

**TY2023 Form 8038-CP MeF ATS Scenario 5**  
**EIN: 00-9000004**

**Forms Required:** 8038-CP

**PreparerFirmGrp**

**PreparerFirmEIN** – 00-5000002

**PreparerFirmName** – Hatch Accountancy Services

**PreparerFirmUSAddress** – 123 Jefferson Avenue, Bedford Falls, NY 10507

**MultSoftwarePackagesUsedInd** -- no

**OriginatorGrp**

**EFIN** – as assigned

**OriginatorTypeCd** – ERO

**PractitionerPINGrp**

**EFIN** – as assigned

**PIN** – 15512

**PinEnteredByCd** – ERO or N/A for Online Filer

**SignatureOptionCd** – Pin Number or Binary Attachment 8453 Signature Document

**ReturnTypeCd** – 8038CP

**TaxPeriodEndDt** – 12/31/2023

**Filer**

**EIN** – 00-9000004

**BusinessName** – Anytown

**BusinessNameControlTxt** -- ANYT

**USAddress** – 123 Street, No Town, GA 30308

**IssuerSignatureGrp**

**PersonNm** – George Bailey

**PersonTitleTxt** -- President

**PhoneNum** – 518-555-1212

**EmailAddressTxt** --

**SignatureDt** – self-select

**TaxpayerPIN** – self-select

**TY2023 8038-CP MeF ATS Scenario 5 cont.**

**PreparerPersonDetail**

**PreparerPersonNm** – Jane YYY

**PTIN** – P900000009

**PhoneNum** – 404-111-0000

**EmailAddressTxt** --

**PreparationDt** – self select

**SelfEmployedInd** – Y

**SigningOfficerGrp**

**PersonFirstNm** - John

**PersonLastNm** - XYZ

**SSN** – 111-00-1111

**IRSResponsiblePrtyInfoCurrInd** -- Y

**binaryAttachmentCnt** – 0

► Go to [www.irs.gov/Form8038CP](http://www.irs.gov/Form8038CP) for instructions and the latest information.

[illegible]

Check if **Amended Return** (see instructions) ☐

|   |   |            |  |
|---|---|------------|--|
| 1 | Name of entity that is to receive payment of the credit                                   | 2          | Employer identification number (EIN)               |
| 3 | Number and street (or P.O. box no. if mail is not delivered to street address)            | Room/suite |  |
| 4 | City, town, or post office; state; and ZIP code   |            |  |
| 5 | Name and title of designated contact person whom the IRS may contact for more information | 6          | Telephone number of contact person shown on line 5 |

## Part II Reporting Authority

|   |            |  |
|---|------------|--|
| <b>7</b> Issuer's name (if same as line 1, enter "SAME" and skip lines 8, 9, 11, 15, and 16)      |            | <b>8</b> EIN   |
| <b>9</b> Number and street (or P.O. box no. if mail is not delivered to street address)           | Room/suite | <b>10</b> Report number (see instructions)<br><div> <div></div> <div></div> <div></div> </div> |
| <b>11</b> City, town, or post office; state; and ZIP code   |            | <b>12</b> Date of issue (MM/DD/YYYY)   |
| <b>13</b> Name of issue   |            | <b>14</b> CUSIP number (see instructions)  |
| <b>15</b> Name and title of officer or other person whom the IRS may contact for more information |            | <b>16</b> Telephone number of contact person shown on line 15                                  |

|            |  |          |                       |            |  |
|------------|--|----------|-----------------------|------------|--|
| <b>17a</b> | Check applicable box (see instructions) <input type="checkbox"/> Variable rate bond <input type="checkbox"/> Fixed rate bond | <b>b</b> | Enter the issue price | <b>17b</b> |  |
| <b>c</b>   | Enter code number for type of bonds (see instructions)   |          |                       |            |  |

