   |  | ļ <sub>φ</sub>         | T  |      | TA                          |  |

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

| PAYER'S name, street addre     | ess, city or town, state or province, country, ZII elephone no. |                      | OMB No. 1545-0116  |       |                             |  |  |
|--------------------------------|---|----------------------|--|-------|-----------------------------|--|--|
| Total of all individual        | s represented = 25,958,770                                      |                      | 2021   | 2021  |                             |  |  |
|                                |   |                      | Form 1099-NEC  |       |                             |  |  |
| PAYER'S TIN                    | RECIPIENT'S TIN   | 1 Nonemployee compe  | ensation <b>25,810,</b>                                  | 918   | Copy 1                      |  |  |
| RECIPIENT'S name               |   |                      | ales totaling \$5,000 or more of to recipient for resale |       | For State Tax<br>Department |  |  |
| Street address (including apt  | t. no.)   | 3                    |  |       |                             |  |  |
|                                |   | 4 Federal income tax |  |       |                             |  |  |
| City or town, state or provinc | ce, country, and ZIP or foreign postal code                     | 5 04-4- 4            |  | ',209 | 704-4- :                    |  |  |
| Account number (see instruc    | etions)   | 5 State tax withheld | 6 State/Payer's state no.                                |       | 7 State income              |  |  |
|                                |   | \$                   | T  |       | \$                          |  |  |

Form **1099-NEC** 

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

| PAYER'S name, street addr<br>or foreign postal code, and | ess, city or town, state or province, country, Zl telephone no. | P                    | OMB No. 1545-0116  |      | Nonomployo                  |
|--|---|----------------------|--|------|-----------------------------|
| Total of all   | forms filed = 38,003,140  |                      | 2021   |      | Nonemployee Compensation    |
|  |   |                      | Form <b>1099-NEC</b>                                     |      |                             |
| PAYER'S TIN  | RECIPIENT'S TIN   | 1 Nonemployee compe  | ensation <b>658,005,2</b>                                | 25   | Copy 1                      |
| RECIPIENT'S name   |   |                      | ales totaling \$5,000 or more of to recipient for resale |      | For State Tax<br>Department |
|  |   | 3                    |  |      | 1                           |
| Street address (including ap                             | ot. no.)  |                      |  |      | 1                           |
| City or town, state or provin                            | ce, country, and ZIP or foreign postal code                     | 4 Federal income tax |  | ,674 |                             |
|  |   | 5 State tax withheld | 6 State/Payer's state no.                                |      | 7 State income              |
| Account number (see instru                               | ctions)   | <u> </u> \$          |  |      | \$                          |
| 1  |   | lφ                   |  |      | lφ                          |

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099NEC

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

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

Form 5498-ESA Cat. No. 34011J www.irs.gov/Form5498ESA Department of the Treasury - Internal Revenue Service

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

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

Form 5498-ESA Cat. No. 34011J www.irs.gov/Form5498ESA Department of the Treasury - Internal Revenue Service

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Amount of selected lines filed (in thousands of dollars)

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

Form **1099-S** 

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

|   |            | OMB No. 1545-0997                                 | sing                 | 1 Date of clos |                                     | FILER'S name, street address, city o ZIP or foreign postal code, and telep |
|---|------------|---|----------------------|----------------|-------------------------------------|--|
| ceeds From Real<br>tate Transactions  | 1          | 2021  | eeds                 | 2 Gross proce  | ,875,750                            | Total of all forms filed = 4   |
|   |            | Form <b>1099-S</b>                                | 4,835,700            | \$             |                                     |  |
| Copy B  | escription | and ZIP code) or legal de                         | cluding city, state, | 3 Address (inc | TRANSFEROR'S TIN                    | FILER'S TIN  |
| For Transferor  |            |   |                      |                |                                     |  |
| This is important tax information and is being  |            |   |                      |                |                                     | TRANSFEROR'S name  |
| furnished to the IRS. If<br>you are required to file a<br>return, a negligence                      |            | ceive property or serviol<br>(if checked)         |                      | 1              |                                     | Street address (including apt. no.)  |
| penalty or other sanction may be imposed on you if this item is required to be reported and the IRS | eign       | reign person (nonresid<br>foreign estate, or fore | gn partnership, f    | alien, foreig  | try, and ZIP or foreign postal code | City or town, state or province, coun                                      |
| determines that it has  |            | х   | t of real estate ta  | 6 Buyer's par  |                                     | Account number (see instructions)  |
| not been reported.  | ,592,221   | 1,  |                      | \$             |                                     |  |

www.irs.gov/Form1099S

Department of the Treasury - Internal Revenue Service

(keep for your records)

Form **1099-S** 

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

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

www.irs.gov/Form1099S

Department of the Treasury - Internal Revenue Service

(keep for your records)

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

|  |                                      |   | ( /  |                           |   |                          |  |
|--|--------------------------------------|---|--|---------------------------|---|--------------------------|--|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number |                                      | 1 Date                                    | of closing   | OMB No. 1545-0997         |   |                          |  |
| Total of all forms filed = 4 975 750   |                                      |   |  |                           | Proceeds From Real                                  |                          |  |
| Total of all forms filed   | Total of all forms filed = 4,875,750 |   | s proceeds   | 20 <b>21</b>              |   | Estate Transactions      |  |
|  |                                      | \$  | 1,859,900,000  | Form <b>1099-S</b>        |   |                          |  |
| FILER'S TIN  | TRANSFEROR'S TIN                     | 3 Addr                                    | ess (including city, state,  | and ZIP code) or legal de | scription   | Copy B                   |  |
|  |                                      |   |  |                           |   | For Transferor           |  |
| TRANSFEROR'S name  |                                      |   |  |                           |   | This is important tax    |  |
|  |                                      |   |  |                           |   | information and is being |  |
|  |                                      | 4 Trans                                   | sferor received or will re   | es                        | furnished to the IRS. If you are required to file a |                          |  |
| Street address (including apt. ne  | 0.)                                  | as part of the consideration (if checked) |  |                           |   |                          |  |
| City or town, state or province, country, and ZIP or foreign postal code   |                                      |   | 5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign imposed on you trust) |                           |   |                          |  |
| Account number (see instruction  | ns)                                  | 6 Buye                                    | er's part of real estate to  | ıx                        |   | determines that it has   |  |
|  |                                      | \$  |  | 1,                        | 375,259   | not been reported.       |  |
| Form <b>1099-S</b>   | (keep for your records)              | www.irs.                                  | gov/Form1099S  | Department of the T       | reasury -   | Internal Revenue Service |  |

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

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 2,586,716,551 |                   |              | А                           | pplicable checkbox on Form  | 8949                                     | OMB No. 1545-0715 2021 Form 1099-B                                  | Proceeds From<br>Broker and<br>Barter Exchange<br>Transactions |  |            |
|---|-------------------|--------------|-----------------------------|-----------------------------|--|---|--|--|------------|
|   |                   |              | 1                           | a Description of property ( | Exa                                      | ample: 100 sh. XYZ Co.)   |  |  |            |
|   |                   |              |                             |                             | 1  | <b>b</b> Date acquired  | 1c   | Date sold or disposed                                      |            |
| PAYER'S TIN RECIPIENT'S TIN   |                   | 1            | d Proceeds<br>2,440,012,504 |                             | Cost or other basis <b>2,073,870,375</b> | Copy 1 For State Tax  |  |  |            |
|   |                   |              |                             |                             | 1<br>\$                                  | f Accrued market discount 600,679                                   | 1g<br>\$   | Wash sale loss disallowed 387,524,241                      | Department |
| RECIPIENT'S name  |                   | 2            | Short-term gain or loss     | 3                           | If checked, proceeds from:               |   |  |  |            |
|   |                   |              |                             |                             |  | Long-term gain or loss<br>Ordinary                                  |  | Collectibles   |            |
| Street address (inclu   | ding apt. no.)    |              |                             |                             | \$                                       | Federal income tax withheld 417,980                                 | -  | If checked, noncovered security                            |            |
| 0   |                   | 1.710        |                             |                             | 6  | Reported to IRS:  |  | f checked, loss is not allowed based on amount in 1d       |            |
| City or town, state or  | province, country | , and ∠IP o  | or fore                     | ign postal code             |  | Gross proceeds  |  |  |            |
|   |                   |              |                             |                             | 8  | Net proceeds  Profit or (loss) realized in 2021 on closed contracts |  | Unrealized profit or (loss) on open contracts – 12/31/2020 |            |
| Account number (see   | e instructions)   |              |                             |                             | \$                                       | 3,904,053   |  | 640,607  |            |
| CUSIP number  |                   |              |                             | FATCA filing requirement    | + *                                      | Unrealized profit or (loss) on open contracts — 12/31/2021          | 11   | Aggregate profit or (loss) on contracts                    |            |
| 14 State name   | 15 State identif  | fication no. | <b>16</b> S                 | tate tax withheld           | \$                                       | 190,859   | \$   | 3,982,863  |            |
|   |                   |              | \$                          |                             | 12                                       | If checked, basis reported to IRS                                   | 13<br>o  | Bartering 25,354   |            |

