

☐ 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		2015 Form 1099-INT		
		\$				
PAYER'S federal identification number		RECIPIENT'S identification number		2 Early withdrawal penalty		Copy 1 For State Tax Department
				\$		
RECIPIENT'S name		3 Interest on U.S. Savings Bonds and Treas. obligations				
		\$				
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		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

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