

Instructions for Payer

This statement has been furnished to you by a government or governmental entity regarding a court order or an agreement with respect to a violation or potential violation of law. Retain this statement for your records.

Payer's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Box 1. Shows the total amount required to be paid in relation to the violation or potential violation of law as stated in a court order or an agreement.

Box 2. Shows the amount of restitution or remediation required to be paid as stated in a court order or an agreement.

Box 3. Shows the amount identified in a court order or an agreement as required to be paid for purposes of coming into compliance with any law.

Box 4. Shows the date the order was entered by the court or the agreement was fully executed.

Box 5. Shows the name of the court, or any other entity, that entered the order or approved the agreement, if applicable.

Box 6. Shows the case number associated with a court order or an agreement, if applicable.

Box 7. Provides a name or description to identify the underlying case or matter to which a court order or an agreement relates.

Box 8. Shows one or more of the following codes.

A - Multiple payments.

B - Multiple payers/defendants.

C - Multiple payees.

D - Property or services required to be acquired, constructed, or transferred under a court order or an agreement.

E - Payment amount not identified.

F - Paid in full as of time of filing.

G - No payment received as of time of filing.

H - Deferred prosecution agreement.

I - Payment to third party at the direction of a government or governmental entity.

Future developments. For the latest information about developments related to Form 1098-F and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098F

CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone no. INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001		1 Total amount required to be paid \$ 15200.00	OMB No. 1545-2284 Form 1098-F (Rev. December 2019) For calendar year 2020	Fines, Penalties, and Other Amounts
631-249-7744/SALES DEPT		2 Restitution/remediation amount \$ 7700.00		
FILER'S TIN 13-3249958	PAYER'S TIN XXX-XX-0023	3 Compliance amount \$ 7500.00	4 Date of order/agreement 02/18/2019	Copy B For Payer This is important tax information and is being furnished to the IRS.
PAYER'S name, street address, city, state, and ZIP code JOHN DOE 33 EAST 17 STREET UNIT 2101 C/O THE CENTURY BUILDING NEW YORK NY 10003-2005		5 Jurisdiction NYC CIVIL CT KINGS COUNTY		
		6 Case number IX-30499593		
		7 Name or description of matter/suit/agreement CENTURY ESTATES		
		8 Code ABCDG		

Form 1098-F (Rev. 12-2019)

(Keep for your records)

Department of the Treasury - Internal Revenue Service

INTEGRATED DATA MANAGEMENT SYSTEMS
ACCOUNT ABILITY COMPLIANCE SOFTWARE
555 BROADHOLLOW ROAD SUITE 273
MELVILLE NY 11747-5001

FIRST-CLASS MAIL
U.S. POSTAGE
PAID
MELVILLE, NEW YORK
PERMIT NO. 123456

ADDRESS SERVICE REQUESTED



JOHN DOE
33 EAST 17 STREET UNIT 2101
C/O THE CENTURY BUILDING
NEW YORK NY 10003-2005