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Form **8038-CP** (Rev. January 2022) Department of the Treasury Internal Revenue Service

## **Return for Credit Payments to Issuers of Qualified Bonds**

OMB No. 1545-0047

► Go to www.irs.gov/Form8038CP for instructions and the latest information.

| Pa                                                                                                    | rtl                                                                                                         | Information on Entity That Is To F                                                                                                                                                                                                                                                                                                                                                            | Receive Payment                       |                | Check if Amended                                       | Return (see instructions) ►       |  |  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------|--------------------------------------------------------|-----------------------------------|--|--|
| 1                                                                                                     |                                                                                                             | entity that is to receive payment of the credit                                                                                                                                                                                                                                                                                                                                               | -                                     |                | 2 Employer identific                                   | ation number (EIN)                |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 3                                                                                                     | Number                                                                                                      | and street (or P.O. box no. if mail is not delivere                                                                                                                                                                                                                                                                                                                                           | d to street address)                  |                |                                                        | Room/suite                        |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 4                                                                                                     | 4 City, town, or post office; state; and ZIP code                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 5                                                                                                     | Name and                                                                                                    | title of designated contact person whom the IRS                                                                                                                                                                                                                                                                                                                                               | may contact for more information      |                | 6 Telephone number                                     | of contact person shown on line 5 |  |  |
|                                                                                                       |                                                                                                             | _                                                                                                                                                                                                                                                                                                                                                                                             |                                       | _              |                                                        |                                   |  |  |
| Part II Reporting Authority                                                                           |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 7                                                                                                     |                                                                                                             | ame (if same as line 1, enter "SAME" and skip                                                                                                                                                                                                                                                                                                                                                 | ines 8, 9, 11, 15, and 16)            |                | 8 EIN                                                  |                                   |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 9                                                                                                     | Number                                                                                                      | er and street (or P.O. box no. if mail is not delivered to street address) Room/suite                                                                                                                                                                                                                                                                                                         |                                       |                | 10 Report number (see instructions)                    |                                   |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 11                                                                                                    | City, tow                                                                                                   | n, or post office; state; and ZIP code                                                                                                                                                                                                                                                                                                                                                        |                                       |                | 12 Date of issue (MM/                                  | DD/YYYY)                          |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 13                                                                                                    | Name of                                                                                                     | ssue                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                | 14 CUSIP number (see                                   | e instructions)                   |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 15 Name a                                                                                             |                                                                                                             | d title of officer or other person whom the IRS may contact for more information                                                                                                                                                                                                                                                                                                              |                                       |                | 16 Telephone number of contact person shown on line 15 |                                   |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| 17a                                                                                                   | Check                                                                                                       | applicable box (see instructions) ► 	Variab                                                                                                                                                                                                                                                                                                                                                   | le rate bond Fixed rate b             | ond <b>h</b> F | Enter the issue price <b>&gt;</b>                      | 17b                               |  |  |
| c                                                                                                     |                                                                                                             | code number for type of bonds (see instru-                                                                                                                                                                                                                                                                                                                                                    |                                       |                |                                                        | 115                               |  |  |
|                                                                                                       |                                                                                                             | Payment of Credit (For specified                                                                                                                                                                                                                                                                                                                                                              | · · · · · · · · · · · · · · · · · · · |                | aturities see instr                                    | ructions)                         |  |  |
| 18                                                                                                    |                                                                                                             | st payment date to which this payment of                                                                                                                                                                                                                                                                                                                                                      |                                       |                |                                                        |                                   |  |  |
| 19a                                                                                                   |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        | 19a                               |  |  |
| b                                                                                                     |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        | 100                               |  |  |
| c                                                                                                     |                                                                                                             | For specified tax credit bonds only, complete Schedule A and enter amount from Schedule A, line 3 <b>19c</b>                                                                                                                                                                                                                                                                                  |                                       |                |                                                        |                                   |  |  |
| 20                                                                                                    | Amount of credit allowed for the interest payment date (complete only line 20a, 20b, 20c, 20d, 20e, or 20f) |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        | 00.                               |  |  |
| a                                                                                                     |                                                                                                             | America bonds. Multiply line 19a by 35%                                                                                                                                                                                                                                                                                                                                                       | . ,                                   |                |                                                        | 20a                               |  |  |
| b                                                                                                     |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        | 20b                               |  |  |
| C                                                                                                     | New clean renewable energy bonds, enter the smaller of lines 19a or 19c                                     |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        | 20c                               |  |  |
| d                                                                                                     |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                | 20d                                                    |                                   |  |  |
| e                                                                                                     |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        | 20e                               |  |  |