Form **1099-B** 

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

| Proceeds From<br>Broker and<br>Barter Exchange<br>Transactions | OMB No. 1545-0715 2021 Form 1099-B  | 8949         | oplicable checkbox on Form                                    | PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all individuals represented = 54,977,235 |                          |              |                     |                            |
|--|---|--------------|---|--|--------------------------|--------------|---------------------|----------------------------|
|  | ample: 100 sh. XYZ Co.)   | (Exam        | a Description of property (                                   | Ī  |                          |              |                     |                            |
|  | c Date sold or disposed   | 1c D         | Date acquired   |  |                          |              |                     |                            |
| Copy 1 For State Tax   | e Cost or other basis<br>47,550,700                                       | <b>1e</b> C  | d Proceeds 53,930,934   |  | STIN                     | RECIPIENT'   |                     | PAYER'S TIN                |
| Department   | g Wash sale loss disallowed<br>11,699,350                                 | 1            | Accrued market discount 248,685                               |  |                          |              |                     |                            |
|  | If checked, proceeds from:  Collectibles  QOF                             | С            | Short-term gain or loss Long-term gain or loss Ordinary       |  |                          |              |                     | RECIPIENT'S name           |
|  | If checked, noncovered security   |              | Federal income tax withheld 129,969                           |  |                          |              | g apt. no.)         | Street address (including  |
|  | If checked, loss is not allowed based on amount in 1d                     |              | Reported to IRS:  Gross proceeds  Net proceeds                |  | reign postal code        | nd ZIP or fo | ovince, country, a  | City or town, state or pro |
|  | Unrealized profit or (loss) on open contracts – 12/31/2020 <b>153,419</b> | ор           | Profit or (loss) realized in 2021 on closed contracts 554,662 |  |                          |              | structions)         | Account number (see in:    |
|  | Aggregate profit or (loss) on contracts                                   | <b>11</b> Aq | Unrealized profit or (loss) on open contracts—12/31/2021      |  | FATCA filing requirement |              |                     | CUSIP number               |
|  |   | <del>-</del> | 111,138   |  | State tax withheld       | ation no. 16 | 15 State identifica | 14 State name              |
|  | Bartering <b>7,582</b>  | 13 Ba        | If checked, basis reported to IRS                             |  |                          | \$<br> \$    | <br>                |                            |

www.irs.gov/Form1099B

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

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 2,586,716,551 |                     |                 | А                        | pplicable checkbox on Form | 894   | OMB No. 1545-0715 2021 Form 1099-B | Proceeds From<br>Broker and<br>Barter Exchange<br>Transactions                        |                      |
|---|---------------------|-----------------|--------------------------|----------------------------|---|------------------------------------|---|----------------------|
|   |                     |                 |                          | 1                          | a Description of property                                 | (Ex                                | ample: 100 sh. XYZ Co.)   |                      |
|   |                     |                 |                          | 1                          | <b>b</b> Date acquired                                    | 1                                  | c Date sold or disposed   |                      |
| PAYER'S TIN   |                     | RECIPIENT       | r'S TIN                  | \$                         | d Proceeds<br>15,223,000,000                              |                                    | e Cost or other basis<br>14,200,000,000   | Copy 1 For State Tax |
|   |                     |                 |                          | 1<br>\$                    | f Accrued market discount 302,243                         | 1<br>\$                            | g Wash sale loss disallowed<br>723,722,466  | Department           |
| RECIPIENT'S name  |                     |                 |                          | 2                          | Short-term gain or loss  Long-term gain or loss  Ordinary | 3                                  | If checked, proceeds from:  Collectibles  QOF   |                      |
| Street address (inclu   | ding apt. no.)      |                 |                          | \$                         | Federal income tax withheld 190,768 Reported to IRS:      |                                    | If checked, noncovered security   |                      |
| City or town, state o   | r province, country | , and ZIP or fo | oreign postal code       |                            | Gross proceeds Net proceeds Profit or (loss) realized in  |                                    | If checked, loss is not allowed based on amount in 1d  Unrealized profit or (loss) on |                      |
| Account number (se  | e instructions)     |                 |                          | \$                         | 2021 on closed contracts<br>10,759,755                    | \$                                 | open contracts — 12/31/2020<br><b>365,023</b>   |                      |
| CUSIP number  |                     |                 | FATCA filing requirement | 10                         | Unrealized profit or (loss) on open contracts—12/31/2021  |                                    | Aggregate profit or (loss) on contracts   |                      |
| 14 State name   | 15 State identif    | fication no. 16 | State tax withheld       | \$<br>12                   | -206,163  | +-                                 | Bartering   |                      |
| <b> </b>  |                     | ta              |                          | 1                          | to IRS  | Φ                                  | 83,307  |                      |

Form **1099-B** 

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

|  |  | LOTED (II officiality  |  | _         |  |
|--|--|--|--|-----------|--|
| LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 128,798 |  |  | OMB No. 1545-0877                          | Ab        | Acquisition or<br>andonment of<br>cured Property   |
|  |  |  | Form <b>1099-A</b>                         |           |  |
|  |  | 1 Date of lender's acquisition or  | 2 Balance of principal                     |           | Copy B   |
| LENDER'S TIN   | BORROWER'S TIN                               | knowledge of abandonment   | outstanding                                |           | For Borrower   |
|  |  |  | \$ 1                                       | 128,798   | This is important tax  |
| BORROWER'S name  |  | 3  | 4 Fair market value of property \$ 127,777 |           | information and is being<br>furnished to the IRS. If<br>you are required to file a<br>return, a negligence |
| Street address (including apt. no.)  |  | 5 If checked, the borrower was personally liable for repayment of the debt |  |           | penalty or other sanction may be imposed on you if   |
| City or town, state or provin  | ice, country, and ZIP or foreign postal code | 6 Description of property  |  |           | taxable income results<br>from this transaction<br>and the IRS determines                                  |
| Account number (see instru   | ctions)                                      |  |  |           | that it has not been reported.   |
| Form <b>1099-A</b>   | (keep for your records)                      | www.irs.gov/Form1099A  | Department of the T                        | reasury - | Internal Revenue Service   |

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

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

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

| LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 128,798 |  |   | OMB No. 1545-0877  2021  Form 1099-A                     | Ab        | Acquisition or<br>candonment of<br>cured Property                         |
|--|--|---|--|-----------|---|
|  |  | Date of lender's acquisition or<br>knowledge of abandonment |  |           | Copy B  |
| LENDER'S TIN   | BORROWER'S TIN                                 | knowledge of abandonment                                    | outstanding  |           | For Borrower  |
|  |  |   | \$ 11,3  | 326,175   | This is important tax   |
| BORROWER'S name  |  | 3   | 4 Fair market value of property                          |           | information and is being furnished to the IRS. If                         |
|  |  |   | \$ 134   | 450,860   | you are required to file a return, a negligence                           |
| Street address (including apt. no.)  |  | 5 If checked, the borrower was of the debt                  | penalty or other<br>sanction may be<br>imposed on you if |           |   |
| City or town, state or prov  | rince, country, and ZIP or foreign postal code | 6 Description of property                                   |  |           | taxable income results<br>from this transaction<br>and the IRS determines |
| Account number (see inst   | ructions)                                      | 1   |  |           | that it has not been reported.  |
| Form <b>1099-A</b>   | (keep for your records)                        | www.irs.gov/Form1099A                                       | Department of the T                                      | reasury - | - Internal Revenue Service  |

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

| RECIPIENT'S/LENDER'S name, street address, city or town, st province, country, ZIP or foreign postal code, and telephone no   Total of all forms filed = 86,897,924 |  | 2021   | Mortgage<br>Interest<br>Statement  |  |  |  |
|---|--|--|--|--|--|--|
|   | 1 Mortgage interest received f   | 1 Mortgage interest received from payer(s)/borrower(s)* \$ 85,956,086  |  |  |  |  |
| RECIPIENT'S/LENDER'S TIN PAYER'S/BORROWER'  | TIN  2 Outstanding mortgage principal \$ 85,013,429  4 Refund of overpaid interest | Mortgage origination d     Mortgage insurance premiums   | ate The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required                |  |  |  |
| PAYER'S/BORROWER'S name   | \$ 113,415 6 Points paid on purchase of p  | 6 Points paid on purchase of principal residence   |  |  |  |  |
| Street address (including apt. no.)   | as PAYER'S/BORROWER'S a  | 7 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 pos  | al code 8 Address or description of pr   | operty securing mortgage   | this mortgage interest or for<br>these points, reported in<br>boxes 1 and 6; or because<br>you didn't report the refund<br>of interest (box 4); or |  |  |  |
| 9 Number of properties securing the mortgage 10 Other   |  |  | because you claimed a nondeductible item.  11 Mortgage   |  |  |  |
| Account number (see instructions)  Form 1098 (Keep for your records)  | www.irs.gov/Form1098   |  | acquisition date   |  |  |  |

Form **1098** 

(Keep for your records)

