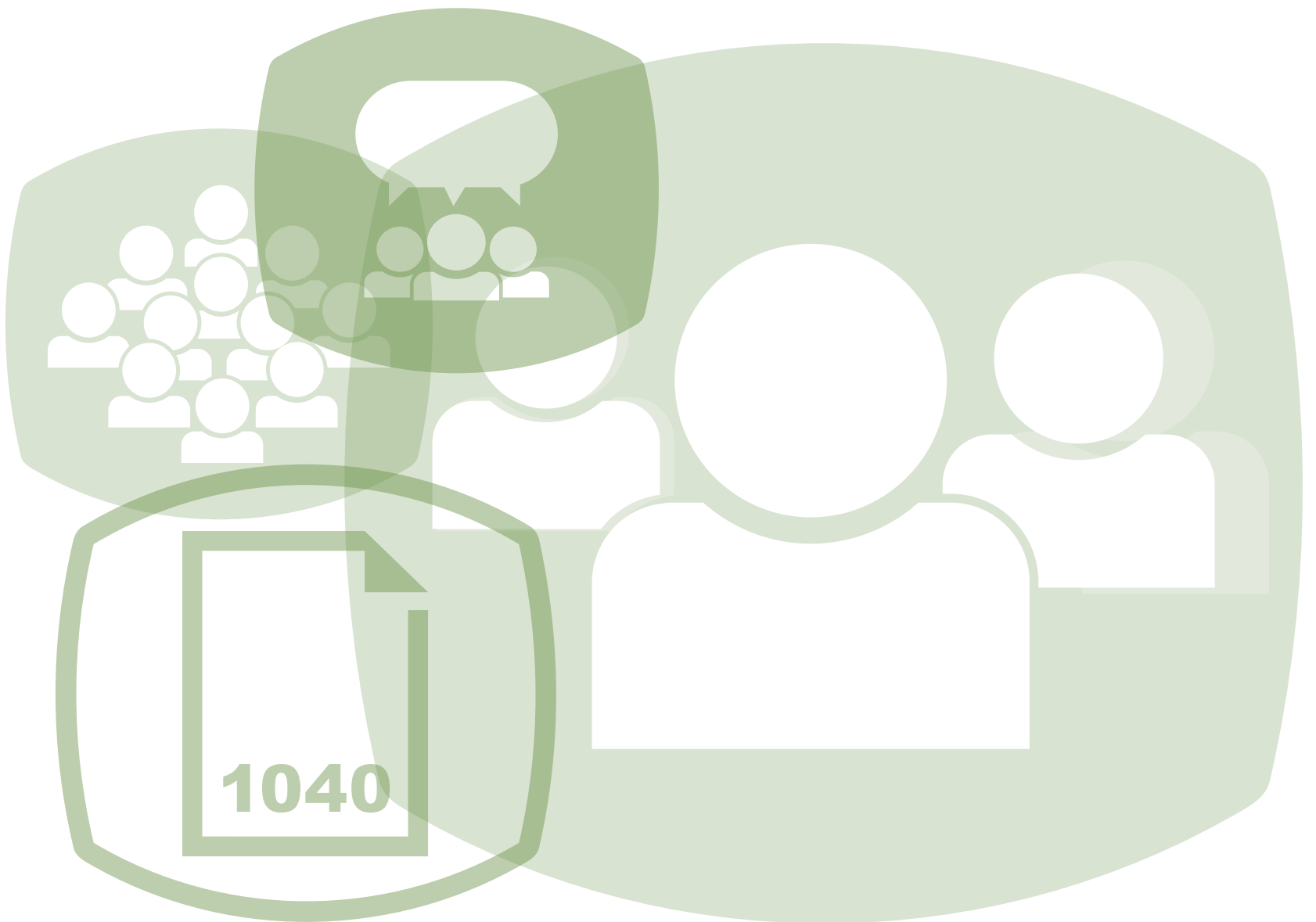




**Statistics of Income**

**Individual  
Information Returns  
Line Item Estimates**

**2020**



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

# 2020 Individual Information Returns, Line Item Estimates

(Rev. 2-2023)

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This 2020 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 2020 Individual SOI complete report weighted file. The estimates presented here are based on returns filed in Processing Year 2021 that were sampled statistically and then weighted to estimate the entire 2020 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--2020  
Individual Information Returns  
Line Item Estimates  
Internal Revenue Service  
Washington, D.C.

# Description of the Sample for the Line Item Estimates

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

## Domain of Study

The statistics in this report are estimates from a probability sample of Individual Information Returns, filed by third parties about certain business and money transactions on behalf of U.S. citizens and residents selected for inclusion in the sample of unaudited Individual Income Tax Returns, Form 1040 (including electronic returns) filed during Calendar year 2020, being reported as a dependent on a selected Tax Return, or if the citizen or resident for which the information return was filed possesses certain combinations of the four ending digits of the social security number (SSN) but no Tax Return was filed. To avoid double counting, information returns associated with dependent tax returns were excluded because they were instead included in association with their parents returns.

All returns processed during 2021 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 2020. While most of the returns processed during Calendar Year 2021 were filed for Tax Year 2020, 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 2021 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 social security number (SSN).

### **Data Capture and Cleaning**

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

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

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2020, about 0.7 percent of the sample returns were unavailable.

Due to the COVID-19 pandemic, delays in processing Tax Year 2020 returns occurred because of the temporary closing of submission processing centers. Approximately 4.5 million tax returns were

ultimately processed during the beginning of Tax Year 2021. Individuals associated with these tax returns were moved into the Tax Year 2020 sample domain.

### **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 (SE) of an estimate is a measure of the variation among the estimates from the possible samples and, thus, is a measure of the precision with which an estimate from a particular sample approximates the average of the estimates calculated from all possible samples.

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p style="text-align: center;"><b>Total of all forms filed = 2,900,159</b></p>		FILER'S TIN		OMB No. 1545-2205		<b>2020</b> Form <b>1099-K</b>	<b>Payment Card and Third Party Network Transactions</b>		
		PAYEE'S TIN							
		<b>1a</b> Gross amount of payment card/third party network transactions \$ <b>2,864,272</b>							
		<b>1b</b> Card Not Present transactions \$ <b>1,749,737</b>		<b>2</b> Merchant category code					
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>3</b> Number of payment transactions		<b>4</b> Federal income tax withheld \$ <b>19,406</b>		<b>Copy 1 For State Tax Department</b>	
PAYEE'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code  PSE'S name and telephone number  Account number (see instructions)		<b>5a</b> January \$ <b>1,928,305</b>		<b>5b</b> February \$ <b>1,973,039</b>					
		<b>5c</b> March \$ <b>1,985,507</b>		<b>5d</b> April \$ <b>1,607,064</b>					
		<b>5e</b> May \$ <b>1,799,170</b>		<b>5f</b> June \$ <b>1,918,860</b>					
		<b>5g</b> July \$ <b>1,956,084</b>		<b>5h</b> August \$ <b>1,977,562</b>					
		<b>5i</b> September \$ <b>1,968,945</b>		<b>5j</b> October \$ <b>1,966,612</b>					
		<b>5k</b> November \$ <b>1,929,227</b>		<b>5l</b> December \$ <b>1,873,993</b>					
		<b>6</b> State		<b>7</b> State identification no.		<b>8</b> State income tax withheld \$ \$			

Form **1099-K**

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

Department of the Treasury - Internal Revenue Service

**2020 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.  <b>Total of all individuals represented = 2,377,774</b>		FILER'S TIN	OMB No. 1545-2205		<b>2020</b>  <b>Form 1099-K</b>	<b>Payment Card and Third Party Network Transactions</b>	
		PAYEE'S TIN					
		<b>1a</b> Gross amount of payment card/third party network transactions \$ <b>2,351,292</b>	<b>2</b> Merchant category code				
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>1b</b> Card Not Present transactions \$ <b>1,457,468</b>	<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$ <b>16,582</b>	<b>Copy 1 For State Tax Department</b>
PAYEE'S name		<b>5a</b> January \$ <b>1,721,690</b>	<b>5b</b> February \$ <b>1,768,942</b>				
Street address (including apt. no.)		<b>5c</b> March \$ <b>1,776,022</b>	<b>5d</b> April \$ <b>1,449,039</b>				
City or town, state or province, country, and ZIP or foreign postal code		<b>5e</b> May \$ <b>1,601,568</b>	<b>5f</b> June \$ <b>1,703,741</b>				
PSE'S name and telephone number		<b>5g</b> July \$ <b>1,752,900</b>	<b>5h</b> August \$ <b>1,771,483</b>				
		<b>5i</b> September \$ <b>1,773,058</b>	<b>5j</b> October \$ <b>1,768,803</b>				
		<b>5k</b> November \$ <b>1,738,443</b>	<b>5l</b> December \$ <b>1,682,765</b>				
Account number (see instructions)		<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$ \$			

Form 1099-K

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

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

 VOID  CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 2,900,159</b>		FILER'S TIN	OMB No. 1545-2205  <b>2020</b>  Form <b>1099-K</b>		<b>Payment Card and Third Party Network Transactions</b>
		PAYEE'S TIN			
		<b>1a</b> Gross amount of payment card/third party network transactions \$ <b>167,042,472</b>			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>Copy 1 For State Tax Department</b>	
		<b>1b</b> Card Not Present transactions \$ <b>60,804,860</b>	<b>2</b> Merchant category code		
PAYEE'S name		<b>5a</b> January \$ <b>12,077,797</b>	<b>5b</b> February \$ <b>12,606,982</b>		
		<b>5c</b> March \$ <b>11,728,485</b>	<b>5d</b> April \$ <b>10,165,627</b>		
Street address (including apt. no.)		<b>5e</b> May \$ <b>13,398,729</b>	<b>5f</b> June \$ <b>14,292,683</b>		
		<b>5g</b> July \$ <b>15,232,485</b>	<b>5h</b> August \$ <b>15,745,304</b>		
City or town, state or province, country, and ZIP or foreign postal code		<b>5i</b> September \$ <b>14,787,099</b>	<b>5j</b> October \$ <b>15,483,361</b>		
		<b>5k</b> November \$ <b>15,832,096</b>	<b>5l</b> December \$ <b>15,684,240</b>		
PSE'S name and telephone number		<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld	
Account number (see instructions)				\$	
				\$	

Form **1099-K**

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.  
Number of Forms filed for selected line**

<b>22222</b>		a Employee's social security number		OMB No. 1545-0008							
b Employer identification number (EIN)			1 Wages, tips, other compensation <b>267,334,955</b>		2 Federal income tax withheld <b>221,690,856</b>						
c Employer's name, address, and ZIP code  <b>Total of all forms filed = 268,683,613</b>			3 Social security wages <b>255,441,403</b>		4 Social security tax withheld <b>253,917,872</b>						
			5 Medicare wages and tips <b>261,859,247</b>		6 Medicare tax withheld <b>257,059,356</b>						
			7 Social security tips <b>11,197,326</b>		8 Allocated tips <b>53,287</b>						
d Control number			9		10 Dependent care benefits <b>2,181,023</b>						
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C, "D" E, "F"		<b>71,794,896</b>	
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b "AA"		<b>8,852,763</b>	
						14 Other		12c "DD"		<b>75,159,615</b>	
								12d "W"		<b>15,253,183</b>	
f Employee's address and ZIP code											
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income 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

**2020**

Department of the Treasury—Internal Revenue Service



**2020 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. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation <b>184,034,361</b>		2 Federal income tax withheld <b>168,145,761</b>				
c Employer's name, address, and ZIP code  <b>Total of all individuals represented = 184,474,641</b>			3 Social security wages <b>176,781,880</b>		4 Social security tax withheld <b>176,281,116</b>				
			5 Medicare wages and tips <b>181,243,622</b>		6 Medicare tax withheld <b>180,153,796</b>				
			7 Social security tips <b>9,556,241</b>		8 Allocated tips <b>53,284</b>				
d Control number			9		10 Dependent care benefits <b>2,097,361</b>				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o d e s "D", "E", "F"	<b>67,624,333</b>
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o d e s "AA"	<b>8,560,563</b>
						14 Other		12c C o d e s "DD"	<b>70,823,135</b>
								12d C o d e s "W"	<b>14,726,954</b>
f Employee's address and ZIP code									
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income 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

