	☐ VOID	CORRE	CTED			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			Payer's RTN (optional)	OM	IB No. 1545-0112	
			1 Interest income	2019		Interest Income
			T interest income			liicome
		\$	Form <b>1099-INT</b>			
			2 Early withdrawal penalty			Copy 1
PAYER'S TIN RECIPIENT'S TIN			<b> </b> \$			
		3 Interest on U.S. Savings Bonds and Treas. obligations			For State Tax Department	
			\$			
RECIPIENT'S name			4 Federal income tax withheld 5 Investment expenses			
			\$	\$		
			6 Foreign tax paid	7 Foreign country or U.S. possession		
Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code			\$			
			8 Tax-exempt interest	Specified private activity bond interest		
			\$	\$		
			10 Market discount	11 Bond premium		
		FATCA filing	<u> </u>  \$	\$		
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
						\$

Form **1099-INT** 

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service