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

| RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all individuals represented = 60,339,751 |                                     | *Caution: The amount shown mand to be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person. | 2021   |        | Mortgage<br>Interest<br>Statement  |  |
|---|-------------------------------------|---|--|--------|--|--|
|   |                                     | 1 Mortgage interest received f  | Mortgage interest received from payer(s)/borrower(s)*     59,982,006   |        |  |  |
| RECIPIENT'S/LENDER'S TIN  | PAYER'S/BORROWER'S TIN              | 2 Outstanding mortgage principal \$ 59,816,914  | 3 Mortgage originatio  |        | For Payer, Borrower The information in boxes 1 through 9 and 11 is important tax information   |  |
|   |                                     | 4 Refund of overpaid interest   | 5 Mortgage insurance premiums \$ 14,02   | 20,160 | and is being furnished to<br>the IRS. If you are required  |  |
| PAYER'S/BORROWER'S name   |                                     | \$ 109,288 6 Points paid on purchase of \$  | to file a return, a negligence<br>penalty or other sanction<br>may be imposed on you if<br>the IRS determines  |        |  |  |
| Street address (including apt. no.)   | Street address (including apt. no.) |   | 7 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 pr  | operty securing mortga   | ge     | this mortgage interest or fo<br>these points, reported ir<br>boxes 1 and 6; or because<br>you didn't report the refunc<br>of interest (box 4); o |  |
| 9 Number of properties securing the mortgage  | 10 Other                            |   |  |        | because you claimed a<br>nondeductible item  |  |
| Account number (see instructions)   |                                     |   |  |        | 11 Mortgage acquisition date   |  |

www.irs.gov/Form1098

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

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

Form **1098** 

(Keep for your records)

www.irs.gov/Form1098

Form **1098-T** 

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

|  |                       |   | 0160  |            |   |         |   |  |
|--|-----------------------|---|---|------------|---|---------|---|--|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number |                       |   | 1 Payments recei<br>qualified tuition<br>expenses   |            | OMB No. 1545-1574                                   |         |   |  |
| Total of all forms filed = 27,936,857  |                       |   | 2   | 26,730,799 | 2021  |         | Tuition<br>Statement  |  |
|  |                       |   |   | 0          | Form <b>1098-T</b>                                  |         |   |  |
| FILER'S employer identification no. STU  | JDENT'S TIN           |   | 3   |            |   |         | Сору В  |  |
|  |                       |   |   |            |   |         | For Student   |  |
| STUDENT'S name   |                       |   | 4 Adjustments m<br>prior year   | ade for a  | 5 Scholarships or grad                              | nts     | This is important tax information                                   |  |
|  |                       | İ | \$  | 1,294,343  | \$ 15,9   | 954,935 | and is being  |  |
| Street address (including apt. no.)  |                       |   | 6 Adjustments to scholarships or grants for a prior year 7 Checked if the amount in box 1 includes amounts for an |            |   | unt     | furnished to the<br>IRS. This form<br>must be used to               |  |
| City or town, state or province, country, and ZIP or foreign postal code   |                       |   | \$  | 524,410    | academic period<br>beginning January-<br>March 2022 |         | complete Form 8863<br>to claim education<br>credits. Give it to the |  |
| Service Provider/Acct. No. (see instr.)  | 8 Checked if at least |   | 9 Checked if a gr   | aduate     | 10 Ins. contract reimb.                             | /refund | tax preparer or use it to<br>prepare the tax return.                |  |
|  | half-time student     |   | student   |            | \$  | 2,413   |   |  |

www.irs.gov/Form1098T

Department of the Treasury - Internal Revenue Service

(keep for your records)

Form **1098-T** 

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

| FILER'S name, street address, city or t<br>foreign postal code, and telephone nur |                                   | Payments received for<br>qualified tuition and reli<br>expenses | OMB No. 1545-1574  |         |   |
|---|-----------------------------------|---|--|---------|---|
| Total of all individuals rep  | resented = 25,509,085             | \$ 24,610<br>2  | 2021   |         | Tuition<br>Statement  |
|   |                                   |   | 0 Form 1098-T  |         |   |
| FILER'S employer identification no.   | STUDENT'S TIN                     | 3   |  |         | Copy B  |
|   |                                   |   |  |         | For Student   |
| STUDENT'S name  |                                   | 4 Adjustments made for a prior year                             | 5 Scholarships or grain                                      | nts     | This is important tax information                                   |
|   |                                   | \$ 1,293  | ,278 \$ 15,4   | 101,564 | and is being  |
| Street address (including apt. no.)   |                                   | 6 Adjustments to<br>scholarships or grants<br>for a prior year  | 7 Checked if the amou<br>in box 1 includes<br>amounts for an | ınt     | furnished to the<br>IRS. This form<br>must be used to               |
| City or town, state or province, country  | y, and ZIP or foreign postal code |   | academic period<br>beginning January–<br>March 2022          |         | complete Form 8863<br>to claim education<br>credits. Give it to the |
| Service Provider/Acct. No. (see instr.)   | 8 Checked if at least             | 9 Checked if a graduate   | 10 Ins. contract reimb.                                      | /refund | tax preparer or use it to prepare the tax return.                   |
|   | half-time student                 | student   | □ls  | 2.413   | L - L   |

(keep for your records)

www.irs.gov/Form1098T

Form **1098-T** 

(keep for your records)

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

| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  Total of all forms filed = 27,936,857 |                       |    | 1 Payments receive qualified tuition expenses 2         |           | OMB No. 1545-1574  |         | Tuition<br>Statement  |  |
|---|-----------------------|----|---|-----------|--|---------|---|--|
|   |                       |    |   | 0         | Form <b>1098-T</b>   |         |   |  |
| FILER'S employer identification no.   | STUDENT'S TIN         | 3  | 3   |           |  |         | Copy B  |  |
|   |                       |    |   |           |  |         | For Student   |  |
| STUDENT'S name  |                       | 4  | 4 Adjustments ma<br>prior year                          | de for a  | 5 Scholarships or grad                                       | nts     | This is important tax information   |  |
|   |                       | \$ | \$  | 2,126,801 | \$ 132,8   | 30,617  | and is being  |  |
| Street address (including apt. no.)   |                       |    | 6 Adjustments to<br>scholarships or<br>for a prior year | grants    | 7 Checked if the amou<br>in box 1 includes<br>amounts for an | unt     | furnished to the<br>IRS. This form<br>must be used to<br>complete Form 8863 |  |
| City or town, state or province, country, and ZIP or foreign postal code  |                       |    | <b>*</b>  | 1,010,431 | academic period<br>beginning January–<br>March 2022          |         | to claim education credits. Give it to the                                  |  |
| Service Provider/Acct. No. (see instr.)   | 8 Checked if at least | 6  | 9 Checked if a gra                                      | duate     | 10 Ins. contract reimb.                                      | /refund | tax preparer or use it to prepare the tax return.                           |  |
|   | half-time student     |    | student   |           | \$   | 8,412   |   |  |

www.irs.gov/Form1098T

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

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

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

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

CORRECTED (if checked) RECIPIENT'S/LENDER'S name, street address, city or town, state or OMB No. 1545-1576 province, country, ZIP or foreign postal code, and telephone number Student 2021 **Loan Interest** Total of all individuals represented = 8,999,441 **Statement** Form **1098-E** RECIPIENT'S TIN BORROWER'S TIN 1 Student loan interest received by lender Copy B \$ For Borrower 8,893,281 BORROWER'S name This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other Street address (including apt. no.) sanction may be imposed on you if the IRS determines that an underpayment of tax City or town, state or province, country, and ZIP or foreign postal code results because you Account number (see instructions) 2 If checked, box 1 does not include loan origination overstated a deduction for student loan interest.

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

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

| RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  Total of all forms filed = 11,042,811 |  |   | OMB No. 1545-1576  2021  Form 1098-E |            | Student<br>Loan Interest<br>Statement   |
|--|--|---|--------------------------------------|------------|---|
| RECIPIENT'S TIN  | BORROWER'S TIN   | 1 Student loan interest receive   |                                      |            | Сору В  |
|  | 3552   | \$  | •                                    | 056,382    |   |
| BORROWER'S name  Street address (including a   | npt. no.)<br>ince, country, and ZIP or foreign postal code |   |                                      |            | This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you |
| Account number (see instr  | uctions)   | 2 If checked, box 1 does not in fees and/or capitalized interests September 1, 2004 |                                      | re         | overstated a deduction for student loan interest.   |
| Form <b>1098-E</b>   | (keep for your records)                                    | www.irs.gov/Form1098E   | Department of the                    | Treasury - | - Internal Revenue Service  |

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

|  |   | LOTED (II official)                                 |   |  |
|--|---|---|---|--|
| CREDITOR'S name, street ZIP or foreign postal code,                      | address, city or town, state or province, country and telephone no. | , 1 Date of identifiable event                      | OMB No. 1545-1424                                     |  |
| Total of all forms filed = 6,295,589                                     |   | 2 Amount of debt discharged                         | Cancellation  |  |
|  |   | \$ 6,241,921  | 2021  | of Debt  |
|  |   | 3 Interest, if included in box 2                    |   |  |
|  |   | \$ 535,298  | Form <b>1099-C</b>                                    |  |
| CREDITOR'S TIN   | DEBTOR'S TIN  | 4 Debt description                                  |   | Copy B   |
|  |   |   |   | For Debtor   |
| DEBTOR'S name  |   |   |   | This is important tax information and is being furnished to the IRS. If you are required to file a |
| Street address (including a  | pt. no.)  | 5 If checked, the debtor was prepayment of the debt | return, a negligence penalty or other sanction may be |  |
| City or town, state or province, country, and ZIP or foreign postal code |   |   |   | imposed on you if taxable income results from this transaction                                     |
| Account number (see instructions)  |   | 6 Identifiable event code                           | 7 Fair market value of prope                          | and the IRS determines<br>erty that it has not been  |
|  |   |   | \$ 123,   | reported.  |
| Form <b>1099-C</b>   | (keep for your records)   | www.irs.gov/Form1099C                               | Department of the Treas                               | ury - Internal Revenue Service   |