**2020**

Department of the Treasury—Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.  
Amount of selected lines filed (in thousands of dollars)**

22222		a Employee's social security number		OMB No. 1545-0008					
b Employer identification number (EIN)			1 Wages, tips, other compensation <b>8,160,100,000</b>		2 Federal income tax withheld <b>1,294,143,500</b>				
c Employer's name, address, and ZIP code  <b>Total of all forms filed = 268,683,613</b>			3 Social security wages <b>7,735,142,300</b>		4 Social security tax withheld <b>480,762,505</b>				
			5 Medicare wages and tips <b>9,663,962,800</b>		6 Medicare tax withheld <b>150,244,436</b>				
			7 Social security tips <b>37,131,046</b>		8 Allocated tips <b>48,875</b>				
d Control number			9		10 Dependent care benefits <b>6,013,753</b>				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a "C", "D" "E", "F"	<b>372,829,231</b>
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b "AA"	<b>38,227,639</b>	
						14 Other	12c "DD"	<b>749,026,069</b>	
							12d "W"	<b>36,234,742</b>	
f Employee's address and ZIP code									
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income 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

**2020**

Department of the Treasury—Internal Revenue Service

**2020 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, country, and ZIP or foreign postal code  <b>Total of all forms filed = 303,261</b>		1 Date option granted	OMB No. 1545-2129	<b>Form 3921</b>  (Rev. October 2017)	<b>Exercise of an Incentive Stock Option Under Section 422(b)</b>
		2 Date option exercised			
TRANSFEROR'S TIN	EMPLOYEE'S TIN	3 Exercise price per share	4 Fair market value per share on exercise date	<b>Copy B For Employee</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.	
EMPLOYEE'S name		\$ <b>256,520</b>	\$ <b>277,742</b>		
Street address (including apt. no.)		5 No. of shares transferred			
City or town, state or province, country, and ZIP or foreign postal code		6 If other than TRANSFEROR, name, address, and TIN of corporation whose stock is being transferred			
Account number (see instructions)					

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

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

TRANSFEROR'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 112,557</b>		1 Date option granted	OMB No. 1545-2129  <b>Form 3921</b>  (Rev. October 2017)	<p align="center"><b>Exercise of an Incentive Stock Option Under Section 422(b)</b></p> <p align="center"><b>Copy B For Employee</b></p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.</p>
		2 Date option exercised		
TRANSFEROR'S TIN	EMPLOYEE'S TIN	3 Exercise price per share	4 Fair market value per share on exercise date	
EMPLOYEE'S name		\$ <b>88,541</b>	\$ <b>97,304</b>	
Street address (including apt. no.)		5 No. of shares transferred		
City or town, state or province, country, and ZIP or foreign postal code		6 If other than TRANSFEROR, name, address, and TIN of corporation whose stock is being transferred		
Account number (see instructions)				

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

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

TRANSFEROR'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <p style="text-align: center;"><b>Total of all forms filed = 303,261</b></p>		1 Date option granted	OMB No. 1545-2129	<b>Form 3921</b>  (Rev. October 2017)	<b>Exercise of an Incentive Stock Option Under Section 422(b)</b>
		2 Date option exercised			
TRANSFEROR'S TIN	EMPLOYEE'S TIN	3 Exercise price per share	4 Fair market value per share on exercise date	<b>Copy B For Employee</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.	
EMPLOYEE'S name		\$ <b>6,446</b>	\$ <b>32,132</b>		
Street address (including apt. no.)		5 No. of shares transferred			
City or town, state or province, country, and ZIP or foreign postal code		6 If other than TRANSFEROR, name, address, and TIN of corporation whose stock is being transferred			
Account number (see instructions)					

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

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

2626

## Number of Forms filed for selected line

 VOID  CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 6,294,760</b>		1 Date option granted	OMB No. 1545-2129	<b>Form 3922</b>  (Rev. September 2016)	<b>Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)</b>
		2 Date option exercised			
CORPORATION'S federal identification number	EMPLOYEE'S identification number	3 Fair market value per share on grant date	4 Fair market value per share on exercise date	<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>current version of the General Instructions for Certain Information Returns.</b>	
EMPLOYEE'S name		\$ <b>6,280,850</b>	\$ <b>6,276,641</b>		
Street address (including apt. no.)		5 Exercise price paid per share	6 No. of shares transferred		
City or town, state or province, country, and ZIP or foreign postal code		\$ <b>6,277,242</b>			
Account number (see instructions)		7 Date legal title transferred	8 Exercise price per share determined as if the option was exercised on the date shown in box 1		
			\$ <b>5,923,808</b>		

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

Cat. No. 41180P

www.irs.gov/form3922

Department of the Treasury - Internal Revenue Service

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## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

2626

## Number of individuals for selected line

 VOID  CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 2,112,270</b>		1 Date option granted	OMB No. 1545-2129	<b>Form 3922</b>  (Rev. September 2016)	<b>Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)</b>
		2 Date option exercised			
CORPORATION'S federal identification number	EMPLOYEE'S identification number	3 Fair market value per share on grant date	4 Fair market value per share on exercise date	<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>current version of the General Instructions for Certain Information Returns.</b>	
EMPLOYEE'S name		\$ <b>2,111,123</b>	\$ <b>2,108,368</b>		
Street address (including apt. no.)		5 Exercise price paid per share	6 No. of shares transferred		
City or town, state or province, country, and ZIP or foreign postal code		\$ <b>2,108,669</b>			
Account number (see instructions)		7 Date legal title transferred	8 Exercise price per share determined as if the option was exercised on the date shown in box 1		
			\$ <b>2,054,288</b>		

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

Cat. No. 41180P

www.irs.gov/form3922

Department of the Treasury - Internal Revenue Service

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## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

Amount of selected lines filed (in thousands of dollars)

2626

 VOID CORRECTED

CORPORATION'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 6,294,760</b>		1 Date option granted	OMB No. 1545-2129	<b>Form 3922</b>  (Rev. September 2016)	<b>Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)</b>  <b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>current version of the General Instructions for Certain Information Returns.</b>
		2 Date option exercised			
CORPORATION'S federal identification number	EMPLOYEE'S identification number	3 Fair market value per share on grant date	4 Fair market value per share on exercise date		
EMPLOYEE'S name		\$ <b>653,235</b>	\$ <b>713,633</b>		
Street address (including apt. no.)		5 Exercise price paid per share	6 No. of shares transferred		
City or town, state or province, country, and ZIP or foreign postal code		\$ <b>577,136</b>			
Account number (see instructions)		7 Date legal title transferred			
		8 Exercise price per share determined as if the option was exercised on the date shown in box 1			
		\$ <b>551,237</b>			

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

Cat. No. 41180P

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020	OMB No. 1545-1518	<b>2020</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>		
Total of all forms filed = 24,748,632		\$ 2,301	2 Total contributions made in 2020			Form 5498-SA	
TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or Archer MSA contributions made in 2021 for 2020		<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2020 General Instructions for Certain Information Returns.</b>			
		\$ 2,054,586					
PARTICIPANT'S name		4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA				
		\$ 16,239	\$ 21,356,454				
Street address (including apt. no.)		6 HSA <input type="checkbox"/>					
City or town, state or province, country, and ZIP or foreign postal code		Archer MSA <input type="checkbox"/>					
Account number (see instructions)		MA <input type="checkbox"/>					
		MSA <input type="checkbox"/>					

Form 5498-SA

Cat. No. 38467V

www.irs.gov/Form5498SA

Department of the Treasury - Internal Revenue Service

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020	OMB No. 1545-1518	<b>2020</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
<b>Total of all individuals represented = 21,925,513</b>		\$ 2,301			
		2 Total contributions made in 2020			
		\$ 16,036,378			Form <b>5498-SA</b>
TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or Archer MSA contributions made in 2021 for 2020			<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2020 General Instructions for Certain Information Returns.</b>
		\$ 2,051,479			
PARTICIPANT'S name		4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA		
		\$ 16,239	\$ 19,839,545		
Street address (including apt. no.)		6 HSA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code		Archer MSA <input type="checkbox"/>			
Account number (see instructions)		MA MSA <input type="checkbox"/>			

Form **5498-SA**

Cat. No. 38467V

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

Department of the Treasury - Internal Revenue Service

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

2727  VOID  CORRECTED  
**Amount of selected lines filed (in thousands of dollars)**

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020	OMB No. 1545-1518	<b>2020</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
<b>Total of all forms filed = 24,748,632</b>		\$ 5,717	Form <b>5498-SA</b>		
2 Total contributions made in 2020		\$ 42,270,542			
TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or Archer MSA contributions made in 2021 for 2020		<b>Copy A</b> <b>For</b> <b>Internal Revenue</b> <b>Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>2020 General Instructions for Certain Information Returns.</b>	
		\$ 1,488,188			
PARTICIPANT'S name		4 Rollover contributions	5 Fair market value of HSA, Archer MSA, or MA MSA		
		\$ 131,249	\$ 83,654,762		
Street address (including apt. no.)		6 HSA <input type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code		Archer MSA <input type="checkbox"/>			
Account number (see instructions)		MA <input type="checkbox"/>			
		MSA <input type="checkbox"/>			

Form **5498-SA**

Cat. No. 38467V

www.irs.gov/Form5498SA

Department of the Treasury - Internal Revenue Service

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**2020 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		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)		OMB No. 1545-0747		<b>2020</b> (Rev. April 2020)	<b>IRA Contribution Information</b>
		\$ <b>6,009,317</b>		2 Rollover contributions			
<b>Total of all forms filed = 140,165,069</b>		3 Roth IRA conversion amount		4 Recharacterized contributions		<b>Copy B</b>	
		\$ <b>1,377,297</b>		\$ <b>90,662</b>			
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	5 FMV of account		6 Life insurance cost included in box 1		<b>For Participant</b>	
		\$ <b>133,812,257</b>		\$ *			
PARTICIPANT'S name		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		9 SIMPLE contributions		This information is being furnished to the IRS.	
		\$ <b>1,299,672</b>		\$ <b>3,030,171</b>			
Street address (including apt. no.)		10 Roth IRA contributions		11 If checked, required minimum distribution for 2021 <input type="checkbox"/>		<b>Copy B</b>	
		\$ <b>11,610,768</b>					
City or town, state or province, country, and ZIP or foreign postal code		12a RMD date		12b RMD amount		<b>For Participant</b>	
				\$ <b>4,482,656</b>			
		13a Postponed/late contrib.		13b Year		13c Code	
		\$ <b>463</b>					
		14a Repayments		14b Code			
		\$ <b>6,692</b>					
Account number (see instructions)		15a FMV of certain specified assets		15b Code(s)			
		\$ <b>1,745,189</b>					

Form **5498** (Rev. April 2020)

(keep for your records)

www.irs.gov/Form5498

Department of the Treasury - Internal Revenue Service

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

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 76,883,532</b>		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) <b>\$ 5,533,605</b>		OMB No. 1545-0747 <b>2020</b> (Rev. April 2020)  Form <b>5498</b>		<b>IRA Contribution Information</b>
		2 Rollover contributions <b>\$ 6,192,960</b>		4 Recharacterized contributions <b>\$ 81,382</b>		
TRUSTEE'S or ISSUER'S TIN	PARTICIPANT'S TIN	3 Roth IRA conversion amount <b>\$ 1,301,127</b>		6 Life insurance cost included in box 1 <b>\$ *</b>		<b>Copy B  For Participant</b>
PARTICIPANT'S name		5 FMV of account <b>\$ 74,441,734</b>		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		
Street address (including apt. no.)		8 SEP contributions <b>\$ 1,189,075</b>		9 SIMPLE contributions <b>\$ 2,233,815</b>		This information is being furnished to the IRS.
		10 Roth IRA contributions <b>\$ 10,232,450</b>		11 If checked, required minimum distribution for 2021 <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		12a RMD date		12b RMD amount <b>\$ 3,694,801</b>		
		13a Postponed/late contrib. <b>\$ 463</b>		13b Year		
Account number (see instructions)		14a Repayments <b>\$ 6,692</b>		14b Code		
		15a FMV of certain specified assets <b>\$ 1,596,734</b>		15b Code(s)		

Form **5498** (Rev. April 2020)

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

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

**2020 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  <b>Total of all forms filed = 140,165,069</b>		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a) \$ <b>25,356,927</b>		OMB No. 1545-0747 <b>2020</b> (Rev. April 2020)		<b>IRA Contribution Information</b>
		2 Rollover contributions \$ <b>688,219,713</b>		Form <b>5498</b>		
TRUSTEE'S or ISSUER'S TIN		3 Roth IRA conversion amount \$ <b>39,536,105</b>		4 Recharacterized contributions \$ <b>467,933</b>		<b>Copy B</b>
		5 FMV of account \$ <b>13,787,251,000</b>		6 Life insurance cost included in box 1 \$ *		
PARTICIPANT'S TIN		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		8 SEP contributions \$ <b>18,453,448</b>		This information is being furnished to the IRS.
PARTICIPANT'S name		9 SIMPLE contributions \$ <b>12,466,301</b>		10 Roth IRA contributions \$ <b>35,856,724</b>		
Street address (including apt. no.)		11 If checked, required minimum distribution for 2021 <input type="checkbox"/>		12a RMD date		12b RMD amount \$ <b>48,417,237</b>
City or town, state or province, country, and ZIP or foreign postal code		13a Postponed/late contrib. \$ <b>13,110</b>		13b Year		
		14a Repayments \$ <b>83,921</b>		13c Code		14b Code
Account number (see instructions)		15a FMV of certain specified assets \$ <b>160,667,915</b>		15b Code(s)		

Form **5498** (Rev. April 2020)

(keep for your records)

www.irs.gov/Form5498

Department of the Treasury - Internal Revenue Service

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

3131       VOID       CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 3,706,242</b>		<b>1</b> Gross distribution \$ <b>3,697,081</b>	OMB No. 1545-1760 Form <b>1099-Q</b> (Rev. November 2019) For calendar year 20 ____	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>  <b>Copy A For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>current General Instructions for Certain Information Returns.</b>
		<b>2</b> Earnings \$ <b>3,319,020</b>		
PAYER'S/TRUSTEE'S TIN      RECIPIENT'S TIN	<b>3</b> Basis \$ <b>3,413,698</b>	<b>4</b> Trustee-to-trustee transfer <input type="checkbox"/>		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code  Account number (see instructions)	<b>5</b> Distribution is from: • Qualified tuition program— Private <input type="checkbox"/> or State <input type="checkbox"/> • Coverdell ESA <input type="checkbox"/>	<b>6</b> Check if the recipient is not the designated beneficiary <input type="checkbox"/>		

Form 1099-Q (Rev. 11-2019)

Cat. No. 32223J

www.irs.gov/Form1099Q

Department of the Treasury - Internal Revenue Service

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

3131

 VOID     CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<b>1</b> Gross distribution	OMB No. 1545-1760	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>
<b>Total of all individuals represented = 2,600,132</b>		\$ <b>2,595,249</b>	Form <b>1099-Q</b> (Rev. November 2019)	
		<b>2</b> Earnings	For calendar year 20 ____	
		\$ <b>2,334,677</b>		
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	<b>3</b> Basis	<b>4</b> Trustee-to-trustee transfer <input type="checkbox"/>	<b>Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.</b>
		\$ <b>2,389,692</b>	<b>5</b> Distribution is from:	
RECIPIENT'S name		<ul style="list-style-type: none"> <li>• Qualified tuition program— Private <input type="checkbox"/> or State <input type="checkbox"/></li> <li>• Coverdell ESA <input type="checkbox"/></li> </ul>	<b>6</b> Check if the recipient is not the designated beneficiary <input type="checkbox"/>	
Street address (including apt. no.)				
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-Q** (Rev. 11-2019)

Cat. No. 32223J

www.irs.gov/Form1099Q

Department of the Treasury - Internal Revenue Service

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## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

Amount of selected lines filed (in thousands of dollars)

3131

 VOID  CORRECTED

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<b>1</b> Gross distribution	OMB No. 1545-1760	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>
<b>Total of all forms filed = 3,706,242</b>		\$ <b>33,110,983</b>	Form <b>1099-Q</b>	
		<b>2</b> Earnings	(Rev. November 2019)	
		\$ <b>11,753,621</b>	For calendar year 20 ____	
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	<b>3</b> Basis	<b>4</b> Trustee-to-trustee transfer <input type="checkbox"/>	<b>Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.</b>
		\$ <b>19,604,633</b>	<b>6</b> Check if the recipient is not the designated beneficiary <input type="checkbox"/>	
RECIPIENT'S name		<b>5</b> Distribution is from:		
Street address (including apt. no.)		• Qualified tuition program— Private <input type="checkbox"/> or State <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		• Coverdell ESA <input type="checkbox"/>		
Account number (see instructions)				

Form **1099-Q** (Rev. 11-2019)

Cat. No. 32223J

www.irs.gov/Form1099Q

Department of the Treasury - Internal Revenue Service

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## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

Number of Forms filed for selected line

3232

 VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  <b>Total of all forms filed = 15,760,056</b>		1 Reportable winnings \$ <b>15,727,617</b>	2 Date won
		3 Type of wager	4 Federal income tax withheld \$ <b>938,834</b>
		5 Transaction	6 Race
		7 Winnings from identical wagers \$ <b>18,198</b>	8 Cashier
PAYER'S federal identification number	PAYER'S telephone number	9 Winner's taxpayer identification no.	10 Window
WINNER'S name		11 First I.D.	12 Second I.D.
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings \$
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature ►		Date ►	

OMB No. 1545-0238

2020

Form W-2G

**Certain  
Gambling  
Winnings**

 For Privacy Act  
and Paperwork  
Reduction Act  
Notice, see the  
**2020 General  
Instructions for  
Certain Information  
Returns.**

File with Form 1096

**Copy A  
For Internal Revenue  
Service Center**
Form **W-2G**

Cat. No. 10138V

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

3232

 VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  <p align="center"><b>Total of all forms filed = 3,738,642</b></p>		1 Reportable winnings \$ <b>3,733,246</b>	2 Date won
		3 Type of wager	4 Federal income tax withheld \$ <b>503,381</b>
		5 Transaction	6 Race
		7 Winnings from identical wagers \$ <b>12,433</b>	8 Cashier
PAYER'S federal identification number	PAYER'S telephone number	9 Winner's taxpayer identification no.	10 Window
WINNER'S name		11 First I.D.	12 Second I.D.
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings \$
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature ►		Date ►	

OMB No. 1545-0238

**2020****Form W-2G****Certain Gambling Winnings**

For Privacy Act and Paperwork Reduction Act Notice, see the **2020 General Instructions for Certain Information Returns.**

**File with Form 1096****Copy A  
For Internal Revenue Service Center**Form **W-2G**

Cat. No. 10138V

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

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## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

Amount of selected lines filed (in thousands of dollars)

3232

 VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  <b>Total of all forms filed = 15,760,056</b>		1 Reportable winnings \$ <b>51,602,118</b>	2 Date won
		3 Type of wager	4 Federal income tax withheld \$ <b>2,010,307</b>
		5 Transaction	6 Race
		7 Winnings from identical wagers \$ <b>60,518</b>	8 Cashier
PAYER'S federal identification number	PAYER'S telephone number	9 Winner's taxpayer identification no.	10 Window
WINNER'S name		11 First I.D.	12 Second I.D.
Street address (including apt. no.)		13 State/Payer's state identification no.	14 State winnings \$
City or town, province or state, country, and ZIP or foreign postal code		15 State income tax withheld \$	16 Local winnings \$
		17 Local income tax withheld \$	18 Name of locality
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.			
Signature ►		Date ►	

OMB No. 1545-0238

2020

Form W-2G

**Certain  
Gambling  
Winnings**

 For Privacy Act  
and Paperwork  
Reduction Act  
Notice, see the  
**2020 General  
Instructions for  
Certain Information  
Returns.**

File with Form 1096

**Copy A  
For Internal Revenue  
Service Center**
Form **W-2G**

Cat. No. 10138V

www.irs.gov/FormW2G

Department of the Treasury - Internal Revenue Service

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**2020 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 = 3,402

**Information Return for Federal Contracts**

**Submit with  
Form 8596-A.**

<b>1</b> Name and address of contractor		<b>2</b> Contractor's taxpayer identification number	
<b>3</b> Name of common parent, if applicable (See instructions.)		<b>4</b> Common parent's employer identification number, if applicable (See instructions.)	
<b>5</b> Name of Federal executive agency		<b>6</b> Federal executive agency's employer identification number	
<b>7</b> Date of contract action	<b>8</b> Expected date of contract completion	<b>9</b> Total amount obligated under the contract \$ <b>3,402</b>	
<b>10</b> Contract number	<b>11</b> Agency code	<b>12</b> Contract office number	<b>13</b> Contract modification number

## General Instructions

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

**2020 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 = 3,014

**Information Return for Federal Contracts**

**Submit with  
Form 8596-A.**

<b>1</b> Name and address of contractor		<b>2</b> Contractor's taxpayer identification number	
<b>3</b> Name of common parent, if applicable (See instructions.)		<b>4</b> Common parent's employer identification number, if applicable (See instructions.)	
<b>5</b> Name of Federal executive agency		<b>6</b> Federal executive agency's employer identification number	
<b>7</b> Date of contract action	<b>8</b> Expected date of contract completion	<b>9</b> Total amount obligated under the contract \$ <b>3,014</b>	
<b>10</b> Contract number	<b>11</b> Agency code	<b>12</b> Contract office number	<b>13</b> Contract modification number

## General Instructions

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

**2020 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 = 3,402

**Information Return for Federal Contracts**

**Submit with  
Form 8596-A.**

<b>1</b> Name and address of contractor		<b>2</b> Contractor's taxpayer identification number	
<b>3</b> Name of common parent, if applicable (See instructions.)		<b>4</b> Common parent's employer identification number, if applicable (See instructions.)	
<b>5</b> Name of Federal executive agency		<b>6</b> Federal executive agency's employer identification number	
<b>7</b> Date of contract action	<b>8</b> Expected date of contract completion	<b>9</b> Total amount obligated under the contract \$ <b>958,985</b>	
<b>10</b> Contract number	<b>11</b> Agency code	<b>12</b> Contract office number	<b>13</b> Contract modification number

## General Instructions

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

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

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

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



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

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

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

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

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**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)



2020 Information Return Line Item Estimates - All figures are estimates based on samples.
Number of Forms filed for selected line

651119

Total of all forms filed = 23,376,816

Final K-1 Amended K-1

OMB No. 1545-0123

Schedule K-1 (Form 1065)

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year

beginning / / 2020 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
B Partnership's name, address, city, state, and ZIP code
C IRS Center where partnership filed return
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN
F Name, address, city, state, and ZIP code for partner entered in E
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner?
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending
K Partner's share of liabilities: Beginning Ending
L Partner's Capital Account Analysis
M Did the partner contribute property with a built-in gain or loss?
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

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

Table with 4 columns: Line number, Description, Amount, and Code. Rows include: 1 Ordinary business income (loss) 10,580,253 15 Credits; 2 Net rental real estate income (loss) 6,939,618; 3 Other net rental income (loss) 378,487 16 Foreign transactions; 4a Guaranteed payments for services; 4b Guaranteed payments for capital; 4c Total guaranteed payments 719,628; 5 Interest income 6,642,695; 6a Ordinary dividends 3,356,089; 6b Qualified dividends; 6c Dividend equivalents 95,728 17 Alternative minimum tax (AMT) items; 7 Royalties 615,226; 8 Net short-term capital gain (loss) 2,201,144; 9a Net long-term capital gain (loss) 2,711,268 18 Tax-exempt income and nondeductible expenses; 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss); 11 Other income (loss) 7,430 19 Distributions; 12 Section 179 deduction 367,940; 13 Other deductions 7,565; 14 Self-employment earnings (loss) 20 Other information

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

\*See attached statement for additional information.

