

1 2 3 4 5 6 7 8 9 1 UNIQUE FORM IDENTIFIER ☐ AMENDED ☐ AMENDMENT NO.

1 Income code 16	2 Gross income 14500	3 Chapter indicator. Enter "3" or "4" 3		13i Recipient's U.S. TIN, if any	13j Ch. 3 status code 16									
		3a Exemption code 04	4a Exemption code			13k Ch. 4 status code								
		3b Tax rate	4b Tax rate	13l Recipient's GIIN	13m Recipient's FTIN, if any									
5 Withholding allowance				13n LOB code										
6 Net income 14500				13o Recipient's account number										
7a Federal tax withheld				13p Recipient's date of birth (YYYYMMDD) <table border="1"><tr><td>2</td><td>0</td><td>0</td><td>3</td><td>1</td><td>2</td><td>2</td><td>6</td></tr></table>			2	0	0	3	1	2	2	6
2	0	0	3	1	2	2	6							
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) ☐														
7c Check if withholding occurred in subsequent year with respect to a partnership interest ☐														
7d Check if you are a qualified intermediary, withholding foreign partnership, or withholding foreign trust revising its reporting on Form 1042-S to report to a specific recipient ☐				14a Primary withholding agent's name (if applicable)										
8 Tax withheld by other agents				14b Primary withholding agent's EIN		15 Check if pro-rata basis reporting ☐								
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()		10 Total withholding credit (combine boxes 7a, 8, and 9)		15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code								
						15c Ch. 4 status code								
11 Tax paid by withholding agent (amounts not withheld) (see instructions)				15d Intermediary or flow-through entity's name										
12a Withholding agent's EIN XX-XXXXXXX		12b Ch. 3 status code 2		15e Intermediary or flow-through entity's GIIN										
		12c Ch. 4 status code												
12d Withholding agent's name				15f Country code		15g FTIN, if any								
12e Withholding agent's global intermediary identification number (GIIN)				15h Address (number and street)										
12f Country code		12g FTIN, if any		15i Room or suite no.		15j City or town								
12h Address (number and street) 350 CAMBRIDGE DR.				15k State or province		15l Country								
						15m ZIP or foreign postal code								
12i Room or suite no.		12j City or town YOUR CITY		16a Payer's name		16b Payer's TIN								
12k State or province YS		12l Country		16c Payer's GIIN		16d Ch. 3 status code								
		12m ZIP or foreign postal code XXXXX				16e Ch. 4 status code								
13a Recipient's name BEN HOPF		13b Recipient's country code		17a State income tax withheld		17b Payer's state tax no.								
						17c Name of state								
13c Address (number and street) 20 CENTER AVE														
13d Apt. no.		13e City or town YOUR CITY												
13f State or province YS		13g Country												
		13h ZIP or foreign postal code XXXXX												

(keep for your records)

1 2 3 4 5 6 7 8 9 1 UNIQUE FORM IDENTIFIER ☐ AMENDED ☐ AMENDMENT NO.

1 Income code 20	2 Gross income 800	3 Chapter indicator. Enter "3" or "4" 3		13i Recipient's U.S. TIN, if any	13j Ch. 3 status code 16									
		3a Exemption code 04	4a Exemption code			13k Ch. 4 status code								
		3b Tax rate	4b Tax rate	13l Recipient's GIIN		13m Recipient's FTIN, if any								
5 Withholding allowance				13n LOB code 13o Recipient's account number										
6 Net income 800														
7a Federal tax withheld				13p Recipient's date of birth (YYYYMMDD) <table><tr><td>2</td><td>0</td><td>0</td><td>3</td><td>1</td><td>2</td><td>2</td><td>6</td></tr></table>			2	0	0	3	1	2	2	6
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7d Check if you are a qualified intermediary, withholding foreign partnership, or withholding foreign trust revising its reporting on Form 1042-S to report to a specific recipient ☐														
8 Tax withheld by other agents				14b Primary withholding agent's EIN		15 Check if pro-rata basis reporting ☐								
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()		10 Total withholding credit (combine boxes 7a, 8, and 9)		15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code								
						15c Ch. 4 status code								
11 Tax paid by withholding agent (amounts not withheld) (see instructions)				15d Intermediary or flow-through entity's name										
12a Withholding agent's EIN XX-XXXXXXX		12b Ch. 3 status code 2		15e Intermediary or flow-through entity's GIIN										
		12c Ch. 4 status code												
12d Withholding agent's name				15f Country code		15g FTIN, if any								
12e Withholding agent's global intermediary identification number (GIIN)				15h Address (number and street)										
12f Country code		12g FTIN, if any		15i Room or suite no.		15j City or town								
12h Address (number and street) 350 CAMBRIDGE DR.				15k State or province		15l Country								
						15m ZIP or foreign postal code								
12i Room or suite no.		12j City or town YOUR CITY		16a Payer's name		16b Payer's TIN								
12k State or province YS		12l Country	12m ZIP or foreign postal code XXXXX	16c Payer's GIIN		16d Ch. 3 status code								
						16e Ch. 4 status code								
13a Recipient's name BEN HOPF			13b Recipient's country code	17a State income tax withheld	17b Payer's state tax no.	17c Name of state								
13c Address (number and street) 20 CENTER AVE														
13d Apt. no.		13e City or town YOUR CITY												
13f State or province YS		13g Country	13h ZIP or foreign postal code XXXXX											

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