## Return for Credit Payments to Issuers of Qualified Bonds

(March 2009)

Department of the Treasury Internal Revenue Service

## Credit for Qualified Bonds Allowed to Issuers

OMB No. 1545-1219

Pa	rt I Information on Entity That Is To Receive Payment of Cred		yment of Credit		Check	box if Amended Return ▶		
1	Name of e	entity that is to receive payment of the credit		2 Employer identification number (EIN)				
3	Number a	nd 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	1					
5	Name and	title of officer or legal representative whom the IRS may call for r	nore information	6	Telephone num	nber of off	ficer or legal repre	esentative
Pa	rt II	Reporting Authority						
7	Issuer's na	ame (if same as line 1, enter "SAME" and skip lines 8, 9, 11, 15, a	nd 16)	8	EIN			
9	Number a	nd street (or P.O. box no. if mail is not delivered to street address	Room/suite		Report numbe	r		
11	City, town	, or post office, state, and ZIP code		12	Date of issue			
13	Name of is	ssue		14	CUSIP numbe	r		
15	Name and title of officer or legal representative whom the IRS may call for more information			16	Telephone num	nber of off	ficer or legal repre	esentative
17a	Type of i	ssue >		Issu	e price ►	17b		
Pa	rt III	Payment of Credit						
18	Interest p	payment date to which this payment of credit relates (MMI	DDYYYY) .					
19	Interest payable to bondholders on the interest payment date					19		
20	Amount of credit payment to be received as of the interest payment date (complete line 20a OR line 20b only):							
а	Build /	America bonds. Multiply line 19 by 35% (0.35)				20a		
b						20b		
21	Adjustme	ent to previous credit payments (complete line 21a OR line	21b only):					
а	Net in	crease to previous payments (attach explanation)				21a		
b	Net de	ecrease to previous payments (attach explanation)				21b	(	)
22	Amount	of credit payment to be received. Combine line 20a or line	20b with line 21a or li	ine 211	b	22		
23	Is this th	e final interest payment date?					Yes	No 🗌
24	If the en	tity identified in Part I is not the issuer, check this box if	the entity is authorized	I to red	ceive payme	nt on be	half of the issu	uer
	and attac	ch a copy of the authorization						
Sig He		Under penalties of perjury, I declare that I have examined this retu and belief, they are true, correct, and complete.	rn, and accompanying scl	hedules	and statemen	ts, and to	the best of my k	knowledge
		Signature of payee or payee's authorized representative	Date	Туре	or print name	and title		
Paid Preparer's Use Only		Preparer's signature	Date	Cheo self-	ck if employed	Prepa	arer's SSN or PTI	TIN .
		Firm's name (or			EIN	1		
USE	Only	yours if self-employed), address, and ZIP code			Phone no.	(	)	
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