|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                   | V          | OIE   | CORRE                  | СТ       | ED  |                 |   |   |
|---|-------------------|------------|-------|------------------------|----------|---|-----------------|---|---|
| PAYER'S name, street ac<br>or foreign postal code, ar | dress, city or t  | own, stat  | e or  | province, country, ZIP | Α        | pplicable checkbox on Form                              | 894             | 9 OMB No. 1545-0715                                   | Proceeds From                                 |
| The Regional Financia<br>Parliament Marshals          |                   | J.         |       |                        |          |   |                 | 2021<br>Form 1099-B                                   | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia<br>Mason Ohio 45040                      |                   |            |       |                        | 1        | a Description of property                               | (E <sub>1</sub> |   |   |
| Widdom Offic 45040                                    |                   |            |       |                        |          | a Description of property<br>atentor rights and Per Dei | -               | ample: 100 sn. XYZ Co.)                               |   |
|   |                   |            |       |                        |          | b Date acquired   | _               | Date sold or disposed                                 |   |
|   |                   |            |       |                        |          | 01/21/2021  |                 | ·   |   |
| PAYER'S TIN   |                   | RECIPIE    | NT'   | STIN                   | 10       | d Proceeds  | 16              | Cost or other basis                                   | Copy A  |
|   |                   |            |       |                        | \$       | 4800  | \$              | 300   |   |
| 972-87-096  | 66                |            | 90    | 08-53-2307             | 11       | Accrued market discount                                 | 10              | Wash sale loss disallowed                             | For   |
|   |                   |            |       |                        | \$       |   | \$              |   | Internal Revenue                              |
| RECIPIENT'S name                                      |                   |            |       |                        | 2        | Short-term gain or loss                                 | 3               | If checked, proceeds from:                            | Service Center                                |
| Donald Paul Needham                                   | 1                 |            |       |                        |          | Long-term gain or loss⊠                                 |                 | Collectibles  | File with Form 1096.                          |
|   |                   |            |       |                        | L        | Ordinary  |                 | QOF X   |   |
| Street address (including                             | apt. no.)         |            |       |                        | 4        | Federal income tax withheld                             | 5               | If checked, noncovered security                       |   |
| 937 Stratford Place                                   |                   |            |       |                        | \$       | 10800   | Ļ               |   |   |
| O'the section of the section                          |                   | 1.710      |       |                        | 6        | Reported to IRS:  | 7               | If checked, loss is not allowed based on amount in 1d | For Privacy Act                               |
| City or town, state or pro-                           | vince, country,   | and ZIP (  | or to | reign postal code      |          | Gross proceeds  |                 |   | and Paperwork Reduction Act                   |
| Mason Ohio 45040                                      |                   |            |       |                        | -        | Net proceeds X  Profit or (loss) realized in            | _               | Unrealized profit or (loss) on                        | Notice, see the                               |
| Account number (see inst                              | tructions)        |            |       |                        | ľ        | 2024 on closed contracts                                |                 | open contracts—12/31/2023                             | 2024 General                                  |
| Account number (see ins                               | 943780            | 070        |       |                        | \$       |   | \$              |   | Instructions for<br>Certain                   |
| CUSIP number  |                   |            |       | FATCA filing           | <u> </u> | Unrealized profit or (loss) on                          | , T             | Aggregate profit or (loss)                            | Information                                   |
| PR  | VATE              |            |       | requirement            |          | open contracts-12/31/2024                               |                 | on contracts  | Returns.                                      |
| 14 State name   | 15 State identifi | cation no. | 16    | State tax withheld     | \$       |   | \$              |   |   |
| Anu   |                   |            | \$    | 9,360,000              | 12       | If checked, basis reported                              | 13              | Bartering   |   |
| Ohio  |                   |            | \$    |                        | L        | to IRS  | \$              |   |   |
| Form <b>1099-B</b>                                    |                   |            |       |                        |          | www.irs.gov/Form1099B                                   | ı               | Department of the Treasury -                          | Internal Revenue Service                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
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| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
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| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
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|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
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| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | 008      | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | VC         | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | neturis.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jweu           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Wash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-1        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | iipio. 100 Sii. XTZ                              | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                       |            | OID      |         |              | ECT             | ED   |               |       |  |                |   |
|---|-----------------------|------------|----------|---------|--------------|-----------------|--|---------------|-------|--|----------------|---|
| PAYER'S name, street a<br>or foreign postal code, a<br>The Regional Financi | and telephone no      | own, state | or pro   | vince,  | country, ZIF | A               | pplicable checkbox or                            | n Form        | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From<br>Broker and                   |
| Parliament Marshals   |                       |            |          |         |              |                 |  |               |       | = 1000   | D              | Barter Exchange<br>Transactions               |
| 1080 Olympia<br>Mason Ohio 45040  |                       |            |          |         |              | 1:              | a Description of pro                             | nerty (       | Fyar  | Form <b>1099</b> -                               |                |   |
|   |                       |            |          |         |              |                 | atentor rights and Po                            |               |       | npic. 100 Sii. X12                               | 00.,           |   |
|   |                       |            |          |         |              | 11              | Date acquired                                    |               | 1c [  | Date sold or disposed                            | t              |   |
|   |                       |            |          |         |              |                 | 01/21/2021                                       |               |       |  |                |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | IN      |              | 10              | d Proceeds                                       |               |       | Cost or other basis                              |                | Copy A  |
| 972-87-09   | 166                   |            | വര       | 53-23   | :07          | \$              | Accrued market disc                              | 4800          | \$ 10 | Wash sale loss disalle                           | 300            | _   |
| 312 01 03   | .00                   |            | 500      | JJ 2J   | .01          | \$              | Accided market disc                              | Journ         | \$    | vasii sale loss disali                           | Jwed           | For<br>Internal Revenue                       |
| RECIPIENT'S name  |                       |            |          |         |              | •               | Short-term gain or los                           | ss 🔲          | •     | checked, proceeds                                | from:          | Service Center                                |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Long-term gain or lo<br>Ordinary                 |               |       | Collectibles<br>QOF                              | ×              | File with Form 1096.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         |       | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              |                 | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| A   | -4                    |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr |               | 9 U   | nrealized profit or (los<br>pen contracts—12/31. | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | 943780                | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATCA    | filing       | 10              |  |               | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  | RVATE                 |            | r        | equire  | ment         |                 | open contracts - 12/31                           | /2024         | 0     | n contracts                                      |                | Returns.                                      |
| 14 State name   | 15 State identific    |            |          | ate tax |              | \$              |  |               | \$    |  |                |   |
| Anu   |                       |            | \$<br>\$ |         | 9,360,00     | 0 <b>12</b><br> | If checked, basis rep to IRS                     | _             | 13 E  | Bartering  |                |   |
| Ohio<br>Form <b>1099-B</b>  |                       |            | Φ        |         |              |                 | www.irs.gov/Form10                               | X<br>DOOR     |       | partment of the Tree                             | eur/           | Internal Revenue Service                      |
| Tomi 1000-B   |                       |            |          |         |              |                 | www.iis.gov/roiiiire                             | J33D          | De    | partitient of the free                           | ioury -        | internal Nevenue Service                      |
|   |                       | ■ VC       | OID      |         | CORR         | ECT             | ED   |               |       |  |                |   |
| PAYER'S name, street a<br>or foreign postal code, a                         | address, city or to   | own, state | or pro   | ovince, | country, ZIF | A               | pplicable checkbox or                            | Form          | 8949  | OMB No. 1545-                                    | 0715           | Proceeds From                                 |
| The Regional Financi<br>Parliament Marshals                                 |                       |            |          |         |              |                 |  |               |       | 202  | 1              | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia  |                       |            |          |         |              | <u> </u>        |  |               |       | Form 1099-                                       |                | Transactions                                  |
| Mason Ohio 45040  |                       |            |          |         |              | Pa              | a Description of pro<br>atentor rights and Po    |               | n     |  |                |   |
|   |                       |            |          |         |              | 11              | b Date acquired<br>01/21/2021                    |               | 1c [  | Date sold or disposed                            | t              |   |
| PAYER'S TIN   |                       | RECIPIE    | NT'S T   | īN      |              | 10              | d Proceeds                                       |               | 1e (  | Cost or other basis                              |                | Conv A  |
|   |                       |            |          |         |              | \$              |  | 4800          | \$    |  | 300            | оору н  |
| 972-87-09   | 66                    |            | 908-     | 53-23   | 07           |                 | Accrued market disc                              | count         | _     | Vash sale loss disalle                           | owed           | For   |
| DECIDIENTIC   |                       |            |          |         |              | \$              |  |               | \$    |  |                | Internal Revenue                              |
| RECIPIENT'S name  |                       |            |          |         |              | 2               | Short-term gain or los<br>Long-term gain or lo   | _             |       | checked, proceeds                                | from:          | Service Center<br>File with Form 1096.        |
| Donald Paul Needhar   | m                     |            |          |         |              |                 | Ordinary   | 55 🔼          |       | QOF  | ×              | File With Form 1090.                          |
| Street address (includin  | g apt. no.)           |            |          |         |              | 4               | Federal income tax w                             | ithheld       |       | checked, noncovere                               | d d            |   |
| 937 Stratford Place   |                       |            |          |         |              | \$<br>6         | Reported to IRS:                                 | 10800         | 7 If  | ecurity<br>checked, loss is not all              | owed           | For Privacy Act                               |
| City or town, state or pr   | ovince, country,      | and ZIP or | r foreig | n pos   | tal code     |                 | Gross proceeds                                   |               | b     | ased on amount in 1d                             |                | and Paperwork                                 |
| Mason Ohio 45040  |                       |            |          |         |              | L               | Net proceeds                                     | ×             |       |  |                | Reduction Act<br>Notice, see the              |
| Account number (see in  | etructione)           |            |          |         |              | 8               | Profit or (loss) realize<br>2024 on closed contr | d in<br>racts | 9 U   | nrealized profit or (los<br>pen contracts-12/31  | s) on<br>/2023 | 2024 General                                  |
| Account number (see in  | structions)<br>94378( | 070        |          |         |              | \$              |  |               | \$    |  |                | Instructions for<br>Certain                   |
| CUSIP number  |                       |            | F        | ATÇA    | filing       | _               | Unrealized profit or (los                        | ss) on        | 11 A  | ggregate profit or (lo                           | ss)            | Information                                   |
| PI  |                       |            | l n      | equire  | ment         | 1               | open contracts-12/31                             | /2024         | 0     | n contracts                                      |                | Returns.                                      |
|   | RVATE                 |            |          |         |              | ┨.              |  |               |       |  |                | neturis.                                      |
| 14 State name   | 15 State identific    |            | 16 Sta   | ate tax | withheld     | \$              | If absolved besie                                | outs-I        | \$    | tout ovin a                                      |                | Hetaris.                                      |
| 14 State name<br>Anu<br>Ohio  |                       |            |          | ate tax |              | <u> </u>        | If checked, basis rep<br>to IRS                  | orted         | _     | dartering  |                | neturis.                                      |

|   |                   | V          | OIE   | CORRE                  | СТ       | ED  |                 |   |   |
|---|-------------------|------------|-------|------------------------|----------|---|-----------------|---|---|
| PAYER'S name, street ac<br>or foreign postal code, ar | dress, city or t  | own, stat  | e or  | province, country, ZIP | Α        | pplicable checkbox on Form                              | 894             | 9 OMB No. 1545-0715                                   | Proceeds From                                 |
| The Regional Financia<br>Parliament Marshals          |                   | J.         |       |                        |          |   |                 | 2021<br>Form 1099-B                                   | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia<br>Mason Ohio 45040                      |                   |            |       |                        | 1        | a Description of property                               | (E <sub>1</sub> |   |   |
| Widdom Offic 45040                                    |                   |            |       |                        |          | a Description of property<br>atentor rights and Per Dei | -               | ample: 100 sn. XYZ Co.)                               |   |
|   |                   |            |       |                        |          | b Date acquired   | _               | Date sold or disposed                                 |   |
|   |                   |            |       |                        |          | 01/21/2021  |                 | ·   |   |
| PAYER'S TIN   |                   | RECIPIE    | NT'   | STIN                   | 10       | d Proceeds  | 16              | Cost or other basis                                   | Copy A  |
|   |                   |            |       |                        | \$       | 4800  | \$              | 300   |   |
| 972-87-096  | 66                |            | 90    | 08-53-2307             | 11       | Accrued market discount                                 | 10              | Wash sale loss disallowed                             | For   |
|   |                   |            |       |                        | \$       |   | \$              |   | Internal Revenue                              |
| RECIPIENT'S name                                      |                   |            |       |                        | 2        | Short-term gain or loss                                 | 3               | If checked, proceeds from:                            | Service Center                                |
| Donald Paul Needham                                   | 1                 |            |       |                        |          | Long-term gain or loss⊠                                 |                 | Collectibles  | File with Form 1096.                          |
|   |                   |            |       |                        | L        | Ordinary  |                 | QOF X   |   |
| Street address (including                             | apt. no.)         |            |       |                        | 4        | Federal income tax withheld                             | 5               | If checked, noncovered security                       |   |
| 937 Stratford Place                                   |                   |            |       |                        | \$       | 10800   | Ļ               |   |   |
| O'the section of the section                          |                   | 1.710      |       |                        | 6        | Reported to IRS:  | 7               | If checked, loss is not allowed based on amount in 1d | For Privacy Act                               |
| City or town, state or pro-                           | vince, country,   | and ZIP    | or to | reign postal code      |          | Gross proceeds  |                 |   | and Paperwork Reduction Act                   |
| Mason Ohio 45040                                      |                   |            |       |                        | -        | Net proceeds X  Profit or (loss) realized in            | _               | Unrealized profit or (loss) on                        | Notice, see the                               |
| Account number (see inst                              | tructions)        |            |       |                        | ľ        | 2024 on closed contracts                                |                 | open contracts—12/31/2023                             | 2024 General                                  |
| Account number (see ins                               | 943780            | 070        |       |                        | \$       |   | \$              |   | Instructions for<br>Certain                   |
| CUSIP number  |                   |            |       | FATCA filing           | <u> </u> | Unrealized profit or (loss) on                          | , T             | Aggregate profit or (loss)                            | Information                                   |
| PR  | VATE              |            |       | requirement            |          | open contracts-12/31/2024                               |                 | on contracts  | Returns.                                      |
| 14 State name   | 15 State identifi | cation no. | 16    | State tax withheld     | \$       |   | \$              |   |   |
| Anu   |                   |            | \$    | 9,360,000              | 12       | If checked, basis reported                              | 13              | Bartering   |   |
| Ohio  |                   |            | \$    |                        | L        | to IRS  | \$              |   |   |
| Form <b>1099-B</b>                                    |                   |            |       |                        |          | www.irs.gov/Form1099B                                   | ı               | Department of the Treasury -                          | Internal Revenue Service                      |

|   |                   | V          | OIE   | CORRE                  | СТ       | ED  |                 |   |   |
|---|-------------------|------------|-------|------------------------|----------|---|-----------------|---|---|
| PAYER'S name, street ac<br>or foreign postal code, ar | dress, city or t  | own, stat  | e or  | province, country, ZIP | Α        | pplicable checkbox on Form                              | 894             | 9 OMB No. 1545-0715                                   | Proceeds From                                 |
| The Regional Financia<br>Parliament Marshals          |                   | J.         |       |                        |          |   |                 | 2021<br>Form 1099-B                                   | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia<br>Mason Ohio 45040                      |                   |            |       |                        | 1        | a Description of property                               | (E <sub>1</sub> |   |   |
| Widdom Offic 45040                                    |                   |            |       |                        |          | a Description of property<br>atentor rights and Per Dei | -               | ample: 100 sn. XYZ Co.)                               |   |
|   |                   |            |       |                        |          | b Date acquired   | _               | Date sold or disposed                                 |   |
|   |                   |            |       |                        |          | 01/21/2021  |                 | ·   |   |
| PAYER'S TIN   |                   | RECIPIE    | NT'   | STIN                   | 10       | d Proceeds  | 16              | Cost or other basis                                   | Copy A  |
|   |                   |            |       |                        | \$       | 4800  | \$              | 300   |   |
| 972-87-096  | 66                |            | 90    | 08-53-2307             | 11       | Accrued market discount                                 | 10              | Wash sale loss disallowed                             | For   |
|   |                   |            |       |                        | \$       |   | \$              |   | Internal Revenue                              |
| RECIPIENT'S name                                      |                   |            |       |                        | 2        | Short-term gain or loss                                 | 3               | If checked, proceeds from:                            | Service Center                                |
| Donald Paul Needham                                   | 1                 |            |       |                        |          | Long-term gain or loss⊠                                 |                 | Collectibles  | File with Form 1096.                          |
|   |                   |            |       |                        | L        | Ordinary  |                 | QOF X   |   |
| Street address (including                             | apt. no.)         |            |       |                        | 4        | Federal income tax withheld                             | 5               | If checked, noncovered security                       |   |
| 937 Stratford Place                                   |                   |            |       |                        | \$       | 10800   | Ļ               |   |   |
| O'the section of the section                          |                   | 1.710      |       |                        | 6        | Reported to IRS:  | 7               | If checked, loss is not allowed based on amount in 1d | For Privacy Act                               |
| City or town, state or pro-                           | vince, country,   | and ZIP    | or to | reign postal code      |          | Gross proceeds  |                 |   | and Paperwork Reduction Act                   |
| Mason Ohio 45040                                      |                   |            |       |                        | -        | Net proceeds X  Profit or (loss) realized in            | _               | Unrealized profit or (loss) on                        | Notice, see the                               |
| Account number (see inst                              | tructions)        |            |       |                        | ľ        | 2024 on closed contracts                                |                 | open contracts—12/31/2023                             | 2024 General                                  |
| Account number (see ins                               | 943780            | 070        |       |                        | \$       |   | \$              |   | Instructions for<br>Certain                   |
| CUSIP number  |                   |            |       | FATCA filing           | <u> </u> | Unrealized profit or (loss) on                          | , T             | Aggregate profit or (loss)                            | Information                                   |
| PR  | VATE              |            |       | requirement            |          | open contracts-12/31/2024                               |                 | on contracts  | Returns.                                      |
| 14 State name   | 15 State identifi | cation no. | 16    | State tax withheld     | \$       |   | \$              |   |   |
| Anu   |                   |            | \$    | 9,360,000              | 12       | If checked, basis reported                              | 13              | Bartering   |   |
| Ohio  |                   |            | \$    |                        | L        | to IRS  | \$              |   |   |
| Form <b>1099-B</b>                                    |                   |            |       |                        |          | www.irs.gov/Form1099B                                   | ı               | Department of the Treasury -                          | Internal Revenue Service                      |

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|---|-------------------|------------|-------|------------------------|----------|---|-----------------|---|---|
| PAYER'S name, street ac<br>or foreign postal code, ar | dress, city or t  | own, stat  | e or  | province, country, ZIP | Α        | pplicable checkbox on Form                              | 894             | 9 OMB No. 1545-0715                                   | Proceeds From                                 |
| The Regional Financia<br>Parliament Marshals          |                   | J.         |       |                        |          |   |                 | 2021<br>Form 1099-B                                   | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia<br>Mason Ohio 45040                      |                   |            |       |                        | 1        | a Description of property                               | (E <sub>1</sub> |   |   |
| Widdom Offic 45040                                    |                   |            |       |                        |          | a Description of property<br>atentor rights and Per Dei | -               | ample: 100 sn. XYZ Co.)                               |   |
|   |                   |            |       |                        |          | b Date acquired   | _               | Date sold or disposed                                 |   |
|   |                   |            |       |                        |          | 01/21/2021  |                 | ·   |   |
| PAYER'S TIN   |                   | RECIPIE    | NT'   | STIN                   | 10       | d Proceeds  | 16              | Cost or other basis                                   | Copy A  |
|   |                   |            |       |                        | \$       | 4800  | \$              | 300   |   |
| 972-87-096  | 66                |            | 90    | 08-53-2307             | 11       | Accrued market discount                                 | 10              | Wash sale loss disallowed                             | For   |
|   |                   |            |       |                        | \$       |   | \$              |   | Internal Revenue                              |
| RECIPIENT'S name                                      |                   |            |       |                        | 2        | Short-term gain or loss                                 | 3               | If checked, proceeds from:                            | Service Center                                |
| Donald Paul Needham                                   | 1                 |            |       |                        |          | Long-term gain or loss⊠                                 |                 | Collectibles  | File with Form 1096.                          |
|   |                   |            |       |                        | L        | Ordinary  |                 | QOF X   |   |
| Street address (including                             | apt. no.)         |            |       |                        | 4        | Federal income tax withheld                             | 5               | If checked, noncovered security                       |   |
| 937 Stratford Place                                   |                   |            |       |                        | \$       | 10800   | Ļ               |   |   |
| O'the section of the section                          |                   | 1.710      |       |                        | 6        | Reported to IRS:  | 7               | If checked, loss is not allowed based on amount in 1d | For Privacy Act                               |
| City or town, state or pro-                           | vince, country,   | and ZIP    | or to | reign postal code      |          | Gross proceeds  |                 |   | and Paperwork Reduction Act                   |
| Mason Ohio 45040                                      |                   |            |       |                        | -        | Net proceeds X  Profit or (loss) realized in            | _               | Unrealized profit or (loss) on                        | Notice, see the                               |
| Account number (see inst                              | tructions)        |            |       |                        | ľ        | 2024 on closed contracts                                |                 | open contracts—12/31/2023                             | 2024 General                                  |
| Account number (see ins                               | 943780            | 070        |       |                        | \$       |   | \$              |   | Instructions for<br>Certain                   |
| CUSIP number  |                   |            |       | FATCA filing           | <u> </u> | Unrealized profit or (loss) on                          | , T             | Aggregate profit or (loss)                            | Information                                   |
| PR  | VATE              |            |       | requirement            |          | open contracts-12/31/2024                               |                 | on contracts  | Returns.                                      |
| 14 State name   | 15 State identifi | cation no. | 16    | State tax withheld     | \$       |   | \$              |   |   |
| Anu   |                   |            | \$    | 9,360,000              | 12       | If checked, basis reported                              | 13              | Bartering   |   |
| Ohio  |                   |            | \$    |                        | L        | to IRS  | \$              |   |   |
| Form <b>1099-B</b>                                    |                   |            |       |                        |          | www.irs.gov/Form1099B                                   | ı               | Department of the Treasury -                          | Internal Revenue Service                      |

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|---|-------------------|------------|-------|------------------------|----------|---|-----------------|---|---|
| PAYER'S name, street ac<br>or foreign postal code, ar | dress, city or t  | own, stat  | e or  | province, country, ZIP | Α        | pplicable checkbox on Form                              | 894             | 9 OMB No. 1545-0715                                   | Proceeds From                                 |
| The Regional Financia<br>Parliament Marshals          |                   | J.         |       |                        |          |   |                 | 2021<br>Form 1099-B                                   | Broker and<br>Barter Exchange<br>Transactions |
| 1080 Olympia<br>Mason Ohio 45040                      |                   |            |       |                        | 1        | a Description of property                               | (E <sub>1</sub> |   |   |
| Widdom Offic 45040                                    |                   |            |       |                        |          | a Description of property<br>atentor rights and Per Dei | -               | ample: 100 sn. XYZ Co.)                               |   |
|   |                   |            |       |                        |          | b Date acquired   | _               | Date sold or disposed                                 |   |
|   |                   |            |       |                        |          | 01/21/2021  |                 | ·   |   |
| PAYER'S TIN   |                   | RECIPIE    | NT'   | STIN                   | 10       | d Proceeds  | 16              | Cost or other basis                                   | Copy A  |
|   |                   |            |       |                        | \$       | 4800  | \$              | 300   |   |
| 972-87-096  | 66                |            | 90    | 08-53-2307             | 11       | Accrued market discount                                 | 10              | Wash sale loss disallowed                             | For   |
|   |                   |            |       |                        | \$       |   | \$              |   | Internal Revenue                              |
| RECIPIENT'S name                                      |                   |            |       |                        | 2        | Short-term gain or loss                                 | 3               | If checked, proceeds from:                            | Service Center                                |
| Donald Paul Needham                                   | 1                 |            |       |                        |          | Long-term gain or loss⊠                                 |                 | Collectibles  | File with Form 1096.                          |
|   |                   |            |       |                        | L        | Ordinary  |                 | QOF X   |   |
| Street address (including                             | apt. no.)         |            |       |                        | 4        | Federal income tax withheld                             | 5               | If checked, noncovered security                       |   |
| 937 Stratford Place                                   |                   |            |       |                        | \$       | 10800   | Ļ               |   |   |
| O'the section of the section                          |                   | 1.710      |       |                        | 6        | Reported to IRS:  | 7               | If checked, loss is not allowed based on amount in 1d | For Privacy Act                               |
| City or town, state or pro-                           | vince, country,   | and ZIP o  | or to | reign postal code      |          | Gross proceeds  |                 |   | and Paperwork Reduction Act                   |
| Mason Ohio 45040                                      |                   |            |       |                        | -        | Net proceeds X  Profit or (loss) realized in            | _               | Unrealized profit or (loss) on                        | Notice, see the                               |
| Account number (see inst                              | tructions)        |            |       |                        | ľ        | 2024 on closed contracts                                |                 | open contracts—12/31/2023                             | 2024 General                                  |
| Account number (see ins                               | 943780            | 070        |       |                        | \$       |   | \$              |   | Instructions for<br>Certain                   |
| CUSIP number  |                   |            |       | FATCA filing           | <u> </u> | Unrealized profit or (loss) on                          | , T             | Aggregate profit or (loss)                            | Information                                   |
| PR  | VATE              |            |       | requirement            |          | open contracts-12/31/2024                               |                 | on contracts  | Returns.                                      |
| 14 State name   | 15 State identifi | cation no. | 16    | State tax withheld     | \$       |   | \$              |   |   |
| Anu   |                   |            | \$    | 9,360,000              | 12       | If checked, basis reported                              | 13              | Bartering   |   |
| Ohio  |                   |            | \$    |                        | L        | to IRS  | \$              |   |   |
| Form <b>1099-B</b>                                    |                   |            |       |                        |          | www.irs.gov/Form1099B                                   | ı               | Department of the Treasury -                          | Internal Revenue Service                      |

|   |                   | ■ V        | OIE | CORRE              | СТ   | ED   |                              |   |                             |
|---|-------------------|------------|-----|--------------------|--|--|------------------------------|---|-----------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |                   |            |     |                    | Applicable checkbox on Form 8949 O   |  |                              | 9 OMB No. 1545-0715                           | Proceeds From               |
| The Regional Financial Center<br>Parliament Marshals  |                   |            |     |                    | 2021<br>Form 1099-B  |  |                              | Broker and<br>Barter Exchange<br>Transactions |                             |
| 1080 Olympia<br>Mason Ohio 45040  |                   |            |     |                    | 1a Description of property (Example: 100 sh. XYZ Co.)                      |  |                              |   |                             |
| THUSOTI OTHO 100-10   |                   |            |     |                    | Patentor rights and Per Deim   |  |                              |   |                             |
|   |                   |            |     |                    | 1b Date acquired 1c Date sold or disposed                                  |  |                              |   |                             |
|   |                   |            |     |                    |  | 01/21/2021                                   |                              | ·   |                             |
| PAYER'S TIN   | RECIPIENT'S       |            |     | STIN               | 1d Proceeds  |  | 1e Cost or other basis       |   | Copy A                      |
|   |                   | 90         |     | 08-53-2307         |  | 4800   | \$                           | 300   |                             |
| 972-87-096  | 66                |            |     |                    |  | Accrued market discount                      | 1g Wash sale loss disallowed |   | For                         |
|   |                   |            |     |                    | \$   |  | \$                           |   | Internal Revenue            |
| RECIPIENT'S name  |                   |            |     |                    | 2  | Short-term gain or loss                      | 3                            | If checked, proceeds from:                    | Service Center              |
| Donald Paul Needham   |                   |            |     |                    |  | Long-term gain or loss⊠                      |                              | Collectibles                                  | File with Form 1096.        |
|   |                   |            |     |                    | L  | Ordinary                                     |                              | QOF X   |                             |
| Street address (including apt. no.)   |                   |            |     |                    | 4  | Federal income tax withheld                  | 5                            | If checked, noncovered security               |                             |
| 937 Stratford Place   |                   |            |     |                    | \$   | 10800  | Ļ                            |   |                             |
|   |                   |            |     |                    | 6 Reported to IRS: 7 If checked, loss is not allowed based on amount in 1d |  |                              | For Privacy Act                               |                             |
| City or town, state or province, country, and ZIP or foreign postal code  |                   |            |     |                    |  | Gross proceeds                               |                              |   | and Paperwork Reduction Act |
| Mason Ohio 45040  |                   |            |     |                    | -  | Net proceeds X  Profit or (loss) realized in | _                            | Unrealized profit or (loss) on                | Notice, see the             |
| Account number (see instructions)   |                   |            |     |                    | ľ  | 2024 on closed contracts                     |                              | open contracts—12/31/2023                     | 2024 General                |
| 94378070  |                   |            |     |                    | \$   |  | \$                           |   | Instructions for<br>Certain |
| CUSIP number FATCA filing   |                   |            |     |                    | <u> </u>   | Unrealized profit or (loss) on               | , T                          | Aggregate profit or (loss)                    | Information                 |
| PRVATE requirement  |                   |            |     |                    |  | open contracts-12/31/2024                    |                              | on contracts                                  | Returns.                    |
| 14 State name   | 15 State identifi | cation no. | 16  | State tax withheld | \$   |  | \$                           |   |                             |
| Anu   |                   |            | \$  | 9,360,000          | 12   | If checked, basis reported                   | 13                           | Bartering                                     |                             |
| Ohio  |                   |            | \$  |                    | L  | to IRS                                       | \$                           |   |                             |
| Form <b>1099-B</b>  |                   |            |     |                    |  | www.irs.gov/Form1099B                        | ı                            | Department of the Treasury -                  | Internal Revenue Service    |