

## APPENDIX 8

REPORT ID:	CCTRR658	BUREAU OF THE FISCAL SERVICE	
DATE PREPARED:	MMDDYY	PAYMENT MANAGEMENT	PAGE: X
ACCTG PERIOD:	MMYY	TREASURY RECEIVABLE, ACCOUNTING AND COLLECTION SYSTEM	
ALC	██████████	AGENCY RECEIVABLES FOR IRS FORM 1099-C REPORTING	
AGENCY NAME:	SOCIAL SECURITY ADMINISTRATION	FOR TAX YEAR ENDING 12/31/YY	
ADDRESS:	MID-ATLANTIC PROGRAM SERVICE CENTER		
	CHIEF, DEBT MANAGEMENT BRANCH		
	3000 SPRING GARDEN STREET		
	PHILADELPHIA, PA		
	19123		
EIN:	██████████		
BANK NAME:	BANK OF SAIPAN		
ADDRESS:	PO BOX 690		
	SAIPAN, MARIANA ISLANDS,		
	MP 96950		

<u>PAYEE</u> <u>ID NUMBER</u>	<u>CHECK</u> <u>SYMBOL</u> <u>NUMBER</u>	<u>CHECK</u> <u>SERIAL</u> <u>NUMBER</u>	<u>RECLAMATION</u> <u>TICKET</u> <u>NUMBER</u>	<u>PRINCIPAL</u> <u>AMOUNT</u> <u>ABANDONED</u>	<u>RECLAMATION</u> <u>DATE</u> <u>MMDDYY</u>
██████████	██████████	██████████	██████████	30.00	
				30.00	
EIN TOTAL AMOUNT:				_____	
TOTAL AMOUNT FOR ALC:				30.00	