

☐ VOID ☐ CORRECTED

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		Interest Income
		1 Interest income		<div style="font-size: 2em; font-weight: bold;">2016</div> <div>Form 1099-INT</div>		
		\$				
PAYER'S federal identification number		RECIPIENT'S identification number		2 Early withdrawal penalty		Copy 1
				\$		
RECIPIENT'S name		3 Interest on U.S. Savings Bonds and Treas. obligations		For State Tax Department		
		\$				
Street address (including apt. no.)		4 Federal income tax withheld		5 Investment expenses		
		\$		\$		
City or town, state or province, country, and ZIP or foreign postal code		6 Foreign tax paid		7 Foreign country or U.S. possession		
		\$				
FATCA filing requirement <input type="checkbox"/>		8 Tax-exempt interest		9 Specified private activity bond interest		
		\$		\$		
Account number (see instructions)		10 Market discount		11 Bond premium		
		\$		\$		
FATCA filing requirement <input type="checkbox"/>		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$		\$		
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

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