				CIED				
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				
				For	ո 1099-INT	Interest		
			1 Interest income	(Rev. January 2024)		Income		
					Fo	r calendar year		
				\$				
			2 Early withdrawal penalty			Copy 1		
PAYER'S TIN	RECIF	RECIPIENT'S TIN		\$			- 0	
				3 Interest on U.S. Savings Bonds and Treasury obligations			For State Tax Department	
				\$				
RECIPIENT'S name			4 Federal income tax withheld	eld 5 Investment expenses				
			\$	\$				
				6 Foreign tax paid	7 Foreig	n country or U.S. territory		
Street address (including apt. no.)			\$					
			8 Tax-exempt interest	Specified private activity bond interest				
City or town, state or province, country, and ZIP or foreign postal code			\$	\$				
				10 Market discount	11 Bond premium			
FATCA filing requirement				 \$	\$			
			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		
				25.74 00011 110.			\$	
							IS	

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Department of the Treasury - Internal Revenue Service

Form **1099-INT** (Rev. 1-2024)