

# Return for Credit Payments to Issuers of Qualified Bonds

**Part I Information on Entity That Is To Receive Payment of Credit and Communications** Check box if Amended Return

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

**Part II Reporting Authority**

<b>7</b> Issuer's name (if same as line 1, enter "SAME" and skip lines 8, 9, 11, 15, and 16)	<b>8</b> EIN
<b>9</b> Number and street (or P.O. box no. if mail is not delivered to street address)	Room/suite
<b>10</b> Report number (For IRS Use Only) 8	
<b>11</b> City, town, or post office, state, and ZIP code	<b>12</b> Date of issue (MM/DD/YYYY) / /
<b>13</b> Name of issue	<b>14</b> CUSIP number (See instructions.)
<b>15</b> Name and title of officer or other person whom the IRS may call for more information	<b>16</b> Telephone number of officer or other person to call ( )
<b>17a</b> Type of issue <input type="checkbox"/> Educational <input type="checkbox"/> Health and Hospital <input type="checkbox"/> Transportation <input type="checkbox"/> Public Safety <input type="checkbox"/> Environmental <input type="checkbox"/> Housing <input type="checkbox"/> Utilities <input type="checkbox"/> Other	
<b>b</b> For build America bonds, recovery zone economic development bonds, and specified tax credit bonds, enter the issue price <b>17b</b>	
<b>c</b> Check applicable box <input type="checkbox"/> Variable rate bond <input type="checkbox"/> Fixed rate bond	

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

<b>18</b> Interest payment date to which this payment of credit relates (MM/DD/YYYY) / /	
<b>19a</b> Interest payable to bondholders on the interest payment date	<b>19a</b>
<b>b</b> For specified tax credit bonds only, enter the applicable credit rate determined under Sec. 54A(b)(3) <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> %	
<b>c</b> For specified tax credit bonds only, enter the interest that would be payable to bondholders on the interest payment date calculated using the applicable credit rate (see instructions)	<b>19c</b>
<b>20</b> Amount of credit payment to be received as of the interest payment date (complete only line 20a, 20b, 20c, 20d, 20e, or 20f):	
<b>a</b> Build America bonds. Multiply line 19a by 35% (0.35)	<b>20a</b>
<b>b</b> Recovery zone economic development bonds. Multiply line 19a by 45% (0.45)	<b>20b</b>
<b>c</b> New clean renewable energy bonds enter the lesser of line 19a or 70% of line 19c	<b>20c</b>
<b>d</b> Qualified energy conservation bonds enter the lesser of line 19a or 70% of line 19c	<b>20d</b>
<b>e</b> Qualified zone academy bonds enter the lesser of lines 19a or 19c	<b>20e</b>
<b>f</b> Qualified school construction bonds enter the lesser of lines 19a or 19c	<b>20f</b>
<b>21</b> Adjustment to previous credit payments (complete line 21a OR line 21b only):	
<b>a</b> Net increase to previous payments (attach explanation)	<b>21a</b>
<b>b</b> Net decrease to previous payments (attach explanation)	<b>21b</b> ( )
<b>22</b> Amount of credit payment to be received. Combine either line 20a, 20b, 20c, 20d, 20e, or 20f with line 21a or line 21b	<b>22</b>
<b>23</b> Is this the final interest payment date? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>24</b> If the entity identified in Part I is not the issuer, check this box <input type="checkbox"/>	

<b>Direct Deposit</b>	<b>25</b> Enter direct deposit information below:	
	<b>a</b> Routing number <input type="text"/>	<b>b</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>c</b> Account number <input type="text"/>	

**Signature and Consent**

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

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

<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="text"/>	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN _____	Phone no. ( ) _____	