For IRS Use Only



2020 Information Return Line Item Estimates - All figures are estimates based on samples.
Number of individuals for selected line

651119

Total of all individuals represented = 12,601,021

Final K-1 Amended K-1

OMB No. 1545-0123

Schedule K-1 (Form 1065)

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year

beginning / / 2020 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
B Partnership's name, address, city, state, and ZIP code
C IRS Center where partnership filed return
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN
F Name, address, city, state, and ZIP code for partner entered in E
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name
I1 What type of entity is this partner?
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit % %
Loss % %
Capital % %
Check if decrease is due to sale or exchange of partnership interest
K Partner's share of liabilities:
Beginning Ending
Nonrecourse \$ 3,009,975 \$ -
Qualified nonrecourse financing \$ 1,506,985 \$ 1,554,344
Recourse \$ 2,118,258 \$ -
Check this box if Item K includes liability amounts from lower tier partnerships.
L Partner's Capital Account Analysis
Beginning capital account \$
Capital contributed during the year \$
Current year net income (loss) \$
Other increase (decrease) (attach explanation) \$
Withdrawals & distributions \$ ( )
Ending capital account \$
M Did the partner contribute property with a built-in gain or loss?
Yes No If "Yes," attach statement. See instructions.
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning \$
Ending \$

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

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include: 1 Ordinary business income (loss) 6,917,292 15 Credits; 2 Net rental real estate income (loss) 4,166,757; 3 Other net rental income (loss) 316,397 16 Foreign transactions; 4a Guaranteed payments for services; 4b Guaranteed payments for capital; 4c Total guaranteed payments 670,785; 5 Interest income 3,857,578; 6a Ordinary dividends 2,236,018; 6b Qualified dividends; 6c Dividend equivalents 77,131 17 Alternative minimum tax (AMT) items; 7 Royalties 449,796; 8 Net short-term capital gain (loss) 1,572,998; 9a Net long-term capital gain (loss) 1,631,665 18 Tax-exempt income and nondeductible expenses; 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss); 11 Other income (loss) 6,236 19 Distributions; 12 Section 179 deduction 335,505; 13 Other deductions 6,555; 14 Self-employment earnings (loss); 20 Other information; 21 More than one activity for at-risk purposes\*; 22 More than one activity for passive activity purposes\*.

\*See attached statement for additional information.
For IRS Use Only

2020 Information Return Line Item Estimates - All figures are estimates based on samples. Amount of selected lines filed (in thousands of dollars)

651119

Total of all forms filed = 23,376,816

Final K-1 Amended K-1

OMB No. 1545-0123

Schedule K-1 (Form 1065)

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year

beginning / / 2020 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

Form I sections A, B, C, D: Partnership's employer identification number, name, address, IRS Center, and PTP check.

Part II Information About the Partner

Form II sections E through L: Partner's SSN/TIN, name, entity type, retirement plan, share of profit/loss/capital, liabilities, and capital account analysis.

Form II section M: Did the partner contribute property with a built-in gain or loss?

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

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

Table with 4 columns: Line number, Description, Amount, and Code. Rows include Ordinary business income, Net rental real estate income, Other net rental income, Guaranteed payments, Interest income, Dividends, Dividend equivalents, Royalties, Net short-term capital gain, Net long-term capital gain, Collectibles gain, Unrecaptured section 1250 gain, Net section 1231 gain, Other income, Section 179 deduction, Other deductions, Self-employment earnings.

Form III sections 21, 22: More than one activity for at-risk/passive activity purposes.

\*See attached statement for additional information.

For IRS Use Only

**2020 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 = **3,085,665**

Final K-1       Amended K-1      OMB No. 1545-0092

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

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or tax year

beginning  /  /  ending  /  /

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

▶ See back of form and instructions.

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

<b>A</b>	Estate's or trust's employer identification number
<b>B</b>	Estate's or trust's name
<b>C</b>	Fiduciary's name, address, city, state, and ZIP code
<b>D</b>	<input type="checkbox"/> Check if Form 1041-T was filed and enter the date it was filed _____
<b>E</b>	<input type="checkbox"/> Check if this is the final Form 1041 for the estate or trust

**Part II Information About the Beneficiary**

<b>F</b>	Beneficiary's identifying number
<b>G</b>	Beneficiary's name, address, city, state, and ZIP code
<b>H</b>	<input type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary

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

<b>1</b>	Interest income	<b>1,015,331</b>	<b>11</b>	Final year deductions
<b>2a</b>	Ordinary dividends	<b>1,224,638</b>		
<b>2b</b>	Qualified dividends			
<b>3</b>	Net short-term capital gain	<b>91,131</b>		
<b>4a</b>	Net long-term capital gain	<b>371,039</b>		
<b>4b</b>	28% rate gain		<b>12</b>	Alternative minimum tax adjustment
<b>4c</b>	Unrecaptured section 1250 gain			
<b>5</b>	Other portfolio and nonbusiness income	<b>482,624</b>		
<b>6</b>	Ordinary business income	<b>103,501</b>		
<b>7</b>	Net rental real estate income	<b>279,775</b>		
<b>8</b>	Other rental income	<b>14,140</b>	<b>13</b>	Credits and credit recapture
<b>9</b>	Directly apportioned deductions			
			<b>14</b>	Other information
				<b>1,858,170</b>
<b>10</b>	Estate tax deduction			

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

For IRS Use Only

2020 Information Return Line Item Estimates - All figures are estimates based on samples.
Number of individuals for selected line

661117

Total of all individuals represented = 2,654,119

Final K-1

Amended K-1

OMB No. 1545-0092

Schedule K-1 (Form 1041)

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year

beginning / / ending / /

Beneficiary's Share of Income, Deductions, Credits, etc. See back of form and instructions.

Part I Information About the Estate or Trust

Form sections A through E: A Estate's or trust's employer identification number, B Estate's or trust's name, C Fiduciary's name, address, city, state, and ZIP code, D Check if Form 1041-T was filed, E Check if this is the final Form 1041.

Part II Information About the Beneficiary

Form sections F through H: F Beneficiary's identifying number, G Beneficiary's name, address, city, state, and ZIP code, H Domestic beneficiary, Foreign beneficiary

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

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include Interest income (930,909), Ordinary dividends (1,043,892), Net short-term capital gain (87,534), Net long-term capital gain (345,837), 28% rate gain, Unrecaptured section 1250 gain, Other portfolio and nonbusiness income (449,898), Ordinary business income (94,662), Net rental real estate income (257,676), Other rental income (12,024), Directly apportioned deductions, Estate tax deduction, and Total (1,609,293).

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

For IRS Use Only



**2020 Information Return Line Item Estimates - All figures are estimates based on samples.  
Number of Forms filed for selected line**

671120

Total of all forms filed = 8,111,239

Final K-1

Amended K-1

OMB No. 1545-0123

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

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or tax year

beginning  /  / 2020 ending  /  /

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number

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

**C** IRS Center where corporation filed return

**Part II Information About the Shareholder**

**D** Shareholder's identifying number

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

**F** Current year allocation percentage . . . . . %

**G** Shareholder's number of shares  
Beginning of tax year . . . . .  
End of tax year . . . . .

**H** Loans from shareholder  
Beginning of tax year . . . . . \$  
End of tax year . . . . . \$

**For IRS Use Only**

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

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	7,387,360		319,729
<b>2</b>	Net rental real estate income (loss)		
	707,608		
<b>3</b>	Other net rental income (loss)		
	58,310		
<b>4</b>	Interest income		
	1,704,617		
<b>5a</b>	Ordinary dividends		
	305,226		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
	53,351		
<b>7</b>	Net short-term capital gain (loss)		
	133,775		
<b>8a</b>	Net long-term capital gain (loss)		
	274,563		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
	598,154		
<b>12</b>	Other deductions		
		<b>17</b>	Other information
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.

2020 Information Return Line Item Estimates - All figures are estimates based on samples.
Number of individuals for selected line

671120

Total of all individuals represented = 6,740,576

Final K-1

Amended K-1

OMB No. 1545-0123

Schedule K-1 (Form 1120-S)

2020

Department of the Treasury Internal Revenue Service

For calendar year 2020, or tax year

beginning / / 2020 ending / /

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

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

Part I Information About the Corporation

Form section for Part I: Corporation's employer identification number, name, address, city, state, and ZIP code, and IRS Center where corporation filed return.

Part II Information About the Shareholder

Form section for Part II: Shareholder's identifying number, name, address, city, state, and ZIP code, current year allocation percentage, number of shares, and loans from shareholder.

Form section for Part III (left side): For IRS Use Only

Table with 4 columns: Line number, Description, Amount, and Other items. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, and Other information.

18 More than one activity for at-risk purposes\*
19 More than one activity for passive activity purposes\*

\* See attached statement for additional information.

Estimates exclude duplicates and returns replaced by amendeds.

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.  
Amount of selected lines filed (in thousands of dollars)**

671120

Total of all forms filed = 8,111,239

Final K-1

Amended K-1

OMB No. 1545-0123

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

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or tax year

beginning  /  / 2020

ending  /  /

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

▶ See separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number

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

**C** IRS Center where corporation filed return

**Part II Information About the Shareholder**

**D** Shareholder's identifying number

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

**F** Current year allocation percentage . . . . . %

**G** Shareholder's number of shares  
Beginning of tax year . . . . .  
End of tax year . . . . .

**H** Loans from shareholder  
Beginning of tax year . . . . . \$  
End of tax year . . . . . \$

For IRS Use Only

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

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	<b>622,718,263</b>		<b>3,589,663</b>
<b>2</b>	Net rental real estate income (loss)		
	<b>11,983,696</b>		
<b>3</b>	Other net rental income (loss)		
	<b>1,011,941</b>		
<b>4</b>	Interest income		
	<b>17,686,002</b>		
<b>5a</b>	Ordinary dividends		
	<b>7,537,294</b>		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
	<b>2,141,770</b>		
<b>7</b>	Net short-term capital gain (loss)		
	<b>-3,826,241</b>		
<b>8a</b>	Net long-term capital gain (loss)		
	<b>111,173,475</b>		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
	<b>23,202,355</b>		
<b>12</b>	Other deductions		
		<b>17</b>	Other information
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*		
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*		

\* See attached statement for additional information.