**Part III Payment of Credit** (For specified tax credit bonds with multiple maturities, see instructions.)

|            |   |   |
|------------|---|---|
| <b>18</b>  | Interest payment date to which this payment of credit relates (MM/DD/YYYY)  |   |
| <b>19a</b> | Interest payable to bondholders on the interest payment date. See instructions                                    |   |
| <b>b</b>   | For specified tax credit bonds only, enter the applicable credit rate determined under sec. 54A(b)(3)             | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> % |
| <b>c</b>   | For specified tax credit bonds only, complete Schedule A and enter amount from Schedule A, line 3                 |   |
| <b>20</b>  | Amount of credit allowed for the interest payment date (complete only line 20a, 20b, 20c, 20d, 20e, or 20f)       |   |
| <b>a</b>   | Build America bonds. Multiply line 19a by 35% (0.35)  |   |
| <b>b</b>   | Recovery zone economic development bonds. Multiply line 19a by 45% (0.45)   |   |
| <b>c</b>   | New clean renewable energy bonds, enter the smaller of lines 19a or 19c   |   |
| <b>d</b>   | Qualified energy conservation bonds, enter the smaller of lines 19a or 19c  |   |
| <b>e</b>   | Qualified zone academy bonds, enter the smaller of lines 19a or 19c   |   |
| <b>f</b>   | Qualified school construction bonds, enter the smaller of lines 19a or 19c  |   |
| <b>21</b>  | Adjustment to previous credit payments (complete line 21a OR line 21b only):                                      |   |
| <b>a</b>   | Net increase to previous payments   |   |
| <b>b</b>   | Net decrease to previous payments   |   |
| <b>c</b>   | Enter explanation code for lines 21a or 21b (see instructions)  | <input type="text"/> <input type="text"/> <input type="text"/>                          |
| <b>22</b>  | Amount of credit payment requested. Combine either line 20a, 20b, 20c, 20d, 20e, or 20f with line 21a or line 21b |   |
| <b>23a</b> | Has there been a change to the debt service schedule most recently filed with the IRS?                            | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |
| <b>b</b>   | If "Yes," enter the explanation code and attach the revised debt service schedule (see instructions)              | <input type="text"/> <input type="text"/> <input type="text"/>                          |
| <b>24a</b> | Have you paid or will you pay all the interest from line 19a on or before the date from line 18? See instructions | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |
| <b>b</b>   | If "No," enter the explanation code (see instructions).   | <input type="text"/> <input type="text"/> <input type="text"/>                          |
| <b>25</b>  | Is this return submitted for the final interest payment date for the bonds?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |

|                       |   |  |  |  |  |  |  |  |  |                |                                   |                                  |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|--|--|--|----------------|-----------------------------------|----------------------------------|--|--|--|--|--|
| <b>Direct Deposit</b> | <b>26</b> Enter direct deposit information below: |  |  |  |  |  |  |  |  |                |                                   |                                  |  |  |  |  |  |
|                       | <b>a</b> Routing number                           |  |  |  |  |  |  |  |  | <b>b</b> Type: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |  |  |  |  |  |
|                       | <b>c</b> Account number                           |  |  |  |  |  |  |  |  |                |                                   |                                  |  |  |  |  |  |

|                  |   |
|------------------|---|
| Signature<br>and | Under penalties of perjury, I declare that I have examined this return, and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I authorize the IRS to send the requested refundable credit payment to the entity identified in Part I, and I consent to the disclosure of the issuer's return information, as necessary to process the refundable credit payment, to the designated contact person(s) listed above in Parts I and II, as applicable. |
|                  |   |

**Signature of issuer** \_\_\_\_\_ **Date** \_\_\_\_\_ **Type or print name and title** \_\_\_\_\_

|                                       |                            |                      |      |   |      |
|---------------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                                       | Firm's name ▶              |                      |      | Firm's EIN ▶                                    |      |
|                                       | Firm's address ▶           |                      |      | Phone no.                                       |      |