

0 1 2 3 4 5 6 7 8 9 UNIQUE FORM IDENTIFIER AMENDED AMENDMENT NO.

1 Income code 16	2 Gross income 14500	3 Chapter indicator. Enter "3" or "4" 3	3a Exemption code 04	4a Exemption code	13e Recipient's U.S. TIN, if any XXX-XX-XXXX	13f Ch. 3 status code 16	13g Ch. 4 status code
5 Withholding allowance		3b Tax rate 0.00	4b Tax rate	13h Recipient's GIIN	13i Recipient's foreign tax identification number, if any	13j LOB code	
6 Net income 14500		7a Federal tax withheld		13k Recipient's account number			
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>		7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>		13l Recipient's date of birth (YYYYMMDD) 2 0 0 3 0 4 1 5			
8 Tax withheld by other agents		9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()		14a Primary Withholding Agent's Name (if applicable)			
10 Total withholding credit (combine boxes 7a, 8, and 9)		11 Tax paid by withholding agent (amounts not withheld) (see instructions)		14b Primary Withholding Agent's EIN		15 Check if pro-rata basis reporting <input type="checkbox"/>	
12a Withholding agent's EIN XX-XXXXXXX	12b Ch. 3 status code 02	12c Ch. 4 status code		15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code	15c Ch. 4 status code
12d Withholding agent's name		12e Withholding agent's Global Intermediary Identification Number (GIIN)		15d Intermediary or flow-through entity's name			
12f Country code		12g Foreign tax identification number, if any		15e Intermediary or flow-through entity's GIIN			
12h Address (number and street) 221 WHITNEY AVENUE		12i City or town, state or province, country, ZIP or foreign postal code YOUR TOWN, YS XXXXX		15f Country code		15g Foreign tax identification number, if any	
13a Recipient's name SIMONE DUPONT		13b Recipient's country code		15h Address (number and street)			
13c Address (number and street) 250 CHURCH STREET		13d City or town, state or province, country, ZIP or foreign postal code YOUR TOWN, YS XXXXX		15i City or town, state or province, country, ZIP or foreign postal code		16a Payer's name	
16a Payer's name		16b Payer's TIN		16c Payer's GIIN		16d Ch. 3 status code	16e Ch. 4 status code
17a State income tax withheld		17b Payer's state tax no.		17c Name of state			

0 1 2 3 4 5 6 7 8 9 UNIQUE FORM IDENTIFIER AMENDED AMENDMENT NO.

1 Income code 20	2 Gross income 5000	3 Chapter indicator. Enter "3" or "4" 3	3a Exemption code 04	4a Exemption code	13e Recipient's U.S. TIN, if any XXX-XX-XXXX	13f Ch. 3 status code 16	13g Ch. 4 status code
5 Withholding allowance		3b Tax rate 0.00	4b Tax rate	13h Recipient's GIIN	13i Recipient's foreign tax identification number, if any	13j LOB code	
6 Net income 5000		7a Federal tax withheld			13k Recipient's account number		
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>		7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>			13l Recipient's date of birth (YYYYMMDD) 2 0 0 3 0 4 1 5		
8 Tax withheld by other agents		9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()			14a Primary Withholding Agent's Name (if applicable)		
10 Total withholding credit (combine boxes 7a, 8, and 9)		11 Tax paid by withholding agent (amounts not withheld) (see instructions)			14b Primary Withholding Agent's EIN		15 Check if pro-rata basis reporting <input type="checkbox"/>
12a Withholding agent's EIN XX-XXXXXXX	12b Ch. 3 status code 02	12c Ch. 4 status code		15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code	15c Ch. 4 status code
12d Withholding agent's name		12e Withholding agent's Global Intermediary Identification Number (GIIN)			15d Intermediary or flow-through entity's name		
12f Country code		12g Foreign tax identification number, if any		15e Intermediary or flow-through entity's GIIN		15f Country code	
12h Address (number and street) 221 WHITNEY AVENUE		12i City or town, state or province, country, ZIP or foreign postal code YOUR TOWN, YS XXXXX		15g Foreign tax identification number, if any		15h Address (number and street)	
13a Recipient's name SIMONE DUPONT		13b Recipient's country code		15i City or town, state or province, country, ZIP or foreign postal code		16a Payer's name	
13c Address (number and street) 250 CHURCH STREET		13d City or town, state or province, country, ZIP or foreign postal code YOUR TOWN, YS XXXXX		16b Payer's TIN		16c Payer's GIIN	
				16d Ch. 3 status code		16e Ch. 4 status code	
				17a State income tax withheld		17b Payer's state tax no.	
				17c Name of state			