

TY2025 Form 8038-CP MeF ATS Scenario 5
EIN: 00-9000004

Forms Required: 8038-CP

PreparerFirmGrp

PreparerFirmEIN – 00-5000002

PreparerFirmName – Hatch Accountancy Services

PreparerFirmUSAddress – 123 Jefferson Avenue, Bedford Falls, NY 10507

MultSoftwarePackagesUsedInd -- no

OriginatorGrp

EFIN – as assigned

OriginatorTypeCd – ERO

PractitionerPINGrp

EFIN – as assigned

PIN – 15512

PinEnteredByCd – ERO or N/A for Online Filer

SignatureOptionCd – Pin Number or Binary Attachment 8453 Signature Document

ReturnTypeCd – 8038CP

TaxPeriodEndDt – 12/31/2025

Filer

EIN – 00-9000004

BusinessName – Anytown

BusinessNameControlTxt -- ANYT

USAddress – 123 Street, No Town, GA 30308

IssuerSignatureGrp

PersonNm – George Bailey

PersonTitleTxt -- President

PhoneNum – 518-555-1212

EmailAddressTxt --

SignatureDt – self-select

TaxpayerPIN – self-select

TY2025 8038-CP MeF ATS Scenario 5 cont.

PreparerPersonDetail

PreparerPersonNm – Jane YYY

PTIN – P900000009

PhoneNum – 404-111-0000

EmailAddressTxt --

PreparationDt – self select

SelfEmployedInd – Y

SigningOfficerGrp

PersonFirstNm - John

PersonLastNm - XYZ

SSN – 111-00-1111

IRSResponsiblePrtyInfoCurrInd -- Y

binaryAttachmentCnt – 0

Return for Credit Payments to Issuers of Qualified Bonds

OMB No. 1545-0047

► Go to www.irs.gov/Form8038CP for instructions and the latest information.

Part I	Information on Entity That Is To Receive Payment
1.	Name of entity
2.	Address of entity
3.	City or town, state, and ZIP code of entity
4.	Country of entity
5.	Employer identification number (EIN) of entity
6.	State tax identification number of entity
7.	Business type of entity
8.	Date of formation
9.	Legal status of entity
10.	Principal officer or owner of entity
11.	Relationship of principal officer or owner to filer
12.	Other information about entity

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

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

Part II Reporting Authority

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

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

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

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

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

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

and
Consent

Signature of issuer _____ Date _____ Type or print name and title _____

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