

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)		OMB No. 1545-0112		Interest Income	
		1 Interest income		Form 1099-INT (Rev. January 2022)			
		\$		For calendar year 20 ____			
PAYER'S TIN		RECIPIENT'S TIN		2 Early withdrawal penalty		Copy 1	
				\$			
RECIPIENT'S name		3 Interest on U.S. Savings Bonds and Treasury obligations		For State Tax Department			
		\$					
Street address (including apt. no.)		4 Federal income tax withheld		5 Investment expenses			
		\$		\$			
City or town, state or province, country, and ZIP or foreign postal code		6 Foreign tax paid		7 Foreign country or U.S. possession			
		\$					
FATCA filing requirement <input type="checkbox"/>		8 Tax-exempt interest		9 Specified private activity bond interest			
		\$		\$			
Account number (see instructions)		10 Market discount		11 Bond premium			
		\$		\$			
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond			
		\$		\$			
		14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State identification no.	17 State tax withheld
						\$	
						\$	