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

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

www.irs.gov/Form1099C

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

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

www.irs.gov/Form1099C

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

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 99,184,074 |                      | \$ 2 State or | 28,882,303 local income tax credits, or offsets |                               |              | Certair<br>Government<br>Payments |
|--|----------------------|---------------|---|-------------------------------|--------------|-----------------------------------|
|  |                      | \$            | 68,552,972                                      | Form <b>1099-G</b>            |              |                                   |
| PAYER'S TIN  | RECIPIENT'S TIN      | 3 Box 2 am    | nount is for tax year                           | 4 Federal income tax withheld |              | Copy 1                            |
|  |                      |               |   | \$ 16,2                       | 295,985      |                                   |
| RECIPIENT'S name   | •                    | 5 RTAA pa     | yments  | 6 Taxable grants              |              | For State Tax                     |
|  |                      |               | *   | \$                            | 586,199      | Department                        |
|  |                      | 7 Agricultu   | ire payments                                    | 8 Check if box 2 is           |              |                                   |
| Street address (including apt. n   | o.)                  | \$            | 778,882   | trade or business income      | ▶ □          |                                   |
|  |                      | 9 Market o    | jain  |                               |              |                                   |
| City or town, state or province, country, and ZIP or foreign postal code   |                      | \$            | *   |                               |              |                                   |
|  |                      | 10a State     | 10b State identifica                            | ation no. 11 State income t   | ax withheld  |                                   |
| Account number (see instructions)  |                      |               |   | \$                            |              |                                   |
|  |                      |               |   | \$                            |              |                                   |
| Form <b>1099-G</b>   | www.irs.gov/Form1099 | 9G            | •   | Department of the             | Treasury - I | nternal Revenue Service           |

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099G

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

|  |   | LOILD       |  |                               | -            |                                   |
|--|---|-------------|--|-------------------------------|--------------|-----------------------------------|
| PAYER'S name, street address or foreign postal code, and te              | ss, city or town, state or province, country, ZIF<br>elephone no. | 1 Unemploy  | ment compensation                                    | OMB No. 1545-0120             |              |                                   |
| Total of all forms filed = 85,695,654                                    |   |             | 28,406,839<br>ocal income tax<br>credits, or offsets | 2021                          |              | Certain<br>Government<br>Payments |
|  |   | \$          | 64,543,961   | Form <b>1099-G</b>            |              |                                   |
| PAYER'S TIN  | RECIPIENT'S TIN   | 3 Box 2 am  | ount is for tax year                                 | 4 Federal income tax withheld |              | Copy 1                            |
|  |   |             |  | \$ 16,1                       | 79,876       |                                   |
| RECIPIENT'S name   |   | 5 RTAA pa   | yments   | 6 Taxable grants              |              | For State Tax                     |
|  |   | \$          | *  | \$                            | 576,287      | Department                        |
|  |   | 7 Agricultu | re payments  | 8 Check if box 2 is           |              |                                   |
| Street address (including apt.   | no.)  | \$ 774,772  |  | trade or business income      | ▶ □          |                                   |
|  |   | 9 Market g  |  |                               |              |                                   |
| City or town, state or province, country, and ZIP or foreign postal code |   | \$          | <b> \$</b>   |                               |              |                                   |
|  |   | 10a State   | 10b State identifica                                 | ation no. 11 State income t   | ax withheld  |                                   |
| Account number (see instructions)  |   |             |  | \$                            |              |                                   |
|  |   |             | <u> </u>   | \$                            |              |                                   |
| Form <b>1099-G</b>   | www.irs.gov/Form1099  | G           |  | Department of the             | Treasury - I | nternal Revenue Service           |

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099G

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

|  |                      | LOILD              |  |                              | _             |                                   |
|--|----------------------|--------------------|--|------------------------------|---------------|-----------------------------------|
| PAYER'S name, street address, city or foreign postal code, and telepho   | P 1 Unemploy         | yment compensation | OMB No. 1545-0120                                      |                              |               |                                   |
| Total of all forms filed = 99,184,074                                    |                      |                    | 343,033,016<br>local income tax<br>credits, or offsets | 2021                         |               | Certain<br>Government<br>Payments |
|  |                      | \$                 | 80,433,953   | Form <b>1099-G</b>           |               |                                   |
| PAYER'S TIN  | RECIPIENT'S TIN      | 3 Box 2 am         | ount is for tax year                                   | 4 Federal income tax         | withheld      | Copy 1                            |
|  |                      |                    |  | \$ 15,                       | ,893,769      |                                   |
| RECIPIENT'S name   |                      | 5 RTAA pa          | yments   | 6 Taxable grants             |               | For State Tax                     |
|  |                      | \$                 | *  | \$ 5,                        | ,931,473      | Department                        |
|  |                      | 7 Agricultu        | re payments  | 8 Check if box 2 is          |               |                                   |
| Street address (including apt. no.)                                      |                      | \$                 | 9,304,398  | trade or business income     | <b>▶</b> □    |                                   |
|  |                      | 9 Market g         | ain  |                              |               |                                   |
| City or town, state or province, country, and ZIP or foreign postal code |                      | \$                 | *  | ,                            |               |                                   |
|  |                      |                    | 10b State identifica                                   | ation no. 11 State income to | ax withheld   |                                   |
| Account number (see instructions)  |                      |                    |  | \$                           |               |                                   |
|  |                      |                    |  | \$                           |               |                                   |
| Form <b>1099-G</b>   | www.irs.gov/Form1099 | 9G                 |  | Department of the            | Treasury - Ir | nternal Revenue Service           |

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

Form **1099-DIV** 

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

| PAYER'S name, street address, city or town, state or province, country, ZIP |                                 |                        | 1a       | Total c | ordinary dividends          | ON | MB No. 1545-0110                           |               |               |
|---|---------------------------------|------------------------|----------|---------|-----------------------------|----|--|---------------|---------------|
| or foreign postal code, and telepho   | ne no.                          |                        | \$       |         | 89,427,345                  |    |  | Dividends and |               |
| Total of all forms filed = 98,922,022                                       |                                 |                        | <u> </u> | Qualifi | ied dividends               | 1  | 2021                                       | -             | Distributions |
|   |                                 |                        | \$       |         | 83,582,226                  | F  | Form <b>1099-DIV</b>                       |               |               |
|   |                                 |                        | 2a       | Total   | capital gain distr.         | 2b | Unrecap. Sec. 125                          | 50 gain       | Copy 1        |
|   |                                 |                        | \$       |         | 36,699,360                  | \$ | 3,4  | 411,237       | For State Tax |
| PAYER'S TIN   | RECIPIENT'S TIN                 |                        | 2c       | Sectio  | n 1202 gain                 | 2d | Collectibles (28%)                         | ) gain        | Department    |
|   |                                 |                        | \$       |         | *                           | \$ |  | 1,061         |               |
|   |                                 |                        | 2e       | Section | 897 ordinary dividends      | 2f | Section 897 capita                         | ıl gain       |               |
|   |                                 |                        | \$       |         | 103,080                     | \$ |  | 787,760       |               |
| RECIPIENT'S name  |                                 |                        | 3        | Nondi   | vidend distributions        |    | Federal income tax                         |               |               |
|   |                                 |                        | \$       |         | 12,443,718                  | \$ | 1,0  | 627,113       |               |
|   |                                 |                        | 5        | Sectio  | n 199A dividends            | 6  | Investment expens                          |               |               |
| Street address (including apt. no.)   |                                 |                        | \$       |         | 24,282,060                  | \$ |  | 205,540       |               |
|   |                                 |                        | 7        | Foreig  | n tax paid                  | 8  | Foreign country or U.S.                    | possession    |               |
|   |                                 |                        |          |         |                             |    |  |               |               |
| City or town, state or province, cou  | ntry, and ZIP or foreign postal | code                   | \$       |         | 21,264,880                  | ₩  |  |               |               |
|   |                                 |                        | 9        | Cash li | quidation distributions     | 1  | Noncash liquidation d                      |               |               |
|   |                                 |                        | \$       |         | 280,536                     | Ψ, |  | 5,230         |               |
|   |                                 | ATCA filing equirement | 11       | Exemp   | ot-interest dividends       | 12 | Specified private a<br>bond interest divid |               |               |
|   |                                 |                        | \$       |         | 8,866,176                   | \$ | 6,0  | 019,186       |               |
| Account number (see instructions)   | <u>'</u>                        |                        | 13       | State   | 14 State identification no. | 15 | State tax withheld                         |               |               |
|   |                                 |                        |          |         |                             | \$ |  |               |               |
|   |                                 |                        |          |         |                             | \$ |  |               |               |

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

www.irs.gov/Form1099DIV

Form **1099-DIV** 

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

|   | ☐ VOID ☐                     | CORRE                    | СТ            | ED      |                                    |      |  |                         |               |
|---|------------------------------|--------------------------|---------------|---------|------------------------------------|------|--|-------------------------|---------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |                              |                          | 1a            | Total   | ordinary dividends                 | ON   | /IB No. 1545-0110                        |                         |               |
|   |                              | \$                       | \$ 89,427,345 |         |                                    | 2021 | Dividends and                            |                         |               |
| Total of all forms filed = 98,922,022   |                              |                          | 1b            | Qualifi | ed dividends                       | ا (  |  | Distributions           |               |
|   |                              |                          | \$            |         | 83,582,226                         | F    | orm <b>1099-DIV</b>                      |                         |               |
|   |                              |                          | 1             | Total   | capital gain distr.                | l    | Unrecap. Sec. 12                         | - 1                     | Copy 1        |
|   | I province true              |                          | \$            |         | 36,699,360                         | Ψ.   |  | 411,237                 | For State Tax |
| PAYER'S TIN   | RECIPIENT'S TIN              |                          |               | Sectio  | n 1202 gain                        | l    | Collectibles (28%)                       | ,                       | Department    |
|   |                              |                          | \$            |         | *                                  | \$   |  | 1,061                   |               |
|   |                              |                          | ١.            | Section | 897 ordinary dividends             | ١.   | Section 897 capita                       | ~                       |               |
|   |                              |                          | \$            |         | 103,080                            | Ψ.   |  | 787,760                 |               |
| RECIPIENT'S name  |                              |                          | 3             | Nondi   | vidend distributions<br>12,443,718 | l    | Federal income tax                       | withheld <b>627,113</b> |               |
|   |                              |                          | \$            |         | <u> </u>                           | Ψ    |  |                         |               |
|   |                              |                          | 5             | Sectio  | n 199A dividends                   | 6    | Investment expen                         |                         |               |
| Street address (including apt. no.)   |                              |                          | \$            |         | 24,282,060                         | L.   |  | 205,540                 |               |
|   |                              |                          | 7             | Foreig  | n tax paid                         | 8    | Foreign country or U.S.                  | possession              |               |
| City or town, state or province, cour   | ntry, and ZIP or foreign pos | tal code                 | \$            |         | 21,264,880                         |      |  |                         |               |
|   |                              |                          | 9             | Cash li | quidation distributions            | 10   | Noncash liquidation of                   | distributions           |               |
|   |                              |                          | \$            |         | 280,536                            | \$   |  | 5,230                   |               |
|   |                              | FATCA filing requirement | 11            | Exemp   | ot-interest dividends              | 12   | Specified private a bond interest divide |                         |               |
|   |                              |                          | \$            |         | 8,866,176                          | \$   | 6,                                       | 019,186                 |               |
| Account number (see instructions)   |                              | •                        | 13            | State   | 14 State identification no.        | 15   | State tax withheld                       | ı                       |               |
|   |                              |                          |               |         |                                    | \$   |  |                         |               |
|   |                              |                          | [             |         |                                    | \$   |  |                         |               |

