

8181

☐ VOID☐ CORRECTED

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				OMB No. 1545-1380	
				Form 1098	
				(Rev. April 2025)	
				For calendar year _____	
		1 Mortgage interest received from payer(s)/borrower(s)		Copy A For Internal Revenue Service Center For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns. www.irs.gov/Form1099	
		\$			
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal	3 Mortgage origination date		
		\$			
		4 Refund of overpaid interest	5 Mortgage insurance premiums		
PAYER'S/BORROWER'S name		\$	\$		
		6 Points paid on purchase of principal residence			
		\$			
Street address (including apt. no.)		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, check the box, or enter the address or description in box 8.			
City or town, state or province, country, and ZIP or foreign postal code		8 Address or description of property securing mortgage (see instructions)			
9 Number of properties securing the mortgage	10 Other				
Account number (see instructions)					
				11 Mortgage acquisition date	

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		4 Federal income tax withheld \$		5 Investment expenses \$	
		6 Foreign tax paid \$		7 Foreign country or U.S. territory	
Street address (including apt. no.)		8 Tax-exempt interest \$		9 Specified private activity bond interest \$	
		10 Market discount \$		11 Bond premium \$	
City or town, state or province, country, and ZIP or foreign postal code		FATCA filing requirement <input type="checkbox"/>		12 Bond premium on Treasury obligations \$	
		13 Bond premium on tax-exempt bond \$			
Account number (see instructions)		2nd TIN not. <input type="checkbox"/>	14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.
					17 State tax withheld \$

Interest
Income

Copy A

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Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
current General
Instructions for
Certain
Information
Returns.

22222		VOID <input type="checkbox"/>		a Employee's social security number		For Official Use Only OMB No. 1545-0029					
b Employer identification number (EIN)					1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code					3 Social security wages		4 Social security tax withheld				
					5 Medicare wages and tips		6 Medicare tax withheld				
					7 Social security tips		8 Allocated tips				
d Control number					9		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans		12a See instructions for box 12				
f Employee's address and ZIP code					13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
					14 Other		12c				
							12d				
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				