

APPENDIX 9

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|-----------------|-------------------------------------|--|---------|
| REPORT ID: | CCTRR659 | BUREAU OF THE FISCAL SERVICE | |
| DATE: PREPARED: | MMDDYY | PAYMENT MANAGEMENT | PAGE: X |
| ACCTG PERIOD: | MMYY | TREASURY RECEIVABLE, ACCOUNTING AND COLLECTION SYSTEM | |
| ALC | ██████ | CORRECTED AGENCY RECEIVABLES FOR IRS FORM 1099-C REPORTING | |
| AGENCY NAME: | SOCIAL SECURITY ADMINISTRATION | FOR TAX YEAR ENDING 12/31/YY | |
| ADDRESS: | SOUTHEASTERN PROGRAM SERVICE CENTER | | |
| | CHIEF, DEBT MANAGEMENT BRANCH | | |
| | PO BOX 380580 | | |
| | BIRMINGHAM, AL | | |
| | 35283 | | |
| | | | |
| BANK NAME: | FIRST HAWAIIAN | | |
| ADDRESS: | PO BOX 3200 | | |
| | HONOLULU, HI 96847 | | |

| EIN | PAYEE ID NUM | <u>CHECK SYMBOL NUMBER</u> | <u>CHECK SERIAL NUMBER</u> | <u>RECLAMATION TICKET NUMBER</u> | <u>PRINCIPAL AMOUNT ABANDONED</u> | <u>RECLAMATION DATE</u> MMDDYY |
|-----------------------|-----------------|------------------------------------|------------------------------------|--|---|---------------------------------------|
| ██████ | ██████ | ██ | ██████ | ██████ | 11.25 | |
| EIN TOTAL AMOUNT: | | | | | 11.25 | |
| TOTAL AMOUNT FOR ALC: | | | | | 11.25 | |