

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

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1a Total ordinary dividends		OMB No. 1545-0110	
		\$		Form 1099-DIV	
		1b Qualified dividends		(Rev. January 2024)	
		\$		For calendar year	
		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain	
		\$		\$	
PAYER'S TIN	RECIPIENT'S TIN	2c Section 1202 gain		2d Collectibles (28%) gain	
		\$		\$	
		2e Section 897 ordinary dividends		2f Section 897 capital gain	
		\$		\$	
RECIPIENT'S name		3 Nondividend distributions		4 Federal income tax withheld	
		\$		\$	
Street address (including apt. no.)		5 Section 199A dividends		6 Investment expenses	
		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		7 Foreign tax paid		8 Foreign country or U.S. possession	
		\$			
		9 Cash liquidation distributions		10 Noncash liquidation distributions	
		\$		\$	
		11 FATCA filing requirement		12 Exempt-interest dividends	
		<input type="checkbox"/>		\$	
		13 Specified private activity bond interest dividends		\$	
Account number (see instructions)		2nd TIN not.		14 State	
		<input type="checkbox"/>		15 State identification no.	
				16 State tax withheld	
				\$	
				\$	

Dividends and Distributions

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PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution	OMB No. 1545-1760	Payments From Qualified Education Programs (Under Sections 529 and 530)
		\$	Form 1099-Q	
		2 Earnings	(Rev. April 2025)	
		\$	For calendar year	
PAYER'S/TRUSTEE'S TIN	RECIPIENT'S TIN	3 Basis	4 Type of transfer:	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
		\$	a <input type="checkbox"/> Trustee-to-trustee b <input type="checkbox"/> QTP to Roth IRA	
RECIPIENT'S name		5 Distribution is from:	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>	
Street address (including apt. no.)		a <input type="checkbox"/> Private QTP b <input type="checkbox"/> State QTP c <input type="checkbox"/> Coverdell ESA		
City or town, state or province, country, and ZIP or foreign postal code				
Account number (see instructions)				

Form **1099-Q** (Rev. 4-2025)

Cat. No. 32223J

www.irs.gov/Form1099Q

Department of the Treasury - Internal Revenue Service

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☐ VOID☐ CORRECTED**Mortgage
Interest
Statement**

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 _____		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		
					1 Mortgage interest received from payer(s)/borrower(s) \$	
					2 Outstanding mortgage principal \$	
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	3 Mortgage origination date	5 Mortgage insurance premiums \$			
PAYER'S/BORROWER'S name		4 Refund of overpaid interest \$	6 Points paid on purchase of principal residence \$			
		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.				
Street address (including apt. no.)		8 Address or description of property securing mortgage (see instructions)				
City or town, state or province, country, and ZIP or foreign postal code						
9 Number of properties securing the mortgage	10 Other					
Account number (see instructions)						
					11 Mortgage acquisition date	

Form **1098** (Rev. 4-2025)

Cat. No. 14402K

www.irs.gov/Form1098

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FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574 2025 Form 1098-T
		2	
FILER'S employer identification no.	STUDENT'S TIN <input type="checkbox"/>	3	
STUDENT'S name		4 Adjustments made for a prior year	5 Scholarships or grants
Street address (including apt. no.)		\$	\$
City or town, state or province, country, and ZIP or foreign postal code		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2026 <input type="checkbox"/>
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund \$

Tuition Statement

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www.irs.gov/Form1099

Form **1098-T**

Cat. No. 25087J

www.irs.gov/Form1098T

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			Applicable checkbox on Form 8949		OMB No. 1545-0715		Proceeds From Broker and Barter Exchange Transactions	
					2025 Form 1099-B			
			1a Description of property (Example: 100 sh. XYZ Co.)				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	
			1b Date acquired		1c Date sold or disposed			
PAYER'S TIN		RECIPIENT'S TIN		1d Proceeds		1e Cost or other basis		
				\$		\$		
				1f Accrued market discount		1g Wash sale loss disallowed		
				\$		\$		
RECIPIENT'S name			2 Short-term gain or loss <input type="checkbox"/>		3 Check if proceeds from:			
			Long-term gain or loss <input type="checkbox"/>		Collectibles <input type="checkbox"/>			
			Ordinary <input type="checkbox"/>		QOF <input type="checkbox"/>			
Street address (including apt. no.)			4 Federal income tax withheld		5 Check if noncovered security <input type="checkbox"/>			
			\$					
City or town, state or province, country, and ZIP or foreign postal code			6 Reported to IRS:		7 Check if loss is not allowed based on amount in 1d <input type="checkbox"/>			
			Gross proceeds <input type="checkbox"/>					
			Net proceeds <input type="checkbox"/>					
Account number (see instructions)		2nd TIN not. <input type="checkbox"/>	8 Profit or (loss) realized in 2025 on closed contracts		9 Unrealized profit or (loss) on open contracts—12/31/2024			
			\$		\$			
CUSIP number		FATCA filing requirement <input type="checkbox"/>	10 Unrealized profit or (loss) on open contracts—12/31/2025		11 Aggregate profit or (loss) on contracts			
			\$		\$			
14 State name	15 State identification no.	16 State tax withheld	12 Check if basis reported to IRS <input type="checkbox"/>		13 Bartering			
		\$	\$		\$			
		\$						

Form **1099-B**

Cat. No. 14411V

www.irs.gov/Form1099B

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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				