

☐ CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SSN PERSON/ESTATE/PB/OR FGT ADDRESS PH:		1 Date of identifiable event	OMB No. 1545-1424
		2 Amount of debt discharged \$ \$600 OR MORE	Form 1099-C (Rev. January 2022)
		3 Interest, if included in box 2 \$	For calendar year 20 24
CREDITOR'S TIN SSN OR EIN	DEBTOR'S TIN EIN	4 Debt description JANE M DOE OR ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE USUALLY THE HEADQUARTERS ADDRESS.	
DEBTOR'S name NAME OF THE CORPORATION Street address (including apt. no.) ADDRESS City or town, state or province, country, and ZIP or foreign postal code CITY/STATE/ZIP		5 If checked, the debtor was personally liable for repayment of the debt <input checked="" type="checkbox"/>	
		6 Identifiable event code A	7 Fair market value of property \$ SAME AS BOX #2
Account number (see instructions) ENTER ACCT NUMBER OR CERT/REG MAIL #			

**Cancellation
of Debt**

**Copy B
For Debtor**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.