

VOID CORRECTED

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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 Form 1099-INT (Rev. January 2024) |
| | | 1 Interest income \$ | For calendar year _____ |
| | | 2 Early withdrawal penalty | |
| PAYER'S TIN | RECIPIENT'S TIN | \$ | |
| | | 3 Interest on U.S. Savings Bonds and Treasury obligations \$ | |
| RECIPIENT'S name | | 4 Federal income tax withheld \$ | 5 Investment expenses \$ |
| Street address (including apt. no.) | | 6 Foreign tax paid \$ | 7 Foreign country or U.S. territory |
| City or town, state or province, country, and ZIP or foreign postal code | | 8 Tax-exempt interest \$ | 9 Specified private activity bond interest \$ |
| | | 10 Market discount \$ | 11 Bond premium \$ |
| | | 12 Bond premium on Treasury obligations \$ | 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** (Rev. 1-2024)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

**Interest
Income**

Copy 1

**For State Tax
Department**