For official use only:

**Customer Name** 

FS Form 1071 Department of the Treasury Bureau of the Fiscal Service (Revised August 2015)

## SUPPORTING STATEMENT OF OWNERSHIP FOR **OVERDUE UNITED STATES BEARER SECURITIES**

OMB No. 1530-0045

Customer No.

# IMPORTANT: Follow instructions in filling out this form. This form does NOT replace the physical security. It is a supporting statement. A security is overdue after the lapse of six months from its face maturity date. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment. PRINT IN INK OR TYPE ALL INFORMATION

**Description of Securities:** (Physical presentation of the security must accompany this form.)

1. Description of Securities:	(Physical presentation of the se	ecurity must accompany this for	orm.)		
	OAN TITLES rate, title, call and maturity dates)	FACE AMOUNT	SERIAL N	IUMBER	
2. When did you acquire the s	ecurities?				
3. How or from whom did you	acquire the securities?				
4. Was there any notice of any	v defect in title? Yes No	If <b>Yes,</b> please explain.			
5. Why didn't you present the	securities for payment at their fa	ace maturity dates or before	they became over	erdue?	
	-	and any data farma in two and are		and the station at a state of the	
	certify that the information provid bed on this form and warrant the t				
(Social Sec	urity Number of Payee)	OR (Employ	er Identification Numbe	r of Pavee)	
Under penalties of perjury, I a		(,)			
<ol> <li>The above taxpayer iden to me), and</li> </ol>	tification number is my correct tax	payer identification number (c	or I am waiting for a	a number to be issued	
Internal Revenue Service	up withholding because <b>(a)</b> I am e (IRS) that I am subject to backup y the IRS that I am no longer subje	withholding as a result of a fa	ilure to report all ir	ot been notified by the nterest or dividends, or	
3. I am a U.S. person (inclue	ding a U.S. resident alien).				
	You must cross out Item <b>2</b> above you have failed to report all interest			are currently subject to	
You n	nust wait until you are in the pres	sence of certifying officer to s	ign this form.		
Sign Here					
	(Signature)	(Print Name	e) (Day	ytime Telephone Number)	
Home Address					
Home Address	per and Street or Rural Route)	(City)	(State)	(ZIP Code)	
Certifying Officer – The in	dividual must sign in your prese	ence. Complete the certifica	ntion and affix you	ır stamp or seal.	
CERTIFY that		, whose identity	is known or was prov	ven to me, personally	
appeared before me this	day of	,, at		<u>(0, ( )</u> ,	
and signed this form.	(Month)	(Year)	(City)	(State)	
J					
(OFFICIAL STAMP		(Signature and title	(Signature and title of certifying officer)		

OR SEAL)

(Street address)

(State)

(ZIP Code)

## **INSTRUCTIONS**

### **USE OF FORM**

This form is a supporting statement. When an overdue security is presented and surrendered for redemption, we ordinarily require proof of ownership. Physical presentation of the security must accompany this form.

The face maturity date of a security is the payment date specified in the text of the security. We consider a security to be overdue after the lapse of six months from its face maturity date.

**COMPLETION OF FORM –** Print clearly in ink or type all information requested.

- **ITEM 1.** Furnish the title of the securities and all identifying information shown on the face of the securities. The title of the securities includes the interest rate, type of security, call year if applicable, and maturity year. Furnish the face amount and serial number for each security.
- **ITEM 2.** Tell us when you acquired the securities.

ITEM 3. - Indicate how or from whom you obtained the securities.

If you acquired them through:	Tell us:	
Purchase	From whom you purchased the securities and at what price.	
Gift	The occasion for which the gift was received and your relationship, if any, to the donor.	
hheritance     If you received the securities through the administration of the decedent		
	<ul> <li>If the securities were distributed to you after the decedent's estate was closed.</li> </ul>	
Exchange for other Property	If the estate was not administered and you received the securities in place of other property; what property was exchanged, what was its fair market value, and how did you acquire it.	

**ITEM 4.** – Check the appropriate block to indicate if there was any notice of a defect in title and, if so, please provide an explanation.

ITEM 5. - Tell us why the securities were not submitted for payment before they became overdue.

### SIGNATURE AND CERTIFICATION

- SIGNATURE You must provide your taxpayer identification number and certify that you are not subject to backup withholding, if appropriate. If you are subject to backup withholding, you must strike through Item 2 of this section. You must sign the form in ink, print your name, and provide your address and daytime telephone number. Your signature to the form must be certified, as indicated below.
- **CERTIFICATION** You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the presence of the officer. The certifying officer must complete the certification form provided and affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers see Department of the Treasury Circular No. 300, current revision.

**ADDITIONAL INFORMATION** – For a copy of the regulations, additional forms, other information, or further instructions, contact the office shown in "Where to Send" below.

**WHERE TO SEND** – Send the securities and the completed form to the Department of the Treasury, Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426.

#### NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information, the Fiscal Service may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the correct address shown in "WHERE TO SEND" above.