

FILER'S name, street address, city, state, ZIP code, and telephone no.			OMB No. 1545-2221
			Form 1098-MA (Rev. September 2019)
			For calendar year 20 ____

Mortgage Assistance Payments

FILER'S TIN	HOMEOWNER'S TIN	1. Total State HFA and homeowner mortgage payments \$
HOMEOWNER'S name		2. State HFA mortgage assistance payments \$
Street address (including apt. no.) (optional)		3. Homeowner mortgage payments \$
City, state, and ZIP code (optional)		
Account number (optional)		

Copy A
For Internal Revenue Service Center

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