| f                                                                                                     |                                                                                                             | ed school construction bonds, enter the                                                                                                                                                                                                                                                                                                                                                       |                                       |                |                                                        | 20f                               |  |  |
| 21                                                                                                    | -                                                                                                           | ment to previous credit payments (compl                                                                                                                                                                                                                                                                                                                                                       | ete line 21a OR line 21b only)        | :              |                                                        |                                   |  |  |
| a                                                                                                     |                                                                                                             | crease to previous payments                                                                                                                                                                                                                                                                                                                                                                   |                                       |                |                                                        | 21a                               |  |  |
| b                                                                                                     |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        | 21b                               |  |  |
| С                                                                                                     |                                                                                                             | explanation code for lines 21a or 21b (see                                                                                                                                                                                                                                                                                                                                                    | ,                                     |                |                                                        |                                   |  |  |
| 22                                                                                                    |                                                                                                             | Amount of credit payment requested. Combine either line 20a, 20b, 20c, 20d, 20e, or 20f with line 21a or line 21b . 22                                                                                                                                                                                                                                                                        |                                       |                |                                                        |                                   |  |  |
| 23a                                                                                                   |                                                                                                             | ere been a change to the debt service sc                                                                                                                                                                                                                                                                                                                                                      |                                       |                | · · · · · · · · ·                                      | Yes No                            |  |  |
| b                                                                                                     |                                                                                                             | ," enter the explanation code and attach the                                                                                                                                                                                                                                                                                                                                                  |                                       |                |                                                        |                                   |  |  |
| 24a                                                                                                   |                                                                                                             | ou paid or will you pay all the interest fro                                                                                                                                                                                                                                                                                                                                                  |                                       | ate from line  | 18? See instructions                                   | Yes 🗌 No 🗌                        |  |  |
| b                                                                                                     |                                                                                                             | " enter the explanation code (see instruct                                                                                                                                                                                                                                                                                                                                                    | ,                                     |                |                                                        |                                   |  |  |
| 25                                                                                                    | Is this                                                                                                     | return submitted for the final interest pay                                                                                                                                                                                                                                                                                                                                                   |                                       |                |                                                        | Yes 🗌 No 🗌                        |  |  |
| Direct 26 Enter direct deposit information below:                                                     |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |
| Dep                                                                                                   | osit                                                                                                        | a Routing number                                                                                                                                                                                                                                                                                                                                                                              | ►b                                    | Type: 🗌 Ch     | ecking Savings                                         |                                   |  |  |
|                                                                                                       |                                                                                                             | c Account number                                                                                                                                                                                                                                                                                                                                                                              |                                       |                |                                                        |                                   |  |  |
| <u>.</u>                                                                                              |                                                                                                             | Under penalties of perjury, I declare that I had and belief, they are true, correct, and complete                                                                                                                                                                                                                                                                                             |                                       |                |                                                        |                                   |  |  |
| Signature<br>and<br>Consent                                                                           |                                                                                                             | and belief, they are true, correct, and complete. I further declare that I authorize the IRS to send the requested refundable credit payment to the entity identified in Part I, and I consent to the disclosure of the issuer's return information, as necessary to process the refundable credit payment, to the desine destinated control or process the refundable credit payment, to the |                                       |                |                                                        |                                   |  |  |
|                                                                                                       |                                                                                                             | designated contact person(s) listed above in Parts I and II, as applicable.                                                                                                                                                                                                                                                                                                                   |                                       |                |                                                        |                                   |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       | ►              |                                                        |                                   |  |  |
| Paid<br>Preparer<br>Use Only                                                                          |                                                                                                             | Signature of issuer                                                                                                                                                                                                                                                                                                                                                                           | Date                                  |                | Type or print name and                                 |                                   |  |  |
|                                                                                                       |                                                                                                             | Print/Type preparer's name                                                                                                                                                                                                                                                                                                                                                                    | Preparer's signature                  |                |                                                        | heck if PTIN                      |  |  |
|                                                                                                       |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                | se                                                     | elf-employed                      |  |  |
|                                                                                                       |                                                                                                             | Firm's name                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                | Firm's El                                              | N ►                               |  |  |
|                                                                                                       |                                                                                                             | Firm's address 🕨                                                                                                                                                                                                                                                                                                                                                                              | :                                     |                | Phone ne                                               |                                   |  |  |
| For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 52810E Form 8038-CP (Rev. |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                |                                                        |                                   |  |  |