**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116		<b>2020</b>	<b>Nonemployee Compensation</b>
Total of all forms filed = 33,689,276		Form 1099-NEC			
PAYER'S TIN		RECIPIENT'S TIN	1 Nonemployee compensation \$ 33,365,471		<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name		2			
Street address (including apt. no.)		3			
City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld \$ 114,946			
FATCA filing requirement <input type="checkbox"/>		5 State tax withheld \$			
Account number (see instructions)		6 State/Payer's state no.	7 State income \$		

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.****Number of individuals for selected line** CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116		<b>2020</b>	<b>Nonemployee Compensation</b>
Total of all individuals represented = <b>23,239,614</b>		Form <b>1099-NEC</b>			
		<b>1</b> Nonemployee compensation		<b>23,099,944</b>	<b>Copy B For Recipient</b>
		<b>2</b>		\$	
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b>			
RECIPIENT'S name		<b>4</b> Federal income tax withheld		<b>109,828</b>	
Street address (including apt. no.)		<b>5</b> State tax withheld		\$	
City or town, state or province, country, and ZIP or foreign postal code		<b>6</b> State/Payer's state no.		\$	
FATCA filing requirement <input type="checkbox"/>		<b>7</b> State income		\$	
Account number (see instructions)				\$	

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-NEC**

(keep for your records)

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116		<b>2020</b> Form <b>1099-NEC</b>	<b>Nonemployee Compensation</b>
Total of all forms filed = 33,689,276					
		<b>1</b> Nonemployee compensation		<b>592,262,114</b>	
PAYER'S TIN		<b>2</b>			
RECIPIENT'S TIN					
RECIPIENT'S name		<b>3</b>			
Street address (including apt. no.)		<b>4</b> Federal income tax withheld		<b>145,793</b>	
City or town, state or province, country, and ZIP or foreign postal code					
		FATCA filing requirement			
		<input type="checkbox"/>			
Account number (see instructions)		<b>5</b> State tax withheld	<b>6</b> State/Payer's state no.	<b>7</b> State income	
		\$		\$	
		\$		\$	

**Copy B  
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

7272

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

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 378,739</b>		1 Coverdell ESA contributions	OMB No. 1545-1815	<b>2020</b>	<b>Coverdell ESA Contribution Information</b>
		\$ <b>367,667</b>	2 Rollover contributions		
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN				<b>Copy A For Internal Revenue Service Center File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2020 General Instructions for Certain Information Returns.</b>
BENEFICIARY'S name					
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					

Form **5498-ESA**

Cat. No. 34011J

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

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**

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

7272  VOID  CORRECTED  
**Number of individuals for selected line**

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all individuals represented = 320,307</b>		1 Coverdell ESA contributions	OMB No. 1545-1815	<b>2020</b> Form <b>5498-ESA</b>	<b>Coverdell ESA          Contribution          Information</b>
		\$ 310,276	2 Rollover contributions		
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN				<b>Copy A          For          Internal Revenue          Service Center          File with Form 1096.          For Privacy Act and          Paperwork Reduction          Act Notice, see the          2020 General          Instructions for          Certain Information          Returns.</b>
BENEFICIARY'S name					
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)					

Form **5498-ESA**

Cat. No. 34011J

www.irs.gov/Form5498ESA

Department of the Treasury - Internal Revenue Service

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7272

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

VOID  CORRECTED

TRUSTEE'S or ISSUER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  <b>Total of all forms filed = 378,739</b>		1 Coverdell ESA contributions \$ <b>360,245</b>	OMB No. 1545-1815  <b>2020</b>  Form <b>5498-ESA</b>
		2 Rollover contributions \$ <b>291,225</b>	
TRUSTEE'S/ISSUER'S TIN	BENEFICIARY'S TIN		
BENEFICIARY'S name			
Street address (including apt. no.)			
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)			

**Coverdell ESA Contribution Information**

**Copy A**  
**For**  
**Internal Revenue**  
**Service Center**  
**File with Form 1096.**  
  
 For Privacy Act and Paperwork Reduction Act Notice, see the **2020 General Instructions for Certain Information Returns.**

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

## Number of Forms filed for selected line

 CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all forms filed = 4,141,244</b>		1 Date of closing	OMB No. 1545-0997  <b>2020</b> Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>
		2 Gross proceeds  \$ <b>4,101,918</b>		
FILER'S TIN	TRANSFEROR'S TIN	3 Address (including city, state, and ZIP code) or legal description		<b>Copy B For Transferor</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.
TRANSFEROR'S name		4 Transferor received or will receive property or services as part of the consideration (if checked) . . . ▶ <input type="checkbox"/>		
Street address (including apt. no.)		5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) . . . ▶ <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		6 Buyer's part of real estate tax \$ <b>1,327,427</b>		
Account number (see instructions)				

Form **1099-S**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all individuals represented = 3,777,873</b>		<b>1</b> Date of closing	OMB No. 1545-0997  <b>2020</b>  Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>
		<b>2</b> Gross proceeds  \$ <b>3,747,217</b>		
FILER'S TIN	TRANSFEROR'S TIN	<b>3</b> Address (including city, state, and ZIP code) or legal description		<b>Copy B For Transferor</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.
TRANSFEROR'S name		<b>4</b> Transferor received or will receive property or services as part of the consideration (if checked) . . . ▶ <input type="checkbox"/>		
Street address (including apt. no.)		<b>5</b> If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) . . . . . ▶ <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		<b>6</b> Buyer's part of real estate tax  \$ <b>1,248,579</b>		
Account number (see instructions)				

Form **1099-S**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service



**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <b>Total of all forms filed = 4,141,244</b>		1 Date of closing	OMB No. 1545-0997  <b>2020</b>  Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>
		2 Gross proceeds  \$ <b>1,331,663,100</b>		
FILER'S TIN	TRANSFEROR'S TIN	3 Address (including city, state, and ZIP code) or legal description		<b>Copy B For Transferor</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.
TRANSFEROR'S name		4 Transferor received or will receive property or services as part of the consideration (if checked) . . . ▶ <input type="checkbox"/>		
Street address (including apt. no.)		5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) . . . ▶ <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		6 Buyer's part of real estate tax  \$ <b>1,107,812</b>		
Account number (see instructions)				

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			Applicable checkbox on Form 8949	OMB No. 1545-0715	<b>2020</b> Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>
<b>Total of all forms filed = 2,645,854,881</b>			1a Description of property (Example: 100 sh. XYZ Co.)			
PAYER'S TIN		RECIPIENT'S TIN	1b Date acquired	1c Date sold or disposed		
			1d Proceeds \$ <b>2,530,484,590</b>	1e Cost or other basis \$ <b>2,379,304,816</b>		
			1f Accrued market discount \$ <b>1,046,590</b>	1g Wash sale loss disallowed \$ <b>767,502,064</b>		
RECIPIENT'S name			2 Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>	3 If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>		
Street address (including apt. no.)			4 Federal income tax withheld \$ <b>379,960</b>	5 If checked, noncovered security <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code			6 Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>	7 If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>		
Account number (see instructions)			8 Profit or (loss) realized in 2020 on closed contracts \$ <b>3,443,440</b>	9 Unrealized profit or (loss) on open contracts—12/31/2019 \$ <b>707,471</b>		
CUSIP number		FATCA filing requirement <input type="checkbox"/>	10 Unrealized profit or (loss) on open contracts—12/31/2020 \$ <b>202,982</b>	11 Aggregate profit or (loss) on contracts \$ <b>3,501,659</b>		
14 State name	15 State identification no.	16 State tax withheld \$	12 If checked, basis reported to IRS <input type="checkbox"/>	13 Bartering \$ <b>18,343</b>		

**Copy B For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-B**

(Keep for your records)

www.irs.gov/Form1099B

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			Applicable checkbox on Form 8949	OMB No. 1545-0715	<b>2020</b> Form <b>1099-B</b>	<b>Proceeds From Broker and Barter Exchange Transactions</b>
<b>Total of all individuals represented = 78,488,718</b>			<b>1a</b> Description of property (Example: 100 sh. XYZ Co.)			
PAYER'S TIN		RECIPIENT'S TIN	<b>1b</b> Date acquired	<b>1c</b> Date sold or disposed		
			<b>1d</b> Proceeds \$ <b>75,797,615</b>	<b>1e</b> Cost or other basis \$ <b>69,382,224</b>		
			<b>1f</b> Accrued market discount \$ <b>378,769</b>	<b>1g</b> Wash sale loss disallowed \$ <b>15,259,497</b>		
RECIPIENT'S name			<b>2</b> Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>	<b>3</b> If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>		
Street address (including apt. no.)			<b>4</b> Federal income tax withheld \$ <b>104,416</b>	<b>5</b> If checked, noncovered security <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code			<b>6</b> Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>	<b>7</b> If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>		
Account number (see instructions)			<b>8</b> Profit or (loss) realized in 2020 on closed contracts \$ <b>860,074</b>	<b>9</b> Unrealized profit or (loss) on open contracts—12/31/2019 \$ <b>136,355</b>		
CUSIP number		FATCA filing requirement <input type="checkbox"/>	<b>10</b> Unrealized profit or (loss) on open contracts—12/31/2020 \$ <b>129,026</b>	<b>11</b> Aggregate profit or (loss) on contracts \$ <b>881,779</b>		
<b>14</b> State name	<b>15</b> State identification no.	<b>16</b> State tax withheld \$	<b>12</b> If checked, basis reported to IRS <input type="checkbox"/>	<b>13</b> Bartering \$ <b>7,962</b>		

**Copy B  
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-B**

(Keep for your records)

www.irs.gov/Form1099B

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 2,645,854,881</b>			Applicable checkbox on Form 8949  OMB No. 1545-0715 <b>2020</b> Form <b>1099-B</b>		<b>Proceeds From Broker and Barter Exchange Transactions</b>		
<b>1a</b> Description of property (Example: 100 sh. XYZ Co.)							
PAYER'S TIN			RECIPIENT'S TIN		<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
RECIPIENT'S name			<b>1d</b> Proceeds \$ <b>16,914,212,000</b>			<b>1e</b> Cost or other basis \$ <b>16,224,949,000</b>	
Street address (including apt. no.)			<b>1f</b> Accrued market discount \$ <b>625,401</b>			<b>1g</b> Wash sale loss disallowed \$ <b>663,289,202</b>	
City or town, state or province, country, and ZIP or foreign postal code			<b>2</b> Short-term gain or loss <input type="checkbox"/> Long-term gain or loss <input type="checkbox"/> Ordinary <input type="checkbox"/>			<b>3</b> If checked, proceeds from: Collectibles <input type="checkbox"/> QOF <input type="checkbox"/>	
Account number (see instructions)			<b>4</b> Federal income tax withheld \$ <b>167,459</b>			<b>5</b> If checked, noncovered security <input type="checkbox"/>	
CUSIP number			<b>6</b> Reported to IRS: Gross proceeds <input type="checkbox"/> Net proceeds <input type="checkbox"/>			<b>7</b> If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>	
<b>14</b> State name			<b>15</b> State identification no.			<b>8</b> Profit or (loss) realized in 2020 on closed contracts \$ <b>-9,658,507</b>	
<b>16</b> State tax withheld \$			<b>10</b> Unrealized profit or (loss) on open contracts—12/31/2020 \$ <b>-203,748</b>			<b>9</b> Unrealized profit or (loss) on open contracts—12/31/2019 \$ <b>33,811</b>	
-----			-----			<b>11</b> Aggregate profit or (loss) on contracts \$ <b>-10,848,241</b>	
-----			<b>12</b> If checked, basis reported to IRS <input type="checkbox"/>			<b>13</b> Bartering \$ <b>46,929</b>	

Form **1099-B**

(Keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 144,008</b>		OMB No. 1545-0877  <b>2020</b> Form <b>1099-A</b>	
LENDER'S TIN	BORROWER'S TIN	<b>1</b> Date of lender's acquisition or knowledge of abandonment	<b>2</b> Balance of principal outstanding \$ <b>138,833</b>
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code  Account number (see instructions)		<b>3</b>	<b>4</b> Fair market value of property \$ <b>133,838</b>
		<b>5</b> If checked, the borrower was personally liable for repayment of the debt . . . . . <input type="checkbox"/>	
		<b>6</b> Description of property	

**Acquisition or Abandonment of Secured Property**

**Copy B For Borrower**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0877 <b>2020</b> Form <b>1099-A</b>	<b>Acquisition or Abandonment of Secured Property</b>
<b>Total of all individuals represented = 141,926</b>			
LENDER'S TIN	BORROWER'S TIN	<b>1</b> Date of lender's acquisition or knowledge of abandonment	<b>2</b> Balance of principal outstanding \$ <b>136,758</b>
BORROWER'S name		<b>3</b>	<b>4</b> Fair market value of property \$ <b>131,762</b>
Street address (including apt. no.)			
City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> If checked, the borrower was personally liable for repayment of the debt . . . . . <input type="checkbox"/>	
Account number (see instructions)		<b>6</b> Description of property	

