

☐ 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	
		1b Qualified dividends		(Rev. January 2024)	
		\$		For calendar year _____	
		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain	
		\$		\$	
PAYER'S TIN	RECIPIENT'S TIN	2c Section 1202 gain		2d Collectibles (28%) gain	
		\$		\$	
		2e Section 897 ordinary dividends		2f Section 897 capital gain	
		\$		\$	
RECIPIENT'S name		3 Nondividend distributions		4 Federal income tax withheld	
		\$		\$	
Street address (including apt. no.)		5 Section 199A dividends		6 Investment expenses	
		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		7 Foreign tax paid		8 Foreign country or U.S. possession	
		\$			
		9 Cash liquidation distributions		10 Noncash liquidation distributions	
		\$		\$	
		11 FATCA filing requirement		13 Specified private activity bond interest dividends	
		<input type="checkbox"/>		\$	
Account number (see instructions)		12 Exempt-interest dividends		16 State tax withheld	
		\$		\$	
		14 State		15 State identification no.	
		-----		-----	
				\$	

Dividends and Distributions

**Copy 1
For State Tax
Department**