

UNIQUE FORM IDENTIFIER AMENDED AMENDMENT NO.

1 Income code	2 Gross income	3 Chapter indicator. Enter "3" or "4"		13e Recipient's U.S. TIN, if any		13f Ch. 3 status code	
		3a Exemption code	4a Exemption code	13h Recipient's GIIN		13g Ch. 4 status code	
		3b Tax rate	4b Tax rate			13i Recipient's foreign tax identification number, if any	
5 Withholding allowance				13k Recipient's account number			
6 Net income				13l Recipient's date of birth (YYYYMMDD)			
7a Federal tax withheld				14a Primary Withholding Agent's Name (if applicable)			
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>				14b Primary Withholding Agent's EIN			
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>				15 Check if pro-rata basis reporting <input type="checkbox"/>			
8 Tax withheld by other agents				15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code	15c Ch. 4 status code
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()				15d Intermediary or flow-through entity's name			
10 Total withholding credit (combine boxes 7a, 8, and 9)				15e Intermediary or flow-through entity's GIIN			
11 Tax paid by withholding agent (amounts not withheld) (see instructions)				15f Country code		15g Foreign tax identification number, if any	
12a Withholding agent's EIN	12b Ch. 3 status code	12c Ch. 4 status code		15h Address (number and street)			
12d Withholding agent's name				15i City or town, state or province, country, ZIP or foreign postal code			
12e Withholding agent's Global Intermediary Identification Number (GIIN)				16a Payer's name		16b Payer's TIN	
12f Country code	12g Foreign tax identification number, if any			16c Payer's GIIN			
12h Address (number and street)				16d Ch. 3 status code		16e Ch. 4 status code	
12i City or town, state or province, country, ZIP or foreign postal code				17a State income tax withheld		17b Payer's state tax no.	17c Name of state
13a,c,d Recipient's name, address, city, state and ZIP code							
13b Recipient's country code							

(keep for your records)

L42B

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Form **1042-S** (2024)

DETACH BEFORE MAILING
 MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS