## 1042 ATS Scenario 3

Taxpayer: Withholding Agent Q

TIN: 00-50000003

## Forms Included in the Scenario:

- Form 1042
- Form 1042-S
- Form 1042 Schedule Q (2)
- Form 1099-B

Additional Information: You must select "Yes" in the Return Header for the

*IRSResponsiblePrtyInfoCurrInd* 

## BusinessOfficer Grp:

PersonNm = Kirk Hickory PersonTitleTxt = President PhoneNum = 555-555-5555

## Signing Officer Group:

SSN = 400-00-1031 PersonFirstNm = Mel Oak

Form 1042 filed by a WA (that is a QDD) claiming a line 67 credit substantiated by a Form 1042-S and a Form 1099-B, and two Schedules Q attached (for two different branches).

## Form 1042 Department of the Treasury Internal Revenue Service

# Annual Withholding Tax Return for U.S. Source Income of Foreign Persons Go to www.irs.gov/Form1042 for instructions and the latest information.

OMB No. 1545-0096

2023

|  |                  |          | nded return, check here .  |                                      |                 |                            |   | ·                                     |   |                  |   |  |  |  |
|--|------------------|----------|--|--------------------------------------|-----------------|----------------------------|---|---------------------------------------|---|------------------|---|--|--|--|
| Name of withholding agent Employer identification no                     |                  |          |  |                                      |                 |                            |   | For IRS Use Only                      |   |                  |   |  |  |  |
| WITHHOLDING AGENT Q  |                  |          |  |                                      |                 |                            | 00-5000003  | 00-5000003                            |   |                  |   |  |  |  |
| Ch. 3 Status Code 35 Ch. 4 Status Cod                                    |                  |          |  |                                      |                 |                            | de 06   | cc                                    |   | FD               |   |  |  |  |
| Number, street, and room or suite no. (If a P.O. box, see instructions.) |                  |          |  |                                      |                 |                            |   | RD                                    |   | FF               |   |  |  |  |
|  | PPLE CO          | _        |  |                                      |                 |                            |   | CA                                    |   | FP               |   |  |  |  |
|  |                  |          | r province, country, and ZIP or foreign                                      | n pos                                | tal code        |                            |   | CR                                    |   |                  |   |  |  |  |
|  | NDON, W          | _        |  |                                      |                 |                            |   | ED                                    |   | SIC              |   |  |  |  |
|  |                  |          | pect to file this return in the fo   |                                      |                 |                            |   |                                       |   |                  |   |  |  |  |
| Se   | ction 1          | ŀ        | Record of Federal Tax Lia  | abili                                | <b>ty</b> (do n | ot s                       |   | sits he                               | re)   |                  |   |  |  |  |
| Line<br>No.  | Period<br>ending |          | Tax liability for period<br>(including any taxes assumed<br>on Form(s) 1000) | Line<br>No.                          | Period ending   |                            | Tax liability for period<br>(including any taxes assume<br>on Form(s) 1000) | ed Line                               |   | (including any   | y for period<br>taxes assumed<br>n(s) 1000) |  |  |  |
| 1  |                  | 7        |  | 21                                   |                 | 7                          |   | 41                                    |   |                  | 35000                                       |  |  |  |
| 2  | Jan.             | 15       |  | 22                                   | May             | 15                         |   | 42                                    | SANT  |                  |   |  |  |  |
| 3  | 00               | 22       | 15000  | 23                                   |                 | 22                         |   | 43                                    | ]  22   |                  |   |  |  |  |
| 4  |                  | 31       |  | 24                                   |                 | 31                         |   | 44                                    |   |                  |   |  |  |  |
| 5  | Jan. to          |          | 15000  | 25                                   | May tot         | al                         | -   | 45                                    |   |                  | 35000                                       |  |  |  |
| 6  |                  | 7        |  | 26                                   |                 | 7                          |   | 46                                    | -   |                  |   |  |  |  |
| 7  | Feb.             | 15       |  | 27                                   | June            | 15                         |   | 47                                    | - 1 1/ ° 1  |                  |   |  |  |  |
| 8  |                  | 22       |  | 28                                   |                 | 22                         |   | 48                                    | j —   22  |                  | 100000                                      |  |  |  |
| 9  |                  | 28       |  | 29                                   |                 | 30                         |   | 49                                    |   |                  |   |  |  |  |
| 10   | Feb. to          | al_      |  | 30                                   | June to         | tal                        |   | 50                                    |   |                  | 100000                                      |  |  |  |
| 11   |                  | 7        | MIAN   | 31                                   |                 | $\mathcal{L}_{\mathbf{L}}$ | $\alpha \nu \cdot \gamma$   | 51                                    | -   |                  | 450000                                      |  |  |  |
| 12   | Mar.             | 15       |  | 32                                   | July            | 15                         |   | 52                                    |   |                  | 150000                                      |  |  |  |
| 13   |                  | 22       |  | 33                                   |                 | 22                         |   | 53                                    |   |                  |   |  |  |  |
| 14   | Manda            | 31       |  | 34                                   | li ili i And    | 31                         |   | 54                                    |   | 1                | 150000                                      |  |  |  |
| 15   | Mar. to          | aı       |  | 35                                   | July tot        | aı                         |   | 55                                    |   | ,                | 150000                                      |  |  |  |
| 16<br>17   |                  | 1 =      |  | 36<br>37                             |                 | 15                         |   | 56<br>57                              |   |                  |   |  |  |  |
| 18   | Apr.             | 15<br>22 |  | 38                                   | Aug.            | 15<br>22                   | <del></del>   | 58                                    |   |                  | 150000                                      |  |  |  |
| 19   |                  | 30       | 50000  | 39                                   |                 | 31                         |   | 59                                    | _   |                  | 150000                                      |  |  |  |
| 20   | Apr. to          | _        | 50000  | 40                                   | Aug. tot        | $\overline{}$              |   | 60                                    |   |                  | 150000                                      |  |  |  |
|  |                  |          | rom the above table are to be en   | -                                    |                 | -                          | hrough 64d (as indicated in   |                                       |   | ose lines).      | 100000                                      |  |  |  |
|  |                  |          |  |                                      |                 |                            | <u> </u>  |                                       |   | ,                |   |  |  |  |
| 61   |                  |          | orms 1042-S filed: a On pap  |                                      |                 |                            |   | Electro                               | onically  |                  |   |  |  |  |
| 62   |                  | _        | ess amounts reported on all F  |                                      |                 |                            |   |                                       |   |                  |   |  |  |  |
|  |                  |          | •  | AP income (other than U.S. sou       |                 |                            | e substitute payments) re   | eporte                                | d   | . 62a            | 2100050                                     |  |  |  |
|  |                  |          | S. source substitute payments  |                                      |                 |                            |   |                                       |   | 201 (1)          |   |  |  |  |
|  |                  |          | U.S. source substitute divide  | -                                    | -               | -                          |   |                                       |   |                  |   |  |  |  |
|  |                  |          | U.S. source substitute payme   |                                      | -               | otn                        | er than substitute divide   | na pay                                | ments   | . 62b(2)         | 2100050                                     |  |  |  |
|  |                  | _        | oss amounts reported (add  |                                      | ,               |                            |   |                                       |   | . 62c            | 2100050                                     |  |  |  |
|  | <b>d</b> Enter   |          | oss amounts actually paid if do you want to allow another per                |                                      |                 | _                          | <u> </u>  |                                       |   |                  | lowing No                                   |  |  |  |
| Γhiι   | d Party          | U        | o you want to allow another per  | SOIL                                 | io discuss      | เทเร                       | return with the IRS? See if   | IStruction                            | ons. 🔛 res. C   | complete the for | iowing. 🗀 ivo                               |  |  |  |
| Designee   |                  |          | esignee's  | Personal identification number (PIN) |                 |                            |   |                                       |   |                  |   |  |  |  |
| Sign<br>Here   |                  | _        | ame nder penalties of periury I declare                                      | that                                 | I have exa      | mined                      | no.  I this return including accom  | nanving                               |   | ` ,              | to the best of my                           |  |  |  |
|  |                  | kr       | nowledge and belief, it is true, correct                                     |                                      |                 |                            |   |                                       | panying schedules and statements, and to the best of my ithholding agent) is based on all information of which preparer |                  |   |  |  |  |
|  |                  |          | has any knowledge.   |                                      |                 |                            |   | Capacity in which acting Tax Director |   |                  |   |  |  |  |
|  |                  |          | our<br>gnature   |                                      |                 |                            | hone number   | 202-111-1111                          |   |                  |   |  |  |  |
| _  |                  | _        | Print/Type preparer's name   |                                      | Prepa           | rer's                      | signature   |                                       | Date  | Check if         | PTIN  |  |  |  |
| Pai  |                  |          |  |                                      |                 |                            |   |                                       |   | self-employed    |   |  |  |  |
| Preparer   |                  | h        | Firm's name  |                                      |                 |                            |   |                                       |   | Firm's EIN       |   |  |  |  |
| US   | e Only           |          | Firm's address   |                                      |                 |                            |   |                                       |   | Phone no.        |   |  |  |  |
| F  |                  | - 1      | and December 1 December 1 Act 1  | lat:                                 |                 |                            | tiana   | 0                                     | 44004);   |                  | 1040 (2222)                                 |  |  |  |

| Form 10 | 042 (2023)  |          | Page <b>2</b> |
|---------|---|----------|---------------|
| 63      | Total tax reported as withheld or paid by withholding agent on all Forms 1042-S and 1000:                 |          |               |
| а       | Tax withheld by withholding agent   | 63a      | 380000        |
| b       | Tax withheld by other withholding agents:   |          |               |
|         | (1) For payments other than substitute dividends  | 63b(1)   | 80000         |
|         | (2) For substitute dividends  | 63b(2)   | 20000         |
| С       | Adjustments to withholding:   |          |               |
|         | (1) Adjustments to overwithholding  | 63c(1) ( |               |
|         | (1) Adjustments to overwithholding  | 63c(2)   | 10000         |
| d       | Tax paid by withholding agent   | 63d      | 10000         |
| е       | Total tax reported as withheld or paid (add lines 63a-d)  | 63e      | 500000        |
|         | Computation of Tax Due or Overpayment   |          |               |
| 64      | Total net tax liability   |          |               |
| а       | Adjustments to total net tax liability  | 64a      |               |
| b       |   | 64b      | 500000        |
| С       | Total net tax liability under chapter 4   | 64c      |               |
| d       | Excise tax on specified federal procurement payments (total payments made x 2% (0.02))                    | 64d      |               |
| е       | Total net tax liability (add lines 64a–d)   | 64e      | 500000        |
| 65      | Total paid by electronic funds transfer (or with a request for extension of time to file):                |          |               |
| а       | Total paid during calendar year   | 65a      | 380000        |
| b       | Total paid during subsequent year   | 65b      | 10000         |
| 66      | Enter overpayment applied as credit from 2022 Form 1042   | 66       | 10000         |
| 67      | Credit for amounts withheld by other withholding agents:  |          |               |
| а       | For payments other than substitute dividend payments  | 67a      | 80000         |
| b       | For substitute dividend payments  | 67b      | 20000         |
| 68      | Total payments. Add lines 65 through 67   | 68       | 500000        |
| 69      | If line 64e is larger than line 68, enter balance due here  | 69       |               |
| 70a     | Enter overpayment attributable to overwithholding on U.S. source income of foreign persons                | 70a      |               |
| b       | Enter overpayment attributable to excise tax on specified federal procurement payments                    | 70b      |               |
| 71      | Apply overpayment (sum of lines 70a and 70b) to ( <b>check one</b> ):                                     |          |               |
| Sact    | ☐ Credit on 2024 Form 1042 or ☐ Refund  ion 2 Reconciliation of Payments of U.S. Source FDAP Income       |          |               |
| 1       | Total U.S. source FDAP income required to be withheld upon under chapter 4                                | 1        |               |
| 2       | Total U.S. source FDAP income required to be reported under chapter 4 but not required to be              |          |               |
|         | withheld upon under chapter 4 because:  |          |               |
| а       | Amount of income paid to recipients whose chapter 4 status established no withholding is required .       | 2a       | 2100050       |
| b       | Amount of excluded nonfinancial payments  | 2b       | 2100000       |
| c       | Amount of income paid with respect to grandfathered obligations   | 2c       |               |
| d       | Amount of income effectively connected with the conduct of a trade or business in the United States       | 2d       |               |
| e       | Total U.S. source FDAP income required to be reported under chapter 4 but not required to be              |          |               |
| Ŭ       | withheld upon under chapter 4 (add lines 2a–d)  | 2e       | 2100050       |
| 3       | Total U.S. source FDAP income reportable under chapter 4 (add lines 1 and 2e)                             | 3        | 2100050       |
| 4       | Total U.S. source FDAP income reported on all Forms 1042-S (from lines 62a, 62b(1), and 62b(2))           | 4        | 2100050       |
| 5       | Total variance, subtract line 3 from line 4; if amount other than zero, provide explanation on line 6 .   | 5        | 0             |
| 6       |   |          |               |
|         |   |          |               |
|         |   |          |               |
|         |   |          |               |
|         |   |          |               |
| Sect    | ion 3 Potential Section 871(m) Transactions   |          |               |
|         | there if any payments (including gross proceeds) were made by the withholding agent under a p             |          |               |
|         | ction, including a notional principal contract or other derivatives contract that references (in whole or |          |               |
| other   | underlying security. See instructions   |          |               |
| Sect    | ion 4 Dividend Equivalent Payments by a Qualified Derivatives Dealer (QDD)                                |          |               |
|         | there if any payments were made by a QDD  |          |               |
|         | pox is checked, you must do the following.  |          |               |
|         | ach Schedule(s) Q (Form 1042). See instructions.  |          |               |
| (2) En  | er your EIN (other than your QI-EIN)  |          |               |

Foreign Person's U.S. Source Income Subject to Withholding OMB No. 1545-0096 1042-S Go to www.irs.gov/Form1042S for instructions and the latest information. Copy C for Recipient Department of the Treasury 0 0 0 0 0 0 0 0 1 2 3 UNIQUE FORM IDENTIFIER AMENDED Attach to any Federal tax return you file Internal Revenue Service AMENDMENT NO. 13e Recipient's U.S. TIN, if any 1 Income 2 Gross income 3 13f Ch. 3 status code 3 Chapter indicator. Enter "3" or "4" code 00-5000003 15 13g Ch. 4 status code 06 3a Exemption code 4a Exemption code 4b Tax rate 00. 13h Recipient's GIIN 13i Recipient's foreign tax identification 13j LOB code 34 200000 10 . 00 00 3b Tax rate 5 Withholding allowance 12AAAA.99999.SL.111 07 6 Net income 200000 13k Recipient's account number 7a Federal tax withheld 7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) . . . . 13I Recipient's date of birth (YYYYMMDD) 14a Primary Withholding Agent's Name (if applicable) 8 Tax withheld by other agents 9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) 14b Primary Withholding Agent's EIN 15 Check if pro-rata basis reporting 10 Total withholding credit (combine boxes 7a, 8, and 9) 15a Intermediary or flow-through entity's EIN, if any 15b Ch. 3 status code 15c Ch. 4 status code 200000 11 Tax paid by withholding agent (amounts not withheld) (see instructions) 15d Intermediary or flow-through entity's name 12a Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 00-3333333 15 06 15e Intermediary or flow-through entity's GIIN 12d Withholding agent's name 15f Country code 15g Foreign tax identification number, if any **PAYER BANK** 12e Withholding agent's Global Intermediary Identification Number (GIIN) 15h Address (number and street) 12f Country code 12g Foreign tax identification number, if any 15i City or town, state or province, country, ZIP or foreign postal code UK 12h Address (number and street) 16a Payer's name 16b Payer's TIN 12 JUNGLE SQUARE 12i City or town, state or province, country, ZIP or foreign postal code 16c Payer's GIIN 16d Ch. 3 status code 16e Ch. 4 status code

17a State income tax withheld

13b Recipient's country code

UK

LONDON, W1A

13a Recipient's name

**3 APPLE COURT** 

**LONDON W1A 1AE** 

WITHHOLDING AGENT Q

13c Address (number and street)

13d City or town, state or province, country, ZIP or foreign postal code

17b Payer's state tax no. 17c Name of state

## SCHEDULE Q (Form 1042)

## Tax Liability of Qualified Derivatives Dealer (QDD)

OMB No. 1545-0096

2023

Department of the Treasury Internal Revenue Service Attach to Form 1042.

Go to www.irs.gov/Form1042 for the latest information.

| ivallie 0 | i taxpayer  | Employer identification number |                   |                    |                                |   |  |
|-----------|---|--------------------------------|-------------------|--------------------|--------------------------------|---|--|
| WITH      | HOLDING AGENT Q   |                                | 00-5000003        |                    |                                |   |  |
| Name o    |   |                                | QI-EIN 00-5500000 |                    |                                |   |  |
| QDD Ta    | x Year (enter month, day, and year for beginning and ending dates)                                    |                                |                   |                    |                                |   |  |
| Begin     | ning January 01 , 20 23 , and ending Dec 31   | , 20 2                         | 3                 |                    |                                |   |  |
|           | the year or portion of the year to which the schedule relates (enter month, day, and year ling dates) |                                |                   |                    | 1 of                           | of 2  |  |
| Begin     | ning January 01 , 20 23 , and ending Dec 31   | , 20 2                         | !3 .              |                    |                                |   |  |
|           | Summary of QDD Tax Liability  | L                              | Gı                | (a)<br>ross Amount | (b)<br>Withholding<br>Tax Rate | Amount of Tax Liability (column (a) x column (b)) |  |
| 1         | Total section 871(m) amount   | 1                              |                   | 0                  | 0                              | 0   |  |
| 2         | Total dividends received in equity derivatives dealer capacity  | 2                              |                   | 15000              | 30.00                          | 4500  |  |
| 3         | Total QDD tax liability pursuant to section 3.09(A) of the Qualified Intermediary Agreement           | 3                              |                   |                    |                                |   |  |
| 4         | Total QDD tax liability pursuant to section 3.09(B) of the Qualified Intermediary Agreement           | 4                              |                   | A                  |                                |   |  |
| 5         | Total QDD tax liability pursuant to section 3.09(C) of the Qualified Intermediary Agreement:          |                                |                   |                    |                                |   |  |
| а         | Income Type   | 5a                             |                   |                    |                                |   |  |
| b         | Income Type   | 5b                             |                   |                    |                                |   |  |
| С         | Income Type   | 5c                             |                   |                    |                                |   |  |
| d         | Income Type   | 5d                             |                   |                    |                                |   |  |
| 6         | Total of line 5 amounts   | 6                              |                   |                    |                                |   |  |

#### What's New

Schedule Q (Form 1042) has been amended to reflect Notice 2022-37, 2022-37 I.R.B. 234, which further delays the effective/applicability date of certain rules in the section 871(m) regulations and extends the phase-in period provided in Notice 2020-2, 2020-3 I.R.B. 327, for certain provisions of the section 871(m) regulations.

In addition, the qualified intermediary agreement in Rev. Proc. 2017-15, 2017-3 I.R.B. 437, expired December 31, 2022, and the QIA (as defined below) in Rev. Proc. 2022-43, 2022-52 I.R.B. 570, applies beginning January 1, 2023. Under the QIA, QDD Partnerships (as defined below) must also complete Schedule(s) Q (Form 1042).

#### **Who Must File**

If the taxpayer or any branch of the taxpayer was a qualified derivatives dealer (QDD) (defined below) during the tax year, Schedule Q must be completed and filed for each of those QDDs. The taxpayer must file Schedule Q as an attachment to Form 1042 even if the QDD has zero tax liability.

**Qualified derivatives dealer (QDD).** A QDD is a home office or branch that, in accordance with the qualified intermediary agreement (QIA) (defined below), qualifies and has been approved for QDD status and satisfies the requirements of the QIA. See the QIA for additional information.

Qualified intermediary agreement (QIA). The QIA is section 6 of Rev. Proc. 2022-43, 2022-52 I.R.B. 570.

**QDD Partnerships.** If a partnership is, or has a branch that is, a QDD (a "QDD Partnership"), then it must complete Schedule(s) Q.

#### **General Instructions**

A separate Schedule Q is required for each QDD. In addition, if a taxpayer has a fiscal year rather than a calendar year, the taxpayer must provide a separate Schedule Q for each QDD for each portion of the fiscal year that falls within the calendar year.

**Example.** A QDD with a fiscal year beginning September 1 and ending August 31 would complete two schedules (one for the period of January 1, 2023, through August 31, 2023, and one for the period of September 1, 2023, through December 31, 2023).

#### **Specific Instructions**

**Name of QDD.** The name of the QDD should follow the naming protocol used for applying to be a QDD.

player identification numb

**Number of schedules filed.** A QDD may be required to file multiple Schedules Q, for example, if it has multiple branches that are QDDs or if it is a fiscal year taxpayer (as explained in *General Instructions* above). Indicate the number of each Schedule Q filed, as well as the total number of Schedules Q being filed by the taxpayer in the entry spaces provided.

**Partnerships.** A QDD Partnership must complete Schedule(s) Q taking into account the partnership specific adjustments specified in section 3.09 of the QIA.

**Column (c), Amount of Tax Liability.** Except as provided in the *Note* immediately below, the amount in column (c) is determined by multiplying column (a) by column (b). This column is not reduced by any withholding that has occurred.

**Note:** For calendar years 2018 through 2024, certain information is not required, as indicated in the line instructions below. However, if the taxpayer has a fiscal year rather than a calendar year, that begins in 2024 and ends in 2025, information is required for any amounts paid or accrued on or after January 1, 2025.

**Line 1.** The gross amount to be entered in column (a) is the sum of each section 871(m) amount for the QDD for the relevant period. See section 2.73 of the QIA for the definition of section 871(m) amount.

Note: For calendar years 2019 through 2024, this information is not required.

Line 2. For calendar years 2019 through 2024, only the gross amount (column (a)) and tax rate (column (b)) are required.

 $\mbox{Line 3.}$  Column (c) is the sum of each section 3.09(A) amount for the QDD for the relevant period.

Note: For calendar years 2019 through 2024, this information is not required.

Line 4. Enter the information requested in columns (a), (b), and (c).

**Line 5.** In addition to specifying the type of income (for example, dividends or interest), enter the information requested in columns (a), (b), and (c) separately for each income type. For dividends, include all dividends, including dividends separately stated on line 2.

**Note:** For calendar years 2019 through 2024, do not include dividends included on line 2.

## SCHEDULE Q (Form 1042)

## Tax Liability of Qualified Derivatives Dealer (QDD)

OMB No. 1545-0096

2023

Department of the Treasury Internal Revenue Service Attach to Form 1042.

Go to www.irs.gov/Form1042 for the latest information.

| Name o  | f taxpayer   | Employer identification number |                   |                    |                                |   |  |
|---------|--|--------------------------------|-------------------|--------------------|--------------------------------|---|--|
| WITH    | HOLDING AGENT Q  |                                | 00-5000003        |                    |                                |   |  |
| Name o  |  |                                | QI-EIN 00-5500000 |                    |                                |   |  |
| QDD Ta  | x Year (enter month, day, and year for beginning and ending dates) ning January 01 , 20 23 , and ending Dec 31 | , 20 2                         | 23.               | Schedule           | Schedule 2 of 2                |   |  |
| and end | the year or portion of the year to which the schedule relates (enter month, day, and year ling dates)          |                                | peginning         |                    | of                             |   |  |
| Begin   | Summary of QDD Tax Liability   | , 20 2                         | K                 | (a)<br>ross Amount | (b)<br>Withholding<br>Tax Rate | (c) Amount of Tax Liability (column (a) x column (b)) |  |
| 1       | Total section 871(m) amount  | 1                              |                   | 0                  | 0                              | 0   |  |
| 2       | Total dividends received in equity derivatives dealer capacity   | 2                              |                   | 200000             | 30.00                          | 60000   |  |
| 3       | Total QDD tax liability pursuant to section 3.09(A) of the Qualified Intermediary Agreement                    | 3                              |                   |                    |                                |   |  |
| 4       | Total QDD tax liability pursuant to section 3.09(B) of the Qualified Intermediary Agreement                    | 4                              |                   | A                  |                                |   |  |
| 5       | Total QDD tax liability pursuant to section 3.09(C) of the Qualified Intermediary Agreement:                   |                                |                   |                    |                                |   |  |
| а       | Income Type  | 5a                             |                   |                    |                                |   |  |
| b       | Income Type  | 5b                             |                   |                    |                                |   |  |
| С       | Income Type  | 5с                             |                   |                    |                                |   |  |
| d       | Income Type  | 5d                             |                   |                    |                                |   |  |
| 6       | Total of line 5 amounts  | 6                              |                   |                    |                                |   |  |

#### What's New

Schedule Q (Form 1042) has been amended to reflect Notice 2022-37, 2022-37 I.R.B. 234, which further delays the effective/applicability date of certain rules in the section 871(m) regulations and extends the phase-in period provided in Notice 2020-2, 2020-3 I.R.B. 327, for certain provisions of the section 871(m) regulations.

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Qualified intermediary agreement (QIA). The QIA is section 6 of Rev. Proc. 2022-43, 2022-52 I.R.B. 570.

**QDD Partnerships.** If a partnership is, or has a branch that is, a QDD (a "QDD Partnership"), then it must complete Schedule(s) Q.

#### **General Instructions**

A separate Schedule Q is required for each QDD. In addition, if a taxpayer has a fiscal year rather than a calendar year, the taxpayer must provide a separate Schedule Q for each QDD for each portion of the fiscal year that falls within the calendar year.

**Example.** A QDD with a fiscal year beginning September 1 and ending August 31 would complete two schedules (one for the period of January 1, 2023, through August 31, 2023, and one for the period of September 1, 2023, through December 31, 2023).

#### **Specific Instructions**

Name of QDD. The name of the QDD should follow the naming protocol used for applying to be a QDD.

**Number of schedules filed.** A QDD may be required to file multiple Schedules Q, for example, if it has multiple branches that are QDDs or if it is a fiscal year taxpayer (as explained in *General Instructions* above). Indicate the number of each Schedule Q filed, as well as the total number of Schedules Q being filed by the taxpayer in the entry spaces provided.

Partnerships. A QDD Partnership must complete Schedule(s) Q taking into account the partnership specific adjustments specified in section 3.09 of the QIA.

**Column (c), Amount of Tax Liability.** Except as provided in the *Note* immediately below, the amount in column (c) is determined by multiplying column (a) by column (b). This column is not reduced by any withholding that has occurred.

**Note:** For calendar years 2018 through 2024, certain information is not required, as indicated in the line instructions below. However, if the taxpayer has a fiscal year rather than a calendar year, that begins in 2024 and ends in 2025, information is required for any amounts paid or accrued on or after January 1, 2025.

**Line 1.** The gross amount to be entered in column (a) is the sum of each section 871(m) amount for the QDD for the relevant period. See section 2.73 of the QIA for the definition of section 871(m) amount.

Note: For calendar years 2019 through 2024, this information is not required.

Line 2. For calendar years 2019 through 2024, only the gross amount (column (a)) and tax rate (column (b)) are required.

 $\mbox{Line 3.}$  Column (c) is the sum of each section 3.09(A) amount for the QDD for the relevant period.

Note: For calendar years 2019 through 2024, this information is not required.

Line 4. Enter the information requested in columns (a), (b), and (c).

**Line 5.** In addition to specifying the type of income (for example, dividends or interest), enter the information requested in columns (a), (b), and (c) separately for each income type. For dividends, include all dividends, including dividends separately stated on line 2.

**Note:** For calendar years 2019 through 2024, do not include dividends included on line 2.

|  |   |                          | CT             | ED (if checked)  |               |   |                                       |  |  |
|--|---|--------------------------|----------------|--|---------------|---|---------------------------------------|--|--|
| PAYER'S name, street ad or foreign postal code, an                       | Applicable checkbox on Form 8949                    |                          |                | OMB No. 1545-0715  | Proceeds From |   |                                       |  |  |
| PAYER CO.  | a tolophone no.                                     |                          | 1 20           |  |               | 2024                                    | Broker and Barter Exchange            |  |  |
| 123 ANYSTREET AN'  |   |                          | Form 1099-B    | Transactions   |               |   |                                       |  |  |
| KY 10000   |   |                          | 1:             | a Description of property                                | <u> </u>      |   |                                       |  |  |
|  |   |                          | 1              | shares of XYZ Inc.                                       |               |   |                                       |  |  |
|  |   |                          | 11             | Date acquired  | 1c            | Date sold or disposed                   |                                       |  |  |
|  |   |                          |                | 1/1/2008   |               | 2/15/2023                               |                                       |  |  |
| PAYER'S TIN  | RECIPIENT'  | STIN                     | 10             | d Proceeds   | 7             | Cost or other basis                     | Copy B                                |  |  |
|  | 3 1 /   |                          | \$             | 285714   | _             | 100000                                  | For Recipient                         |  |  |
| 00-5555000   | 0   | 0-5000003                |                | Accrued market discount                                  | /             | Wash sale loss disallowed               |                                       |  |  |
| DECIDIENTIC  |   |                          | \$             |  | \$            |   |                                       |  |  |
| RECIPIENT'S name   |   |                          | 2              | Short-term gain or loss                                  |               | checked, proceeds from:                 |                                       |  |  |
| WITHHOLDING AGEN   | NT Q  |                          | n              | Long-term gain or loss                                   |               | Collectibles                            |                                       |  |  |
| Street address (including apt. no.)                                      |   |                          |                | Ordinary Federal income tax withheld                     |               | Checked, noncovered                     | This is important tax                 |  |  |
| Street address (including  | арт. по.)   |                          | ¢ <sup>4</sup> | rederal income tax withheld                              |               | ecurity                                 | information and is being furnished to |  |  |
| 3 APPLE COURT  |   |                          | φ              | Reported to IRS:   | 7 If          | checked, loss is not allowed            | the IRS. If you are                   |  |  |
| City or town, state or province, country, and ZIP or foreign postal code |   |                          | ľ              | Gross proceeds   |               | ased on amount in 1d                    | required to file a                    |  |  |
| Oity of town, state of province, country, and zir of foreign postal code |   |                          |                | Net proceeds   |               |   | return, a negligence penalty or other |  |  |
| LONDON W1A 1AE   |   |                          | 8              | Profit or (loss) realized in                             | 9 U           | Inrealized profit or (loss) on          | sanction may be                       |  |  |
| Account number (see instructions)  |   |                          |                | 2024 on closed contracts                                 |               | pen contracts - 12/31/2023              | imposed on you if                     |  |  |
|  |   |                          | \$             |  | \$            |   | this income is<br>taxable and the IRS |  |  |
| CUSIP number   |   | FATCA filing requirement | 10             | Unrealized profit or (loss) on open contracts—12/31/2024 |               | Aggregate profit or (loss) on contracts | determines that it<br>has not been    |  |  |
| 14 State name  | ate name 15 State identification no. 16 State tax w |                          | \$             |  | \$            |   | reported.                             |  |  |
|  | \$  |                          | 12             | If checked, basis reported                               |               | Bartering                               |                                       |  |  |
| // /   | \$  |                          |                | to IRS   | \$            |   |                                       |  |  |

DO NOT FILE

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Department of the Treasury - Internal Revenue Service

(Keep for your records)

Form **1099-B**