			CTED (if ch	ecked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distrib	ution	OMB No. 1545-2262		Distributions
Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191			\$ 2 Earnings	12000.00	20 22		From ABLE Accounts
888-555-1212			\$	2400.00	Form 1099-QA		
PAYER'S TIN		RECIPIENT'S TIN	3 Basis		4 Program-to-program	n	Сору В
12-34567	39	xxx-xx-1234	\$	6000.00	transfer	~	For Recipient
RECIPIENT'S name Kris Q Public			5 If checked, A terminated in		6 If this box is checker recipient is not the designated benefici	This is important tax information and is being furnished to the IRS. If you are required	
Street address (including apt. no.)							to file a return, a negligence penalty or
1 Main St						other sanction may be	
City or town, state or province, country, and ZIP or foreign postal code							imposed on you if this income is taxable and
Melrose, NY 12121							the IRS determines that
Account number (see instructions)							it has not been
	555555					reported.	
Form 1099-QA (keep for your records) www.irs.gov/Form1099QA Department of the T						reasury -	Internal Revenue Service

Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191

Kris Q Public 1 Main St Melrose, NY 12121



www.taxdataexchange.org/intelligent