Return for Credit Payments to Issuers of Qualified Bonds

Form **8038-CP** (March 2009)

Here

Paid

Preparer's

Use Only

Credit for Qualified Bonds Allowed to Issuers

OMB No. 1545-1219

Department of the Treasury Internal Revenue Service Information on Entity That Is To Receive Payment of Credit Part I Check box if Amended Return ▶ Name of entity that is to receive payment of the credit Employer identification number (EIN) 3 Number and street (or P.O. box no. if mail is not delivered to street address) Room/suite City, town, or post office, state, and ZIP code Name and title of officer or legal representative whom the IRS may call for more information Telephone number of officer or legal representative Part II Reporting Authority 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 Report number 8 11 City, town, or post office, state, and ZIP code 12 Date of issue 13 Name of issue CUSIP number 15 Name and title of officer or legal representative whom the IRS may call for more information Telephone number of officer or legal representative 17a Type of issue ▶ Issue price 17b Part III **Payment of Credit** Interest payment date to which this payment of credit relates (MMDDYYYY) 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): 20a Build America bonds. Multiply line 19 by 35% (0.35) . . . а 20b Recovery zone economic development bonds. Multiply line 19 by 45% (0.45) Adjustment to previous credit payments (complete line 21a OR line 21b only): 21 Net increase to previous payments (attach explanation) . 21a а 21b b Net decrease to previous payments (attach explanation) 22 Amount of credit payment to be received. Combine line 20a or line 20b with line 21a or line 21b 23 If the entity identified in Part I is not the issuer, check this box if the entity is authorized to receive payment on behalf of the issuer and attach a copy of the authorization 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 Sign

Date

Date

address, and ZIP code

For Paperwork Reduction Act Notice, see the separate instructions.

signature

Firm's name (or

yours if self-employed),

Signature of payee or payee's authorized representative

Cat. No. 52810E

Type or print name and title

Check if

self-employed

EIN

Phone no

Form **8038-CP** (3-2009)

Preparer's SSN or PTIN