

Return for Credit Payments to Issuers of Qualified Bonds

Part I Information on Entity That Is To Receive Payment of Credit 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 officer or legal representative 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) 8	
11 City, town, or post office, state, and ZIP code	12 Date of issue
13 Name of issue	14 CUSIP number
15 Name and title of officer or legal representative whom the IRS may call for more information	16 Telephone number of officer or legal representative ()
17a Type of issue <input type="checkbox"/>	Issue price <input type="checkbox"/> 17b

Part III Payment of Credit

18 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):	
a Build America bonds. Multiply line 19 by 35% (0.35)	20a
b Recovery zone economic development bonds. Multiply line 19 by 45% (0.45)	20b
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 line 20a or line 20b 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 to indicate that the entity is authorized to receive payment and related return information on behalf of the issuer	<input type="checkbox"/>

Sign Here 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.

Signature of issuer's authorized representative	Date	Type or print name and title
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Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	