

☐ 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 \$	Form 1099-INT (Rev. January 2022)		
			For calendar year 20 ____		
PAYER'S TIN		2 Early withdrawal penalty \$		Copy 1	For State Tax Department
		3 Interest on U.S. Savings Bonds and Treasury obligations \$			
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld \$	5 Investment expenses \$		
		6 Foreign tax paid \$	7 Foreign country or U.S. possession		
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$		
		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.	
Account number (see instructions)					