

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.		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 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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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 See instructions for box 12				
					14 Other		12c See instructions for box 12				
							12d See instructions for box 12				
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				



Attention:

You may file Forms W-2 and W-3 electronically on the SSA's [Employer W-2 Filing Instructions and Information](#) web page, which is also accessible at www.socialsecurity.gov/employer. You can create fill-in versions of Forms W-2 and W-3 for filing with SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

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