

VOID CORRECTED

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

(Rev. January 2024)

1b Qualified dividends

For calendar year

**Dividends and
Distributions**

Copy 1
**For State Tax
Department**

PAYER'S TIN	RECIPIENT'S TIN
RECIPIENT'S name	
Street address (including apt. no.)	
City or town, state or province, country, and ZIP or foreign postal code	
	11 FATCA filing requirement <input type="checkbox"/>
Account number (see instructions)	14 State 15 State identification no.

2a Total capital gain distr.

2b Unrecap. Sec. 1250 gain

\$

\$

2c Section 1202 gain

2d Collectibles (28%) gain

\$

\$

2e Section 897 ordinary dividends

2f Section 897 capital gain

\$

\$

3 Nondividend distributions

4 Federal income tax withheld

\$

\$

5 Section 199A dividends

6 Investment expenses

\$

\$

7 Foreign tax paid

8 Foreign country or U.S. possession

\$

\$

9 Cash liquidation distributions

10 Noncash liquidation distributions

\$

\$

12 Exempt-interest dividends

13 Specified private activity
bond interest dividends

\$

\$

14 State

15 State identification no.

16 State tax withheld

\$

\$

Form **1099-DIV** (Rev. 1-2024)

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service