**Copy B For Borrower**  
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

**2020 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.  <b>Total of all forms filed = 144,008</b>		OMB No. 1545-0877  <b>2020</b> Form <b>1099-A</b>		<b>Acquisition or Abandonment of Secured Property</b>
LENDER'S TIN	BORROWER'S TIN	<b>1</b> Date of lender's acquisition or knowledge of abandonment	<b>2</b> Balance of principal outstanding \$ <b>11,556,988</b>	
BORROWER'S name		<b>3</b>	<b>4</b> Fair market value of property \$ <b>12,261,318</b>	
Street address (including apt. no.)		<b>5</b> If checked, the borrower was personally liable for repayment of the debt . . . . . <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code		<b>6</b> Description of property		
Account number (see instructions)				

## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

## Number of Forms filed for selected line

 CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p style="text-align: center;"><b>Total of all forms filed = 87,807,687</b></p>		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380  <div style="font-size: 2em; font-weight: bold; text-align: center;">2020</div>  Form 1098	<b>Mortgage Interest Statement</b>  <b>Copy B For Payer/ Borrower</b>  The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
		<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ <span style="float: right;"><b>87,201,314</b></span>			
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	<b>2</b> Outstanding mortgage principal \$ <span style="float: right;"><b>85,715,025</b></span>	<b>3</b> Mortgage origination date		
PAYER'S/BORROWER'S name		<b>4</b> Refund of overpaid interest \$ <span style="float: right;"><b>100,707</b></span>	<b>5</b> Mortgage insurance premiums \$ <span style="float: right;"><b>16,275,096</b></span>		
Street address (including apt. no.)		<b>6</b> Points paid on purchase of principal residence \$ <span style="float: right;"><b>2,614,025</b></span>			
City or town, state or province, country, and ZIP or foreign postal code		<b>7</b> <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
<b>9</b> Number of properties securing the mortgage	<b>10</b> Other	<b>8</b> Address or description of property securing mortgage (see instructions)			
Account number (see instructions)				<b>11</b> Mortgage acquisition date	

Form **1098**

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



**2020 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.  <p align="center"><b>Total of all individuals represented = 61,170,149</b></p>		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380  <h1>2020</h1>  Form 1098	<h2>Mortgage Interest Statement</h2>
		<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ <b>60,944,246</b>		<p align="center"><b>Copy B For Payer/ Borrower</b></p> <p>The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.</p>	
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	<b>2</b> Outstanding mortgage principal \$ <b>60,577,686</b>	<b>3</b> Mortgage origination date		
		<b>4</b> Refund of overpaid interest \$ <b>100,531</b>	<b>5</b> Mortgage insurance premiums \$ <b>14,118,230</b>		
PAYER'S/BORROWER'S name		<b>6</b> Points paid on purchase of principal residence \$ <b>2,549,306</b>			
Street address (including apt. no.)		<b>7</b> <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.			
City or town, state or province, country, and ZIP or foreign postal code		<b>8</b> Address or description of property securing mortgage (see instructions)			
<b>9</b> Number of properties securing the mortgage	<b>10</b> Other				
Account number (see instructions)					
		<b>11</b> Mortgage acquisition date			

Form 1098

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 87,807,687</b></p>		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380  <p align="center"><b>2020</b></p> <p align="center">Form <b>1098</b></p>	<p align="center"><b>Mortgage Interest Statement</b></p>	
RECIPIENT'S/LENDER'S TIN		PAYER'S/BORROWER'S TIN		<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ <b>480,013,960</b>		<p align="center"><b>Copy B For Payer/ Borrower</b></p> <p>The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.</p>
PAYER'S/BORROWER'S name		<b>2</b> Outstanding mortgage principal \$ <b>16,906,155,000</b>	<b>3</b> Mortgage origination date	<b>4</b> Refund of overpaid interest \$ <b>92,457</b>	<b>5</b> Mortgage insurance premiums \$ <b>22,787,708</b>	
Street address (including apt. no.)		<b>6</b> Points paid on purchase of principal residence \$ <b>5,753,044</b>		<b>7</b> <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
City or town, state or province, country, and ZIP or foreign postal code		<b>8</b> Address or description of property securing mortgage (see instructions)				
<b>9</b> Number of properties securing the mortgage	<b>10</b> Other	<b>11</b> Mortgage acquisition date				
Account number (see instructions)						

Form **1098**

(Keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Payments received for qualified tuition and related expenses <b>\$ 26,774,763</b>	OMB No. 1545-1574 <b>2020</b> Form <b>1098-T</b>	<b>Tuition Statement</b>  <b>Copy B For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
<b>Total of all forms filed = 28,421,865</b>		2	0	
FILER'S employer identification no.	STUDENT'S TIN	3		
STUDENT'S name		4 Adjustments made for a prior year <b>\$ 1,625,414</b>	5 Scholarships or grants <b>\$ 16,013,177</b>	
Street address (including apt. no.)		6 Adjustments to scholarships or grants for a prior year <b>\$ 474,215</b>	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2021 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code				
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund <b>\$ 2,071</b>	

Form **1098-T**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574	<b>2020</b>	<b>Tuition Statement</b>
<b>Total of all individuals represented = 26,029,148</b>		\$ <b>24,689,274</b>	2		
FILER'S employer identification no.	STUDENT'S TIN	3		<b>Copy B For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
STUDENT'S name		4 Adjustments made for a prior year	5 Scholarships or grants		
Street address (including apt. no.)		\$ <b>1,624,395</b>	\$ <b>15,519,199</b>		
City or town, state or province, country, and ZIP or foreign postal code		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2021 <input type="checkbox"/>		
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input type="checkbox"/>	\$ <b>474,215</b>	9 Checked if a graduate student <input type="checkbox"/>		
			10 Ins. contract reimb./refund	\$ <b>2,071</b>	

Form **1098-T**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 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		1 Payments received for qualified tuition and related expenses <b>\$ 264,453,435</b>	OMB No. 1545-1574 <b>2020</b> Form <b>1098-T</b>	<b>Tuition Statement</b>  <b>Copy B</b> <b>For Student</b>  This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
<b>Total of all forms filed = 28,421,865</b>		2	0	
FILER'S employer identification no.	STUDENT'S TIN	3		
STUDENT'S name		4 Adjustments made for a prior year <b>\$ 2,073,584</b>	5 Scholarships or grants <b>\$ 128,012,579</b>	
Street address (including apt. no.)		6 Adjustments to scholarships or grants for a prior year <b>\$ 654,478</b>	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2021 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code				
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student <input type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund <b>\$ 15,779</b>	

Form **1098-T**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <p align="center"><b>Total of all forms filed = 20,040,607</b></p>			OMB No. 1545-1576  <p align="center"><b>2020</b></p> Form <b>1098-E</b>	<p><b>Student Loan Interest Statement</b></p>	
RECIPIENT'S TIN	BORROWER'S TIN	<b>1</b> Student loan interest received by lender \$ <span style="float: right;"><b>19,988,300</b></span>			<p><b>Copy B For Borrower</b></p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.</p>
BORROWER'S name					
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)		<b>2</b> If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>			

Form **1098-E**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number  <p align="center"><b>Total of all individuals represented = 16,540,404</b></p>			OMB No. 1545-1576  <p align="center"><b>2020</b></p> Form <b>1098-E</b>	<p><b>Student Loan Interest Statement</b></p>
RECIPIENT'S TIN	BORROWER'S TIN	<b>1</b> Student loan interest received by lender \$ <span style="float: right;"><b>16,505,502</b></span>		
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code				This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
Account number (see instructions)		<b>2</b> If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>		

Form **1098-E**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 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  <b>Total of all forms filed = 20,040,607</b>			OMB No. 1545-1576  <b>2020</b>  Form <b>1098-E</b>	<b>Student Loan Interest Statement</b>  <b>Copy B For Borrower</b>  <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.</small>
RECIPIENT'S TIN	BORROWER'S TIN	<b>1</b> Student loan interest received by lender \$ <b>25,191,051</b>		
BORROWER'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)		<b>2</b> If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004 <input type="checkbox"/>		
Form <b>1098-E</b>		(keep for your records)	www.irs.gov/Form1098E	Department of the Treasury - Internal Revenue Service



**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 5,613,869</b>		1 Date of identifiable event	OMB No. 1545-1424
		2 Amount of debt discharged \$ <b>5,601,159</b>	<div style="font-size: 2em; font-weight: bold; text-align: center;">2020</div> Form <b>1099-C</b>
		3 Interest, if included in box 2 \$ <b>406,019</b>	
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description	
DEBTOR'S name			
Street address (including apt. no.)		5 If checked, the debtor was personally liable for repayment of the debt . . . . . ▶ <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)		6 Identifiable event code	7 Fair market value of property \$ <b>138,855</b>

**Cancellation of Debt**

**Copy B For Debtor**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all individuals represented = 4,544,314</b>		1 Date of identifiable event	OMB No. 1545-1424	<b>2020</b> Form <b>1099-C</b>	<b>Cancellation of Debt</b>
		2 Amount of debt discharged			
		3 Interest, if included in box 2			
		\$ <b>4,531,608</b>			
		\$ <b>392,318</b>			
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description			<b>Copy B For Debtor</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name		5 If checked, the debtor was personally liable for repayment of the debt . . . . . ▶ <input type="checkbox"/>			
Street address (including apt. no.)					
City or town, state or province, country, and ZIP or foreign postal code					
Account number (see instructions)		6 Identifiable event code	7 Fair market value of property		
			\$ <b>136,460</b>		

Form **1099-C**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.  
Amount of selected lines filed (in thousands of dollars)**

CORRECTED (if checked)

**Cancellation  
of Debt**

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 5,613,869</b>		1 Date of identifiable event	OMB No. 1545-1424
		2 Amount of debt discharged \$ <b>29,857,746</b>	2020
		3 Interest, if included in box 2 \$ <b>869,707</b>	
CREDITOR'S TIN	DEBTOR'S TIN	4 Debt description	
DEBTOR'S name			
Street address (including apt. no.)		5 If checked, the debtor was personally liable for repayment of the debt . . . . . ▶ <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)		6 Identifiable event code	7 Fair market value of property \$ <b>10,865,302</b>

**Copy B  
For Debtor**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 120,114,212</b></p>		<b>1</b> Unemployment compensation \$ <b>47,676,444</b>	OMB No. 1545-0120  <p align="center"><b>2020</b></p>	<p align="center"><b>Certain Government Payments</b></p>
		<b>2</b> State or local income tax refunds, credits, or offsets \$ <b>70,042,197</b>		
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Box 2 amount is for tax year	<b>4</b> Federal income tax withheld \$ <b>27,082,424</b>	<p align="center"><b>Copy B For Recipient</b></p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> RTAA payments \$ *	<b>6</b> Taxable grants \$ <b>350,472</b>	
		<b>7</b> Agriculture payments \$ <b>941,751</b>	<b>8</b> If checked, box 2 is trade or business income <input type="checkbox"/>	
		<b>9</b> Market gain \$ <b>7,255</b>		
Account number (see instructions)		<b>10a</b> State	<b>10b</b> State identification no.	
				\$

Form **1099-G**

(keep for your records)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service

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

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 99,187,022</b></p>		<b>1</b> Unemployment compensation \$ <b>46,570,112</b>	OMB No. 1545-0120  <p align="center"><b>2020</b></p> Form <b>1099-G</b>	<p align="center"><b>Certain Government Payments</b></p>
		<b>2</b> State or local income tax refunds, credits, or offsets \$ <b>65,845,607</b>		
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Box 2 amount is for tax year	<b>4</b> Federal income tax withheld \$ <b>26,922,937</b>	<p align="center"><b>Copy B For Recipient</b></p> <p>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</p>
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> RTAA payments \$ *	<b>6</b> Taxable grants \$ <b>338,311</b>	
		<b>7</b> Agriculture payments \$ <b>937,818</b>	<b>8</b> If checked, box 2 is trade or business income <input type="checkbox"/>	
		<b>9</b> Market gain \$ <b>7,255</b>		
Account number (see instructions)		<b>10a</b> State	<b>10b</b> State identification no.	