www.irs.gov/Form1099DIV

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

Form **1099-DIV** 

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

| PAYER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no. |                              |                          | 1a 7        | Total o  | rdinary dividends           | ON | MB No. 1545-0110                            |            |               |
|---|------------------------------|--------------------------|-------------|----------|-----------------------------|----|---|------------|---------------|
|   |                              |                          | \$          |          | 388,251,396                 |    | 2021  | ı          | Dividends and |
|   |                              |                          | 1b (        | Qualifi  | ed dividends                | '  |   |            | Distributions |
| Total of all forms file   | d = 98,922,022               |                          | \$          |          | 311,470,066                 | F  | orm <b>1099-DIV</b>                         |            |               |
|   |                              |                          | 2a ⊺        | Total c  | apital gain distr.          |    | Unrecap. Sec. 12                            |            | Copy 1        |
|   |                              |                          | \$          |          | 169,206,117                 | \$ |   | 485,846    | For State Tax |
| PAYER'S TIN   | RECIPIENT'S TIN              |                          | 2c 5        | Sectio   | n 1202 gain                 | 2d | Collectibles (28%)                          | ) gain     | Department    |
|   |                              |                          | \$          |          | *                           | \$ |   | 143        |               |
|   |                              |                          | <b>2e</b> S | Section  | 897 ordinary dividends      | ı  | Section 897 capita                          | al gain    |               |
|   |                              |                          | \$          |          | 15,780                      | \$ |   | 201,889    |               |
| RECIPIENT'S name  |                              |                          | 3 1         | Nondiv   | ridend distributions        | 4  |   |            |               |
|   |                              |                          | \$          |          | 13,862,962                  | \$ |   | 507,335    |               |
|   |                              |                          | 5 8         | Section  | n 199A dividends            | 6  | Investment expen                            |            |               |
| Street address (including apt. no.)   |                              |                          | \$          |          | 6,920,185                   | \$ |   | 18,722     |               |
|   |                              |                          | 7 F         | Foreig   | n tax paid                  | 8  | Foreign country or U.S.                     | possession |               |
|   |                              |                          | ]           |          |                             |    |   |            |               |
| City or town, state or province, coun   | try, and ZIP or foreign post | tal code                 | \$          |          | 3,036,639                   |    |   |            |               |
|   |                              |                          | 9 (         | Cash lic | quidation distributions     | ı  | Noncash liquidation of                      |            |               |
|   |                              |                          | \$          |          | 6,423,099                   | \$ | 1,:   | 270,998    |               |
|   |                              | FATCA filing requirement | 1           | Exemp    | t-interest dividends        | 12 | Specified private a<br>bond interest divide |            |               |
|   |                              |                          | \$          |          | 19,918,909                  | \$ | 1,  | 630,445    |               |
| Account number (see instructions)   |                              |                          | 13 5        | State    | 14 State identification no. | 15 | State tax withheld                          | ı          |               |
|   |                              |                          |             |          |                             | \$ |   |            |               |
|   |                              |                          | ļ           |          |                             | \$ |   |            |               |

www.irs.gov/Form1099DIV

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

Form **1099-INT** 

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

| PAYER'S name, street address, city or or foreign postal code, and telephone | country, ZIP                | Payer's RTN (opt  | onal)             | OM         | B No. 1545-0112      |                             |                       |
|---|-----------------------------|-------------------|-------------------|------------|----------------------|-----------------------------|-----------------------|
| Total of all forms filed = 154,   |                             |                   | 1 Interest income | <b>)</b>   | 4                    | 2021                        | Interest<br>Income    |
|   |                             |                   | \$ 1:             | 31,693,017 | Fo                   | rm <b>1099-INT</b>          |                       |
|   |                             |                   | 2 Early withdraw  | al penalty | •                    |                             | Copy 1                |
| PAYER'S TIN   | RECIPIENT'S TIN             |                   | \$                |            |                      | 829,827                     |                       |
|   |                             | 3 Interest on U.S | . Savings Bor     | nds and T  | reas. obligations    | For State Tax<br>Department |                       |
|   |                             | \$                |                   |            | 3,126,103            |                             |                       |
| RECIPIENT'S name  |                             |                   | 4 Federal income  |            | ı                    | ment expenses               |                       |
|   |                             |                   | \$                | 1,279,783  | \$                   | 82,193                      |                       |
|   |                             |                   | 6 Foreign tax pai |            | <b>7</b> Foreign     | country or U.S. possession  |                       |
| Street address (including apt. no.)   |                             |                   | \$                | 31,789     |                      |                             |                       |
|   |                             |                   | 8 Tax-exempt int  | erest      | 9 Specifi<br>interes | ed private activity bond t  |                       |
| City or town, state or province, country                                    | y, and ZIP or foreign posta | al code           | \$                | 4,399,277  | \$                   | 178,242                     |                       |
|   |                             | 10 Market discour | nt                | 11 Bond    | premium              |                             |                       |
|   | T <sub>1</sub>              | FATCA filing      | <b>\$</b>         | 15,209     | <b>C</b>             | 835.960                     |                       |
|   |                             | requirement       | T                 |            | ,                    | remium on tax-exempt bond   |                       |
|   |                             |                   | \$                | 175,863    | \$                   | 1,378,796                   |                       |
| Account number (see instructions)   |                             |                   | 14 Tax-exempt and | tax credit | 7                    | 16 State identification no. | 17 State tax withheld |
|   |                             |                   | bond CUSIP no.    |            |                      |                             | \$                    |
|   |                             |                   | [                 |            | r                    |                             | <u></u>               |

www.irs.gov/Form1099INT

Form **1099-INT** 

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

| PAYER'S name, street address, city or foreign postal code, and telephone |                                 | untry, ZIP | Payer's RTN (opti                | onal)                       | OM               | B No. 1545-0112               |                       |
|--|---------------------------------|------------|----------------------------------|-----------------------------|------------------|-------------------------------|-----------------------|
| Total of all individuals repre   |                                 |            | 1 Interest income                | 1                           |                  | 2021                          | Interest<br>Income    |
|  |                                 |            | \$                               | 0,547,364                   | Fo               | rm <b>1099-INT</b>            |                       |
|  |                                 |            | 2 Early withdrawa                | al penalty                  |                  |                               | Copy 1                |
| PAYER'S TIN  | RECIPIENT'S TIN                 |            | <br> \$                          |                             |                  | 687,894                       |                       |
|  |                                 |            | 3 Interest on U.S                | For State Tax<br>Department |                  |                               |                       |
|  |                                 |            | \$                               |                             |                  | 2,216,697                     |                       |
| RECIPIENT'S name   |                                 |            | 4 Federal income                 |                             |                  | •                             |                       |
|  |                                 |            | \$                               | 1,167,963                   | \$               | 78,460                        |                       |
|  |                                 |            | 6 Foreign tax paid               |                             |                  | country or U.S. possession    |                       |
| Street address (including apt. no.)                                      |                                 |            | \$                               | 29,513                      |                  |                               |                       |
|  |                                 |            | 8 Tax-exempt int                 |                             | interes          | ed private activity bond<br>t |                       |
| City or town, state or province, count                                   | ry, and ZIP or foreign postal c | code       | \$                               | 1,556,552                   | \$               | 155,437                       |                       |
|  |                                 |            | 10 Market discour                | t                           | 11 Bond          | premium                       |                       |
|  |                                 | TCA filing | <br> \$                          | 14,103                      | \$               | 773,989                       |                       |
|  | rec                             | quirement  | 12 Bond premium on Tre           | , ,                         | <b>13</b> Bond p | remium on tax-exempt bond     | 1                     |
|  |                                 |            | \$                               | 163,829                     | \$               | 1,181,578                     |                       |
| Account number (see instructions)  |                                 |            | 14 Tax-exempt and bond CUSIP no. | tax credit                  | 15 State         | 16 State identification no.   | 17 State tax withheld |
|  |                                 |            |                                  |                             |                  |                               | <u>\$</u><br> \$      |

