

(Rev. July 2020)  
Department of the Treasury  
Internal Revenue Service

► **Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.**

OMB No. 1545-0143

Name

Golden company

Employer identification number (EIN)

0 0 - 8 8 8 8 8 8 8

Address (number, street, and room or suite no.)

123 Main street

City or town, state or province, country, and ZIP or foreign postal code

Rock hill, SC 297321234

Month of first use  
(see instructions)

Y	Y	Y	Y	M	M
2	0	2	1	0	2

**Vehicles You Are Reporting** (enter VIN and category)Category A through W  
(category W for  
suspended vehicles)

1	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4		
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B

2	2	2	2	2	2	2	2	2	2	2						
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A

3	4	3	5	4	3	5	3	4									
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V

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