Form **1099-G**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

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

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 120,114,212</b></p>		<b>1</b> Unemployment compensation \$ <b>583,385,813</b>	OMB No. 1545-0120  <p align="center"><b>2020</b></p> Form <b>1099-G</b>	<b>Certain Government Payments</b>
		<b>2</b> State or local income tax refunds, credits, or offsets \$ <b>77,835,617</b>		
PAYER'S TIN	RECIPIENT'S TIN	<b>3</b> Box 2 amount is for tax year	<b>4 Federal income tax withheld</b> \$ <b>26,877,729</b>	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5</b> RTAA payments \$ *	<b>6</b> Taxable grants \$ <b>2,923,739</b>	
		<b>7</b> Agriculture payments \$ <b>21,750,869</b>	<b>8</b> If checked, box 2 is trade or business income <input type="checkbox"/>	
		<b>9</b> Market gain \$ <b>19,605</b>		
Account number (see instructions)		<b>10a</b> State	<b>10b</b> State identification no.	

Form **1099-G**

(keep for your records)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service

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



**2020 Information Return Line Item Estimates - All figures are estimates based on samples.  
Number of individuals for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 53,533,339</b></p>		<b>1a</b> Total ordinary dividends		OMB No. 1545-0110	
		\$ <b>50,815,892</b>		<div style="font-size: 2em; font-weight: bold;">2020</div>	
		<b>1b</b> Qualified dividends			
		\$ <b>48,498,452</b>		Form <b>1099-DIV</b>	
		<b>2a</b> Total capital gain distr.		<b>2b</b> Unrecap. Sec. 1250 gain	
		\$ <b>22,448,605</b>		\$ <b>2,237,388</b>	
PAYER'S TIN	RECIPIENT'S TIN	<b>2c</b> Section 1202 gain		<b>2d</b> Collectibles (28%) gain	
		\$ <b>1,031</b>		\$ <b>11,490</b>	
RECIPIENT'S name		<b>3</b> Nondividend distributions		<b>4</b> Federal income tax withheld	
		\$ <b>10,120,652</b>		\$ <b>1,412,202</b>	
Street address (including apt. no.)		<b>5</b> Section 199A dividends		<b>6</b> Investment expenses	
		\$ <b>15,311,240</b>		\$ <b>236,526</b>	
City or town, state or province, country, and ZIP or foreign postal code		<b>7</b> Foreign tax paid		<b>8</b> Foreign country or U.S. possession	
		\$ <b>14,565,133</b>			
		<b>9</b> Cash liquidation distributions		<b>10</b> Noncash liquidation distributions	
		\$ <b>287,156</b>		\$ <b>36,526</b>	
		<b>11</b> Exempt-interest dividends		<b>12</b> Specified private activity bond interest dividends	
		\$ <b>7,324,767</b>		\$ <b>5,301,832</b>	
Account number (see instructions)		<b>13</b> State	<b>14</b> State identification no.	<b>15</b> State tax withheld	
				\$	
				\$	

**Dividends and Distributions**

**Copy B  
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-DIV**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service





## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

## Number of Forms filed for selected line

 CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112		<b>Interest Income</b>
<b>Total of all forms filed = 164,697,044</b>		1 Interest income	<b>2020</b> Form <b>1099-INT</b>		
		\$ <b>139,997,265</b>			
PAYER'S TIN		2 Early withdrawal penalty	\$ <b>932,478</b>		<b>Copy B For Recipient</b>
RECIPIENT'S TIN		3 Interest on U.S. Savings Bonds and Treas. obligations	\$ <b>3,372,585</b>		
RECIPIENT'S name		<b>4 Federal income tax withheld</b>	<b>5 Investment expenses</b>	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Street address (including apt. no.)		\$ <b>1,367,428</b>	\$ <b>101,641</b>		
City or town, state or province, country, and ZIP or foreign postal code		<b>6 Foreign tax paid</b>	<b>7 Foreign country or U.S. possession</b>		
		\$ <b>29,443</b>			
		<b>8 Tax-exempt interest</b>	<b>9 Specified private activity bond interest</b>		
		\$ <b>5,297,212</b>	\$ <b>215,270</b>		
		<b>10 Market discount</b>	<b>11 Bond premium</b>		
FATCA filing requirement <input type="checkbox"/>		\$ <b>16,910</b>	\$ <b>926,764</b>		
Account number (see instructions)		<b>12 Bond premium on Treasury obligations</b>	<b>13 Bond premium on tax-exempt bond</b>		
		\$ <b>220,997</b>	\$ <b>1,523,726</b>		
		<b>14 Tax-exempt and tax credit bond CUSIP no.</b>	<b>15 State</b>	<b>16 State identification no.</b>	<b>17 State tax withheld</b>
					\$
					\$

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112		<b>2020</b> Form <b>1099-INT</b>	<b>Interest Income</b>
<b>Total of all individuals represented = 84,730,251</b>		1 Interest income				
		\$ <b>79,048,883</b>				
PAYER'S TIN		RECIPIENT'S TIN		2 Early withdrawal penalty		<b>Copy B For Recipient</b>
				\$ <b>763,407</b>		
				3 Interest on U.S. Savings Bonds and Treas. obligations		
RECIPIENT'S name		4 Federal income tax withheld		5 Investment expenses		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.)		\$ <b>1,233,883</b>		\$ <b>96,355</b>		
City or town, state or province, country, and ZIP or foreign postal code		6 Foreign tax paid		7 Foreign country or U.S. possession		
		\$ <b>26,729</b>				
		8 Tax-exempt interest		9 Specified private activity bond interest		
		\$ <b>1,862,202</b>		\$ <b>187,913</b>		
		10 Market discount		11 Bond premium		
		\$ <b>16,800</b>		\$ <b>854,750</b>		
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$ <b>207,330</b>		\$ <b>1,295,323</b>		
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.	17 State tax withheld
						\$
						\$

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 164,697,044</b>		Payer's RTN (optional)		OMB No. 1545-0112		<b>2020</b>  Form <b>1099-INT</b>	<b>Interest Income</b>		
		1 Interest income							
		\$ <b>73,575,324</b>							
PAYER'S TIN  RECIPIENT'S TIN		2 Early withdrawal penalty				<b>Copy B</b>	<b>For Recipient</b>		
		\$ <b>186,066</b>							
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		3 Interest on U.S. Savings Bonds and Treas. obligations				This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
		\$ <b>9,663,662</b>							
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld		5 Investment expenses					
		\$ <b>61,668</b>		\$ <b>207,101</b>					
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		6 Foreign tax paid		7 Foreign country or U.S. possession					
		\$ <b>5,663</b>							
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		8 Tax-exempt interest		9 Specified private activity bond interest					
		\$ <b>57,281,609</b>		\$ <b>739,465</b>					
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		10 Market discount		11 Bond premium					
		\$ <b>20,234</b>		\$ <b>835,172</b>					
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond					
		\$ <b>223,714</b>		\$ <b>20,513,964</b>					
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State identification no.		17 State tax withheld	
								\$	
								\$	

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**  
 9393     VOID     CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<b>1</b> Gross long-term care benefits paid	OMB No. 1545-1519	<b>Long-Term Care and Accelerated Death Benefits</b>
<b>Total of all forms filed = 319,267</b>		\$ <b>313,341</b>	Form <b>1099-LTC</b> (Rev. October 2019)	
		<b>2</b> Accelerated death benefits paid	For calendar year 20__	
PAYER'S TIN	POLICYHOLDER'S TIN	\$ <b>5,926</b>	INSURED'S TIN	<b>Copy A</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1096.</b> For Privacy Act and Paperwork Reduction Act Notice, see the <b>current General Instructions for Certain Information Returns.</b>
POLICYHOLDER'S name		<b>3</b> Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		
Street address (including apt. no.)		INSURED'S name		
City or town, state or province, country, and ZIP or foreign postal code		Street address (including apt. no.)		
Account number (see instructions)		City or town, state or province, country, and ZIP or foreign postal code		
<b>4</b> Qualified contract (optional) <input type="checkbox"/>		<b>5</b> Check, if applicable (optional): <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified	

Form **1099-LTC** (Rev. 10-2019)

Cat. No. 23021Z

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

Department of the Treasury - Internal Revenue Service

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## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

9393  VOID  CORRECTED  
**Number of individuals for selected line**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross long-term care benefits paid		OMB No. 1545-1519	<b>Long-Term Care and Accelerated Death Benefits</b>
<b>Total of all individuals represented = 305,666</b>		\$ <b>300,746</b>		Form <b>1099-LTC</b> (Rev. October 2019)	
PAYER'S TIN		POLICYHOLDER'S TIN		2 Accelerated death benefits paid	
POLICYHOLDER'S name		INSURED'S TIN		For calendar year 20 ____	
Street address (including apt. no.)		3 Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount		INSURED'S name	
City or town, state or province, country, and ZIP or foreign postal code		INSURED'S name		Street address (including apt. no.)	
Account number (see instructions)		4 Qualified contract <input type="checkbox"/> (optional)		5 Check, if applicable <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	
				Date certified	

**Copy A**  
**For**  
**Internal Revenue**  
**Service Center**  
**File with Form 1096.**  
 For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

Form 1099-LTC (Rev. 10-2019)

Cat. No. 23021Z

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service

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## 2020 Information Return Line Item Estimates - All figures are estimates based on samples.

Amount of selected lines filed (in thousands of dollars)

9393

 VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<b>1</b> Gross long-term care benefits paid	OMB No. 1545-1519	<b>Long-Term Care and Accelerated Death Benefits</b>
<b>Total of all forms filed = 319,267</b>		\$ <b>11,457,418</b>	Form <b>1099-LTC</b> (Rev. October 2019)	
		<b>2</b> Accelerated death benefits paid	For calendar year 20 ____	
PAYER'S TIN	POLICYHOLDER'S TIN	\$ <b>400,139</b>	INSURED'S TIN	<b>Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.</b>
POLICYHOLDER'S name		<b>3</b> Check one: <input type="checkbox"/> Per diem <input type="checkbox"/> Reimbursed amount	INSURED'S name	
Street address (including apt. no.)		Street address (including apt. no.)		
City or town, state or province, country, and ZIP or foreign postal code		City or town, state or province, country, and ZIP or foreign postal code		
Account number (see instructions)	<b>4</b> Qualified contract (optional) <input type="checkbox"/>	<b>5</b> Check, if applicable (optional): <input type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified	

Form **1099-LTC** (Rev. 10-2019)

Cat. No. 23021Z

www.irs.gov/Form1099LTC

Department of the Treasury - Internal Revenue Service

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

9494       VOID       CORRECTED  
**Number of Forms filed for selected line**

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1517		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
<b>Total of all forms filed = 15,964,736</b>		Form <b>1099-SA</b> (Rev. November 2019)		
		For calendar year 20		
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$ <b>15,915,588</b>	2 Earnings on excess cont. \$ <b>16,569</b>	<b>Copy A For Internal Revenue Service Center File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>current General Instructions for Certain Information Returns.</b>
RECIPIENT'S name		3 Distribution code	4 FMV on date of death \$ <b>8,834</b>	
Street address (including apt. no.)		5 HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-SA** (Rev. 11-2019)

Cat. No. 38471D

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

Department of the Treasury - Internal Revenue Service

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

9494       VOID       CORRECTED  
**Number of individuals for selected line**

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1517	
<p align="center"><b>Total of all individuals represented = 14,786,770</b></p>		Form <b>1099-SA</b>	
		(Rev. November 2019)	
		For calendar year	
		20	
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution	2 Earnings on excess cont.
		\$ <b>14,744,983</b>	\$ <b>16,569</b>
RECIPIENT'S name		3 Distribution code	4 FMV on date of death
			\$ <b>8,834</b>
Street address (including apt. no.)		5 HSA <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		Archer MSA <input type="checkbox"/>	
Account number (see instructions)		MA MSA <input type="checkbox"/>	

**Distributions  
From an HSA,  
Archer MSA, or  
Medicare Advantage  
MSA**

**Copy A  
For  
Internal Revenue  
Service Center  
File with Form 1096.**  
For Privacy Act  
and Paperwork  
Reduction Act  
Notice, see the  
**current General  
Instructions for  
Certain  
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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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