www.irs.gov/Form1099INT

Form **1099-INT** 

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

| PAYER'S name, street address, city o<br>or foreign postal code, and telephone |                            | country, ZIP   | Payer's RTN (               | optional)                   | ON               | IB No. 1545-0112                |                       |
|---|----------------------------|----------------|-----------------------------|-----------------------------|------------------|---------------------------------|-----------------------|
| Total of all forms filed = 154  |                            |                | 1 Interest inc              | ome                         |                  | 2021                            | Interest<br>Income    |
|   |                            |                |                             |                             |                  | rm <b>1099-INT</b>              |                       |
|   |                            |                | 2 Early withd               | awal penalty                |                  | Copy 1                          |                       |
| PAYER'S TIN   |                            | \$             |                             |                             |                  |                                 |                       |
|   |                            | 3 Interest on  | reas. obligations           | For State Tax<br>Department |                  |                                 |                       |
|   |                            | \$             |                             |                             | 6,962,836        |                                 |                       |
| RECIPIENT'S name  |                            |                | 4 Federal inc               | ome tax withheld            | 5 Invest         | ment expenses                   |                       |
|   |                            |                | \$                          | 55,738                      | \$               | 15,939                          |                       |
|   |                            |                | 6 Foreign tax               |                             | <b>7</b> Foreign | country or U.S. possession      |                       |
| Street address (including apt. no.)   |                            |                | \$                          | 6,137                       |                  |                                 |                       |
|   |                            |                | 8 Tax-exemp                 | t interest                  | 9 Specifinteres  | ied private activity bond<br>st |                       |
| City or town, state or province, countr                                       | y, and ZIP or foreign post | tal code       | \$ 43,030,292 \$ 506,14     |                             |                  |                                 |                       |
|   |                            | 10 Market disc | ount                        | 11 Bond                     | premium          |                                 |                       |
|   |                            | FATCA filing   | \$                          | 9,310                       | \$               | 1,029,411                       |                       |
|   |                            | requirement    | 12 Bond premium             | n Treasury obligations      | <b>13</b> Bond p | premium on tax-exempt bond      |                       |
|   |                            |                | \$                          | 283,093                     | \$               | 16,939,142                      |                       |
| Account number (see instructions)   |                            |                | 14 Tax-exempt<br>bond CUSIF |                             | 15 State         | 16 State identification no.     | 17 State tax withheld |
|   |                            |                |                             |                             |                  |                                 | \$                    |

www.irs.gov/Form1099INT

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

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

#### 

| 9393   | ☐ VOID ☐ CORRE                    |                                       |                              |                                       |
|--|-----------------------------------|---------------------------------------|------------------------------|---------------------------------------|
| PAYER'S name, street address, city o or foreign postal code, and telephone |                                   | Gross long-term care<br>benefits paid | OMB No. 1545-1519            | Laws Tawa Cara and                    |
|  |                                   |                                       | Form <b>1099-LTC</b>         | Long-Term Care and                    |
| Total of all individuals repre   | esented = 290,630                 | \$ 287,989                            | (Rev. October 2019)          | Accelerated Death<br>Benefits         |
|  |                                   | 2 Accelerated death benefits paid     | For calendar year 20         | 2011011130                            |
| PAYER'S TIN  | POLICYHOLDER'S TIN                | \$ 4,646                              | INSURED'S TIN                | Copy A                                |
|  |                                   | 3 Check one: Per Reimbursed           |                              | For Internal Revenue                  |
| POLICYHOLDER'S name  |                                   | diem amount                           |                              | Service Center                        |
|  |                                   | INSURED'S name                        |                              | File with Form 1096.                  |
|  |                                   |                                       |                              | For Privacy Act                       |
| Street address (including apt. no.)  |                                   | Street address (including apt.        | no.)                         | and Paperwork Reduction Act           |
|  |                                   |                                       |                              | Notice, see the                       |
| City or town, state or province, countr                                    | y, and ZIP or foreign postal code | City or town, state or province, co   | untry, and ZIP or foreign po | · · · · · · · · · · · · · · · · · · · |
|  |                                   |                                       |                              | Instructions for                      |
| Account number (see instructions)  | 4 Qualified contract              | 5 Check, if applicable (              | Chronically ill Date cert    | tified Information                    |
|  | (optional)                        | (optional):                           | Terminally ill               | Returns.                              |
| Form <b>1099-LTC</b> (Rev. 10-2019)  | Cat. No. 23021Z                   | www.irs.gov/Form1099LTC               | Department of the Ti         | reasury - Internal Revenue Service    |

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

|  |                                   |                                       |                     |                             | _                            |                                  |
|--|-----------------------------------|---------------------------------------|---------------------|-----------------------------|------------------------------|----------------------------------|
| PAYER'S name, street address, city or foreign postal code, and telephone |                                   | ry, ZIP 1 Gross long-<br>benefits pai |                     | OMB No. 1545-1519           |                              |                                  |
|  |                                   |                                       |                     | Form 1099-LTC               |                              | g-Term Care and                  |
| Total of all forms fi  | \$                                | 11,043,138                            | (Rev. October 2019) | A                           | ccelerated Death<br>Benefits |                                  |
|  |                                   | 2 Accelerated paid                    | death benefits      | For calendar year 20        |                              | Delicitis                        |
| PAYER'S TIN  | POLICYHOLDER'S TIN                | \$                                    | 384,431             | INSURED'S TIN               |                              | Сору А                           |
|  |                                   | 3 Check one:                          | Reimbursed          |                             |                              | For<br>Internal Revenue          |
| POLICYHOLDER'S name  |                                   | ☐ diem ☐                              | amount              |                             |                              | Service Center                   |
|  |                                   | INSURED'S na                          | ame                 |                             |                              | File with Form 1096.             |
|  |                                   |                                       |                     |                             |                              | For Privacy Act                  |
| Street address (including apt. no.)                                      |                                   | Street address                        | s (including apt.   | no.)                        |                              | and Paperwork                    |
|  |                                   |                                       |                     |                             |                              | Reduction Act<br>Notice, see the |
| City or town, state or province, count                                   | ry, and ZIP or foreign postal cod | e City or town, sta                   | ate or province, co | untry, and ZIP or foreign p | ostal code                   |                                  |
|  |                                   |                                       |                     |                             |                              | Instructions for                 |
| Account number (see instructions)  | 4 Qualified con                   | tract 5 Check, if ap                  | pplicable           | Chronically ill Date ce     | rtified                      | Certain<br>Information           |
|  | (optional)                        | (optional):                           |                     | Terminally ill              |                              | Returns.                         |
| Form <b>1099-LTC</b> (Rev. 10-2019)                                      | Cat. No. 23021Z                   | www.irs.gov/l                         | Form1099LTC         | Department of the 1         | Freasury -                   | Internal Revenue Service         |

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

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

| 9494  | VOID CORRE  |                | ecteu iiile |                     |           |                                |
|---|---|----------------|-------------|---------------------|-----------|--------------------------------|
| TRUSTEE'S/PAYER'S name, street a country, ZIP or foreign postal code, a | ddress, city or town, state or province, and telephone number |                |             | OMB No. 1545-1517   |           | Distributions                  |
|   | ·   |                |             | Form <b>1099-S</b>  | 4         | From an HSA, or Archer MSA, or |
| Total of all forms file   | ed = 16,095,482   |                |             | (Rev. November 2019 | Mer       | dicare Advantage               |
|   |   |                |             | For calendar year   | IVIC      | MSA                            |
|   |   |                |             | 20                  |           |                                |
| PAYER'S TIN   | RECIPIENT'S TIN   | 1 Gross dist   | ribution    | 2 Earnings on exce  | ess cont. | Copy A                         |
|   |   | \$             | 16,045,843  | \$                  | 12,288    | For Internal Revenue           |
| RECIPIENT'S name  |   | 3 Distribution | n code      | 4 FMV on date of o  | leath     | Service Center                 |
|   |   |                |             |                     |           | File with Form 1096            |
|   |   |                |             | \$                  | 14,131    | For Privacy Ac                 |
| Street address (including apt. no.)                                     |   | 5 HSA          |             |                     |           | and Paperwork<br>Reduction Ac  |
|   |   | Archer MSA     |             |                     |           | Notice, see the                |
| City or town, state or province, count                                  | ry, and ZIP or foreign postal code                            | MA F           | _           |                     |           | current Genera                 |
|   |   | MSA L          |             |                     |           | Instructions for<br>Certain    |
| Account number (see instructions)                                       |   |                |             |                     |           | Information                    |
|   |   |                |             |                     |           | Returns                        |

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

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

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

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

| Distribution:<br>From an HSA<br>Archer MSA, o<br>dicare Advantage<br>MSA |           | OMB No. 1545-1517 Form <b>1099-SA</b> (Rev. November 2019) For calendar year |                                   | ID CORRE<br>town, state or province,<br>number | VOID address, city or towr and telephone numb | TRUSTEE'S/PAYER'S name, street a country, ZIP or foreign postal code, a     |
|--|-----------|--|-----------------------------------|--|---|---|
| Copy   |           | 20 2 Earnings on excess  | 1 Gross distribution              | S TIN  | RECIPIENT'S TIN                               | PAYER'S TIN   |
| Internal Revenue<br>Service Cente<br>File with Form 1096                 |           | 4 FMV on date of dea   | \$ 32,697,477 3 Distribution code |  |   | RECIPIENT'S name  |
| and Paperwor Reduction Ac Notice, see th current Genera                  | 79,924    | Ψ  | 5 HSA Archer MSA MA               | oreign postal code                             | ntry, and ZIP or forei                        | Street address (including apt. no.)  City or town, state or province, count |
| Certai<br>Informatio<br>Returns  |           |  | MSA L                             |  |   | Account number (see instructions)   |
| - Internal Revenue Servic  | reasury - | Department of the T  | rs.gov/Form1099SA                 | 38471D www.i                                   | Cat. No. 3847                                 | Form <b>1099-SA</b> (Rev. 11-2019)  |

Form 1099-MISC

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

|  |                              |             | · · ·                              |               |   |          |                             |
|--|------------------------------|-------------|------------------------------------|---------------|---|----------|-----------------------------|
| PAYER'S name, street address, city or foreign postal code, and telephone |                              | ountry, ZIP | 1 Rents                            |               | OMB No. 1545-0115                           |          |                             |
|  |                              |             | \$                                 | 4,852,792     | 2021  |          | Miscellaneous               |
|  |                              |             | 2 Royalties                        |               |   |          | Information                 |
| Total of all forms file  | ed = 22,077,197              |             | \$                                 | 5,384,643     | Form 1099-MISC                              |          |                             |
|  |                              |             | 3 Other income                     |               | 4 Federal income tax                        | withheld |                             |
|  |                              |             | \$                                 | 9,712,846     | \$ 2  | 97,953   | Copy 1                      |
| PAYER'S TIN  | RECIPIENT'S TIN              |             | 5 Fishing boat p                   | oroceeds      | 6 Medical and health care                   | payments | For State Tax<br>Department |
|  |                              |             | \$                                 | 47,608        | \$ 1,0                                      | 77,651   |                             |
| RECIPIENT'S name   |                              |             | 7 Payer made d<br>totaling \$5,000 |               | 8 Substitute payments dividends or interest |          |                             |
|  |                              |             | consumer pro-                      | ducts to      | \$  | 136,372  |                             |
| Street address (including apt. no.)                                      |                              |             | 9 Crop insuranc                    | e proceeds    | 10 Gross proceeds parattorney               | id to an |                             |
|  |                              |             | \$                                 | 156,441       | \$  | 90,442   |                             |
| City or town, state or province, count                                   | ry, and ZIP or foreign posta | l code      | 11 Fish purchase                   | ed for resale | 12 Section 409A defen                       | rals     |                             |
|  |                              |             | \$                                 |               | \$  | 565      |                             |
| Account number (see instructions)  | FATCA filing requirement     |             | 13 Excess golde payments           | n parachute   | 14 Nonqualified deferre                     | ed       |                             |
|  |                              |             | \$                                 | *             | \$  | 26,626   |                             |
|  |                              |             | 15 State tax with                  | held          | 16 State/Payer's state                      | no.      | 17 State income             |
|  |                              |             | \$                                 |               |   |          | \$                          |
|  |                              |             | \$                                 |               |   |          | \$                          |

Department of the Treasury - Internal Revenue Service

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

www.irs.gov/Form1099MISC

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

|  |  | 1 Rents                       |               | OMB No. 1545-0115             |          |                             |
|--|--|-------------------------------|---------------|-------------------------------|----------|-----------------------------|
| PAYER'S name, street address, city or foreign postal code, and telephone | or town, state or province, country, ZIP no. | I helits                      |               | OMB NO. 1343-0113             |          |                             |
|  |  | \$                            | 3,863,709     | 2021                          |          | Miscellaneous               |
| Total of all individuals rep   | resented = 16,790,969                        | 2 Royalties                   |               |                               |          | Information                 |
|  |  | \$                            | 3,579,903     | Form 1099-MISC                |          |                             |
|  |  | 3 Other income                | <b>;</b>      | 4 Federal income tax          | withheld |                             |
|  |  | \$                            | 8,902,444     | \$ 2                          | 89,541   | Copy 1                      |
| PAYER'S TIN  | RECIPIENT'S TIN                              | 5 Fishing boat                | proceeds      | 6 Medical and health care     | payments | For State Tax<br>Department |
|  |  | \$                            | 34,755        | \$ 3                          | 38,550   |                             |
| RECIPIENT'S name   |  | 7 Payer made d                |               | 8 Substitute payments         |          |                             |
|  |  | totaling \$5,000 consumer pro |               | dividends or interest         |          |                             |
|  |  | recipient for re              |               | \$ 4                          | 113,613  |                             |
| Street address (including apt. no.)                                      |  | 9 Crop insurance              | e proceeds    | 10 Gross proceeds pa attorney | id to an |                             |
|  |  | \$                            | 149,881       | \$                            | 67,193   |                             |
| City or town, state or province, count                                   | ry, and ZIP or foreign postal code           | 11 Fish purchase              | ed for resale | 12 Section 409A defer         | rals     |                             |
|  |  |                               |               |                               |          |                             |
|  |  | \$                            |               | \$                            | 544      |                             |
| Account number (see instructions)  | FATCA filing requirement                     | 13 Excess golde payments      | n parachute   | 14 Nonqualified deferra       | ed       |                             |
|  |  | \$                            | *             | \$                            | 26,598   |                             |
|  | <u> </u>                                     | 15 State tax with             | held          | 16 State/Payer's state        | no.      | 17 State income             |
|  |  | \$                            |               |                               |          | \$                          |
|  |  | \$                            |               | <b>†</b>                      |          | \$                          |

Form 1099-MISC

www.irs.gov/Form1099MISC

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

Form 1099-MISC

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

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |                  |                          | ZIP 1 Re     | ents  |                | OMB No. 1545-0                         | 115           |                              |
|---|------------------|--------------------------|--------------|---|----------------|--|---------------|------------------------------|
|   |                  |                          | \$<br>2 Rd   | oyalties  | 119,040,074    | 2021                                   |               | Miscellaneous<br>Information |
| Total of all forms filed = 22,077,197   |                  |                          | \$           |   | 32,015,886     | Form <b>1099-MI</b>                    | sc            |                              |
|   |                  |                          | <b>3</b> Ot  | her incom   | e              | 4 Federal income                       | tax withheld  |                              |
|   |                  |                          | \$           |   | 49,670,212     | \$                                     | 1,467,110     | Copy 1                       |
| PAYER'S TIN   | RECIPIEN         | T'S TIN                  | 5 Fis        | 5 Fishing boat proceeds                               |                | 6 Medical and health care payments     |               | <del>-</del>                 |
|   |                  |                          | \$           |   | 840,232        | \$                                     | 15,206,095    |                              |
| RECIPIENT'S name  | RECIPIENT'S name |                          |              | 7 Payer made direct sales totaling \$5,000 or more of |                | 8 Substitute payn<br>dividends or inte |               |                              |
|   |                  |                          |              | nsumer pro<br>cipient for r                           |                | \$                                     | 288,484       | ı                            |
| Street address (including apt. no.)   |                  |                          |              |   | ce proceeds    | 10 Gross proceed attorney              | ls paid to an | -                            |
|   |                  |                          | \$           |   | 5,418,000      | \$                                     | 7,412,699     |                              |
| City or town, state or province, coun   | try, and ZIP     | or foreign postal code   | 11 Fis       | sh purchas  | sed for resale | <b>12</b> Section 409A                 | deferrals     | 1                            |
|   |                  |                          | \$           |   |                | \$                                     | 16,355        | 5                            |
| Account number (see instructions)   |                  | FATCA filing requirement |              | cess golde<br>syments                                 | en parachute   | 14 Nonqualified d compensation         |               |                              |
|   |                  |                          | \$           |   | *              | \$                                     | 153,293       |                              |
|   |                  | <b>'</b>                 | <b>15</b> St | ate tax wit   | hheld          | 16 State/Payer's                       | state no.     | 17 State income              |
|   |                  |                          | \$           |   |                |  |               | \$                           |
|   |                  |                          | \$           |   |                | T                                      |               | \$                           |

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099MISC

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

OMB No. 1545-0118 PAYER'S name, street address, city or town, state or province, country, ZIP 1 Patronage dividends **Taxable** or foreign postal code, and telephone no. 1,113,198 **Distributions** 2 Nonpatronage distributions 2021 **Received From** \$ Total of all forms filed = 1,320,734 3 Per-unit retain allocations Cooperatives 264,355 Form 1099-PATR PAYER'S TIN RECIPIENT'S TIN 4 Federal income tax withheld 5 Redeemed nonqualified notices Copy B 8,555 For Recipient RECIPIENT'S name 6 Section 199A(g) deduction 7 Qualified payments This is important tax (Section 199A(b)(7)) information and is \$ 218,714 534,842 being furnished to the IRS. If you are required Street address (including apt. no.) 8 Section 199A(a) qual. items 9 Section 199A(a) SSTB items to file a return, a \$ 680,114 \$ negligence penalty or other sanction may be 10 Investment credit City or town, state or province, country, and ZIP or foreign postal code 11 Work opportunity credit imposed on you if this 9,851 293 income is taxable and the IRS determines that 12 Other credits and deductions 13 Specified Coop Account number (see instructions) it has not been reported. Form 1099-PATR (keep for your records) www.irs.gov/Form1099PATR Department of the Treasury - Internal Revenue Service

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP OMB No. 1545-0118 1 Patronage dividends **Taxable** or foreign postal code, and telephone no. 925.843 **Distributions** 2 Nonpatronage distributions 2021 Total of all individuals represented = 1,029,133 **Received From** 781 Cooperatives 3 Per-unit retain allocations 221,315 Form 1099-PATR PAYER'S TIN RECIPIENT'S TIN 4 Federal income tax withheld 5 Redeemed nonqualified notices Copy B 8,331 100,155 For Recipient 6 Section 199A(g) deduction 7 Qualified payments RECIPIENT'S name This is important tax (Section 199A(b)(7)) information and is 187,980 421,696 being furnished to the \$ IRS. If you are required Street address (including apt. no.) 8 Section 199A(a) qual. items 9 Section 199A(a) SSTB items to file a return, a \$ 542,369 \$ negligence penalty or other sanction may be City or town, state or province, country, and ZIP or foreign postal code 10 Investment credit 11 Work opportunity credit imposed on you if this 283 9,218 income is taxable and the IRS determines that 12 Other credits and deductions 13 Specified Coop Account number (see instructions) it has not been \$ reported. Form 1099-PATR (keep for your records) Department of the Treasury - Internal Revenue Service www.irs.gov/Form1099PATR

