

☐ VOID ☐ CORRECTED

Interest
Income

Copy 1

For State Tax
Department

| | | | | | | | | | |
|---|--|--|--|---|--|--|--|-----------------------------|--|
| 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 | | | | | |
| | | 1 Interest income \$ | | Form 1099-INT (Rev. January 2024) | | | | | |
| | | | | For calendar year _____ | | | | | |
| PAYER'S TIN | | RECIPIENT'S TIN | | 2 Early withdrawal penalty \$ | | | | | |
| | | | | 3 Interest on U.S. Savings Bonds and Treasury obligations \$ | | | | | |
| RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code | | 4 Federal income tax withheld \$ | | 5 Investment expenses \$ | | | | | |
| | | 6 Foreign tax paid \$ | | 7 Foreign country or U.S. territory | | | | | |
| | | 8 Tax-exempt interest \$ | | 9 Specified private activity bond interest \$ | | | | | |
| | | 10 Market discount \$ | | 11 Bond premium \$ | | | | | |
| | | FATCA filing requirement <input type="checkbox"/> | | 12 Bond premium on Treasury obligations \$ | | 13 Bond premium on tax-exempt bond \$ | | | |
| Account number (see instructions) | | 14 Tax-exempt and tax credit bond CUSIP no. | | 15 State | | 16 State identification no. | | 17 State tax withheld \$ | |
| | | | | ----- | | ----- | | ----- | |