9494  VOID  CORRECTED  
**Amount of selected lines filed (in thousands of dollars)**

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1517	
<b>Total of all forms filed = 15,964,736</b>		Form <b>1099-SA</b>	
		(Rev. November 2019)	
		For calendar year 20	
PAYER'S TIN	RECIPIENT'S TIN	<b>1</b> Gross distribution \$ <b>29,861,246</b>	<b>2</b> Earnings on excess cont. \$ <b>313</b>
RECIPIENT'S name		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$ <b>40,383</b>
Street address (including apt. no.)		<b>5</b> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code			
Account number (see instructions)			

**Distributions From an HSA, Archer MSA, or Medicare Advantage MSA**

**Copy A For Internal Revenue Service Center File with Form 1096.**  
 For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

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**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 20,576,375</b></p>		1 Rents	OMB No. 1545-0115	<p align="center"><b>2020</b></p> Form 1099-MISC	<p align="center"><b>Miscellaneous Income</b></p>
		\$ 4,898,030	2 Royalties		
		\$ 4,762,175	3 Other income		
PAYER'S TIN	RECIPIENT'S TIN	\$ 7,465,332	\$ 303,645	<p align="center"><b>Copy B For Recipient</b></p>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		5 Fishing boat proceeds	6 Medical and health care payments	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		\$ 34,050	\$ 1,245,003		
		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest		
\$ 196,264	\$ 310,820				
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	9 Crop insurance proceeds	10 Gross proceeds paid to an attorney	
		\$ *	\$ 120,438		
		11	12 Section 409A deferrals	14 Nonqualified deferred compensation	
		\$	\$ 9,270	\$ 26,626	
		15 State tax withheld	16 State/Payer's state no.	17 State income	
		\$		\$	
		\$		\$	

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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



**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 20,576,375</b></p>		<b>1 Rents</b> \$ <b>110,140,222</b>	OMB No. 1545-0115  <b>2020</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>	
		<b>2 Royalties</b> \$ <b>22,885,278</b>			
		<b>3 Other income</b> \$ <b>43,538,619</b>	<b>4 Federal income tax withheld</b> \$ <b>1,001,128</b>		<b>Copy B For Recipient</b>
PAYER'S TIN	RECIPIENT'S TIN	<b>5 Fishing boat proceeds</b> \$ <b>603,938</b>	<b>6 Medical and health care payments</b> \$ <b>21,867,783</b>		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale</b> <input type="checkbox"/> \$ <b>7,577,092</b>	<b>8 Substitute payments in lieu of dividends or interest</b> \$ <b>203,852</b>	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	<b>9 Crop insurance proceeds</b> \$ <b>5,204,664</b>		<b>10 Gross proceeds paid to an attorney</b> \$ <b>5,204,664</b>
		<b>11</b>	<b>12 Section 409A deferrals</b> \$ <b>24,533</b>		<b>14 Nonqualified deferred compensation</b> \$ <b>539,162</b>
		<b>13 Excess golden parachute payments</b> \$ *	<b>15 State tax withheld</b> \$	<b>16 State/Payer's state no.</b> \$	<b>17 State income</b> \$

Form **1099-MISC**

(keep for your records)

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

Department of the Treasury - Internal Revenue Service

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

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.****Number of Forms filed for selected line** CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all forms filed = 1,299,735</b>		1 Patronage dividends \$ <b>1,071,547</b>	OMB No. 1545-0118  <b>2020</b> (Rev. February 2020)  Form <b>1099-PATR</b>	<b>Taxable Distributions Received From Cooperatives</b>
		2 Nonpatronage distributions \$ <b>403</b>		
		3 Per-unit retain allocations \$ <b>265,388</b>		
PAYER'S TIN	RECIPIENT'S TIN	<b>4 Federal income tax withheld</b> \$ <b>6,682</b>	5 Redeemed nonqualified notices \$ <b>96,457</b>	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		6 Section 199A(g) deduction \$ <b>238,524</b>	7 Qualified payments (Section 199A(b)(7)) \$ <b>558,922</b>	
		8 Section 199A(a) qual. items \$ <b>595,164</b>	9 Section 199A(a) SSTB items \$ <b>320</b>	
Account number (see instructions)		10 Investment credit \$ <b>9,679</b>	11 Work opportunity credit \$ <b>325</b>	
		12 Other credits and deductions \$ <b>83</b>	13 Specified Coop <input type="checkbox"/>	

Form **1099-PATR** (Rev. February 2020) (keep for your records) [www.irs.gov/Form1099PATR](http://www.irs.gov/Form1099PATR) Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Total of all individuals represented = 1,005,879</b>		<b>1</b> Patronage dividends \$ <b>890,127</b>	OMB No. 1545-0118  <b>2020</b> (Rev. February 2020)  Form <b>1099-PATR</b>
		<b>2</b> Nonpatronage distributions \$ <b>403</b>	
		<b>3</b> Per-unit retain allocations \$ <b>225,911</b>	
PAYER'S TIN	RECIPIENT'S TIN	<b>4</b> Federal income tax withheld \$ <b>6,471</b>	<b>5</b> Redeemed nonqualified notices \$ <b>93,107</b>
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>6</b> Section 199A(g) deduction \$ <b>208,243</b>	<b>7</b> Qualified payments (Section 199A(b)(7)) \$ <b>445,913</b>
		<b>8</b> Section 199A(a) qual. items \$ <b>476,731</b>	<b>9</b> Section 199A(a) SSTB items \$ <b>320</b>
		<b>10</b> Investment credit \$ <b>8,923</b>	<b>11</b> Work opportunity credit \$ <b>283</b>
Account number (see instructions)		<b>12</b> Other credits and deductions \$ <b>83</b>	<b>13</b> Specified Coop <input type="checkbox"/>

**Taxable  
Distributions  
Received From  
Cooperatives**

**Copy B  
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-PATR** (Rev. February 2020) (keep for your records) [www.irs.gov/Form1099PATR](http://www.irs.gov/Form1099PATR) Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <p align="center"><b>Total of all forms filed = 1,299,735</b></p>		<b>1</b> Patronage dividends	OMB No. 1545-0118	<p align="center"><b>2020</b></p> (Rev. February 2020) Form <b>1099-PATR</b>	<p align="center"><b>Taxable Distributions Received From Cooperatives</b></p>
		\$ <b>1,840,347</b>	<b>2</b> Nonpatronage distributions		
		\$ <b>1,043</b>	<b>3</b> Per-unit retain allocations		
		\$ <b>31,378,648</b>			
PAYER'S TIN	RECIPIENT'S TIN	<b>4 Federal income tax withheld</b>	<b>5</b> Redeemed nonqualified notices	<p align="center"><b>Copy B For Recipient</b></p> This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		\$ <b>1,432</b>	\$ <b>134,235</b>		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>6</b> Section 199A(g) deduction	<b>7</b> Qualified payments (Section 199A(b)(7))		
		\$ <b>1,184,572</b>	\$ <b>29,156,397</b>		
Account number (see instructions)		<b>8</b> Section 199A(a) qual. items	<b>9</b> Section 199A(a) SSTB items		
		\$ <b>23,365,026</b>	\$ <b>1,053</b>		
		<b>10</b> Investment credit	<b>11</b> Work opportunity credit		
		\$ <b>648,429</b>	\$ <b>20,224</b>		
		<b>12</b> Other credits and deductions	<b>13</b> Specified Coop		
		\$ <b>241</b>	<input type="checkbox"/>		

Form **1099-PATR** (Rev. February 2020) (keep for your records) [www.irs.gov/Form1099PATR](http://www.irs.gov/Form1099PATR) Department of the Treasury - Internal Revenue Service



**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of Forms filed for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  <p align="center"><b>Total of all forms filed = 106,161,104</b></p>			<b>1</b> Gross distribution \$ <b>105,719,262</b>		OMB No. 1545-0119  <b>2020</b>  Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>					
			<b>2a</b> Taxable amount \$ <b>87,666,432</b>				<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>				
PAYER'S TIN		RECIPIENT'S TIN		<b>3</b> Capital gain (included in box 2a) \$ <b>27,642</b>		<b>4</b> Federal income tax withheld \$ <b>53,360,085</b>		<p align="center"><b>Copy B</b></p> <p align="center"><b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b></p> <p align="center">This information is being furnished to the IRS.</p>			
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code				<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$ <b>31,892</b>					
		<b>7</b> Distribution code(s)		IRA/ SEP/ SIMPLE <input type="checkbox"/>		<b>8</b> Other \$ <b>725,504</b> %					
		<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$ <b>2,988,598</b>							
<b>10</b> Amount allocable to IRR within 5 years \$ <b>2,264</b>		<b>11</b> 1st year of desig. Roth contrib.		<b>12</b> FATCA filing requirement <input type="checkbox"/>		<b>14</b> State tax withheld \$		<b>15</b> State/Payer's state no.		<b>16</b> State distribution \$	
Account number (see instructions)				<b>13</b> Date of payment		<b>17</b> Local tax withheld \$		<b>18</b> Name of locality		<b>19</b> Local distribution \$	

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

**Number of individuals for selected line**

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  <b>Total of all individuals represented = 65,403,410</b>			<b>1</b> Gross distribution		OMB No. 1545-0119		<b>2020</b> Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>		
			\$ <b>65,204,063</b>		<b>2a</b> Taxable amount					
			\$ <b>56,990,257</b>		<input type="checkbox"/> Total distribution					
PAYER'S TIN		RECIPIENT'S TIN		<b>3</b> Capital gain (included in box 2a)		<b>4</b> Federal income tax withheld		<b>Copy B</b> <b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b>  This information is being furnished to the IRS.		
				\$ <b>23,668</b>		\$ <b>38,426,981</b>				
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums		<b>6</b> Net unrealized appreciation in employer's securities					
			\$		\$ <b>30,826</b>					
			<b>7</b> Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>		<b>8</b> Other \$ <b>692,956</b> %			
			<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$ <b>2,976,810</b>					
<b>10</b> Amount allocable to IRR within 5 years \$ <b>2,262</b>		<b>11</b> 1st year of desig. Roth contrib.		<b>12</b> FATCA filing requirement <input type="checkbox"/>		<b>14</b> State tax withheld \$		<b>15</b> State/Payer's state no.		
Account number (see instructions)			<b>13</b> Date of payment		<b>17</b> Local tax withheld \$		<b>18</b> Name of locality		<b>16</b> State distribution \$	
									<b>19</b> Local distribution \$	

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Department of the Treasury - Internal Revenue Service

**2020 Information Return Line Item Estimates - All figures are estimates based on samples.**

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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.  <b>Total of all forms filed = 106,161,104</b>			<b>1</b> Gross distribution \$ <b>2,290,761,800</b>		OMB No. 1545-0119  <b>2020</b>  Form <b>1099-R</b>	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy B</b>  <b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b>  This information is being furnished to the IRS.
			<b>2a</b> Taxable amount \$ <b>1,308,842,500</b>			
PAYER'S TIN	RECIPIENT'S TIN		<b>3</b> Capital gain (included in box 2a) \$ <b>160,582</b>		<b>4</b> Federal income tax withheld \$ <b>140,130,579</b>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			<b>5</b> Employee contributions/ Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$ <b>3,605,555</b>	
			<b>7</b> Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	<b>8</b> Other \$ <b>2,657,225</b> %	
			<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$ <b>111,713,665</b>	
<b>10</b> Amount allocable to IRR within 5 years \$ <b>24,327</b>	<b>11</b> 1st year of desig. Roth contrib.	<b>12</b> FATCA filing requirement <input type="checkbox"/>	<b>14</b> State tax withheld \$		<b>15</b> State/Payer's state no.	<b>16</b> State distribution \$
Account number (see instructions)		<b>13</b> Date of payment	<b>17</b> Local tax withheld \$		<b>18</b> Name of locality	<b>19</b> Local distribution \$

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