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

|   |                         | (           | crieckeu)           |   | _  |  |  |  |
|---|-------------------------|-------------|---------------------|---|--|--|--|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |                         | 1 Patrona   | ge dividends        | OMB No. 1545-0118                         |  |  |  |  |
|   |                         | \$          | 1,989,618           |   | Taxable                                      |  |  |  |
|   |                         | 2 Nonpatr   | onage distributions | 2021                                      |  | Distributions                                |  |  |
| Total of all forms filed = 1,320,734  |                         |             | 871                 |   | F  | Received From                                |  |  |
| 10tai 01 ali 10tilis illeu = 1,320,734  |                         | 3 Per-unit  | retain allocations  | 1   |  | Cooperatives                                 |  |  |
|   |                         | \$          | 34,295,301          | Form 1099-PATR                            | r  |  |  |  |
| PAYER'S TIN   | RECIPIENT'S TIN         | 4 Federal   | ncome tax withheld  | 5 Redeemed nonqualif                      | ied notices                                  | Copy B                                       |  |  |
|   |                         | \$          | 1,835               | \$  | 99,877                                       |  |  |  |
| RECIPIENT'S name  |                         | 6 Section   | 199A(g) deduction   | 7 Qualified payment<br>(Section 199A(b)(7 |  | This is important tax information and is     |  |  |
|   |                         | \$          | 654,264             | \$ 31,                                    | 234,588                                      | being furnished to the                       |  |  |
| Street address (including apt. no.)   |                         | 8 Section   | 199A(a) qual. items | 9 Section 199A(a) SS                      | IRS. If you are required to file a return, a |  |  |  |
|   |                         | \$          | 28,806,951          | \$  | 510  | negligence penalty or                        |  |  |
| City or town, state or province, country, and ZIP or foreign postal code  |                         | 10 Investme | ent credit          | 11 Work opportunity credit                |  | other sanction may be imposed on you if this |  |  |
|   |                         | \$          | 183,940             | \$  | 15,719                                       | income is taxable and                        |  |  |
| Account number (see instructions)   |                         | 12 Other cr | edits and deduction | s 13 Speci                                | fied Coop                                    | the IRS determines that it has not been      |  |  |
|   |                         | \$          |                     | * [                                       |  | reported.                                    |  |  |
| orm 1099-PATR   | (keep for your records) | www.irs.go  | //Form1099PATR      | Department of the                         | Treasury -                                   | Internal Revenue Service                     |  |  |

<sup>\*</sup> Data not shown because of the small number of sample returns on which they are based.

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

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 109,645,201 |  |                             | 1 Gross distribution \$ 109,183,523 2a Taxable amount \$ 90,414,795 |   |         | OMB No. 1545-0 2021 Form 1099-            | Pr                           | Distributions From<br>Pensions, Annuities<br>Retirement of<br>Profit-Sharing Plans<br>IRAs, Insurance<br>Contracts, etc |  |  |
|---|--|-----------------------------|---|---|---------|---|------------------------------|---|--|--|
|   |  |                             | 21  | <b>b</b> Taxable amount not determined  |         | Total distribution                        |                              | Copy 1  |  |  |
| PAYER'S TIN   | RECIPIENT'S TIN                        | N                           | 3   | Capital gain (included box 2a)  | in      | 4 Federal incon withheld                  | ne tax                       | For<br>State, City,<br>or Local   |  |  |
|   |  |                             | \$  | 26,0  | 56      | \$  | 56,015,049                   | Tax Department  |  |  |
| RECIPIENT'S name  |  |                             | 5   | Employee contributions<br>Designated Roth<br>contributions or<br>insurance premiums | S/      | 6 Net unrealize appreciation employer's s | in                           |   |  |  |
| Street address (including apt. no   | o.)                                    |                             | 7   | Distribution code(s) IRA/<br>SEP/<br>SIMF   | ′ I     | 8 Other<br>767,371                        | %                            |   |  |  |
| City or town, state or province, co   | untry, and ZIP or for                  | eign postal code            | 98  | P 1 1 1 1   | al<br>% | <b>9b</b> Total employee                  | e contributions<br>2,865,887 |   |  |  |
| within 5 years  | 11 1st year of desig.<br>Roth contrib. | 12 FATCA filing requirement |   | 4 State tax withheld  |         | 15 State/Payer                            | 's state no.                 | 16 State distribution<br>\$   |  |  |
| \$ 4,410  |  |                             | \$  |   |         |   |                              | \$  |  |  |
| Account number (see instructions) 13 Date of payment  |  |                             | 17<br>\$  | 7 Local tax withheld  |         | 18 Name of loo                            | cality                       | 19 Local distribution \$  |  |  |
|   |  |                             | \$  |   | †       |   |                              | Ī\$   |  |  |

Form **1099-R** 

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

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all individuals represented = 64,149,183 |  |                             | \$   | a Taxable amoun                     | 955,421  | OMB No. 1545-0119 2021 Form 1099-R |                                 | Pr                      | Distributions From<br>Pensions, Annuities,<br>Retirement or<br>Profit-Sharing Plans,<br>IRAs, Insurance<br>Contracts, etc. |                          |
|--|--|-----------------------------|--|-------------------------------------|--|------------------------------------|---------------------------------|-------------------------|--|--------------------------|
|  |  |                             | 21   | b Taxable amoun<br>not determined   | t  |                                    | Total<br>distribution           |                         |  | Copy 1<br>For            |
| PAYER'S TIN  | YER'S TIN RECIPIENT'S TIN              |                             |  | 3 Capital gain (included in box 2a) |  |                                    | Federal income tax     withheld |                         |  | State, City,<br>or Local |
|  |  |                             | \$   |                                     | 23,180   | \$                                 |                                 | 38,106,577              | Tax  | c Department             |
| RECIPIENT'S name   |  | 5                           | Employee contrib<br>Designated Roth<br>contributions or<br>insurance premiur |                                     | 6 Net unrealized appreciation in employer's securities |                                    |                                 |                         |  |                          |
|  |  |                             | \$   |                                     |  | \$                                 |                                 | 30,036                  |  |                          |
| Street address (including apt. no.)  |  |                             | 7  | Distribution code(s)                | IRA/<br>SEP/<br>SIMPLE                                 | 8                                  | Other <b>732,136</b>            | %                       |  |                          |
| City or town, state or province, co  | untry, and ZIP or for                  | eign postal code            | 98   | Your percentage distribution        | of total   |                                    | Total employee                  | contributions 2,840,197 |  |                          |
| within 5 years   | 11 1st year of desig.<br>Roth contrib. | 12 FATCA filing requirement |  | 4 State tax withhel                 | ld   | 15                                 | State/Payer                     | 's state no.            | <b>16</b> S  | tate distribution        |
| <b>&gt;</b>  |  |                             | \$   |                                     |  |                                    |                                 |                         | \$   |                          |
| ,  |  | 13 Date of payment          | \$   | 7 Local tax withheld                |  | 18                                 | Name of loc                     | :ality                  | 19 L<br>\$   | ocal distribution        |
|  |  |                             | IS.  |                                     |  | 1                                  |                                 |                         | IS   |                          |

Department of the Treasury - Internal Revenue Service

www.irs.gov/Form1099R

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

| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Total of all forms filed = 109,645,201 |                                       |                | Gross distribution  2,484,4  Taxable amount  1,392,6                     | 100,000                | OMB No. 1545-0 2021 Form 1099-            | Distributions From<br>ensions, Annuities,<br>Retirement or<br>rofit-Sharing Plans,<br>IRAs, Insurance<br>Contracts, etc. |                                 |
|---|---------------------------------------|----------------|--|------------------------|---|--|---------------------------------|
|   |                                       | 2b             | Taxable amount not determined  | t                      | Total<br>distribution                     |  | Copy 1                          |
| PAYER'S TIN RECIPIENT'S   | TIN RECIPIENT'S TIN                   |                |  | uded in                | 4 Federal incom<br>withheld               | ne tax   | For<br>State, City,<br>or Local |
|   |                                       | \$             | 1  | 63,453                 | <br> \$       1                           | 157,828,806  | Tax Department                  |
| RECIPIENT'S name  |                                       |                | Employee contribution Designated Roth contributions or insurance premiur |                        | 6 Net unrealize appreciation employer's s | in<br>ecurities  |                                 |
| Street address (including apt. no.)   |                                       |                | Distribution code(s)   | IRA/<br>SEP/<br>SIMPLE | 8 Other<br>\$ 2,367,150                   | 2,740,410  |                                 |
| City or town, state or province, country, and ZIP or  | foreign postal code                   | 9a             | Your percentage distribution   | of total<br>%          | 9b Total employee<br>\$                   | contributions<br>07,699,393  |                                 |
| 10 Amount allocable to IRR within 5 years  11 1st year of des Roth contrib.   | g. <b>12</b> FATCA filing requirement |                | State tax withhele   | d                      | 15 State/Payer                            | 's state no.   | 16 State distribution \$        |
| Account number (see instructions)  13 Date of payment   |                                       | 17<br>\$<br>\$ | Local tax withhel  | d                      | 18 Name of loo                            | cality   | 19 Local distribution<br>\$     |