

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

1 Name of entity that is to receive payment of the credit		2 Employer identification number (EIN)	
3 Number and 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			
5 Name and title of designated contact person whom the IRS may call for more information		6 Telephone number of officer or legal representative	

Part II Reporting Authority

7 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	10 Report number (For IRS Use Only)	
11 City, town, or post office, state, and ZIP code		12 Date of issue (MM/DD/YYYY)	
13 Name of issue		14 CUSIP number (see instructions)	
15 Name and title of officer or other person whom the IRS may call for more information		16 Telephone number of officer or other person to call	
17a 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 For build America bonds, recovery zone economic development bonds, and specified tax credit bonds, enter the issue price		17b	
c 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.)

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

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

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 _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				