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| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Sample Payer Name | | Payer's RTN (optional) 1000.00 | | OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year _____ | |
| | | 1 Interest income \$ | | | |
| | | 2 Early withdrawal penalty \$ 50.00 | | | |
| PAYER'S TIN Sample St, Sample City, ST 12 | | RECIPIENT'S TIN 12-3456789 | | 3 Interest on U.S. Savings Bonds and Treasury obligations \$ 200.00 | |
| RECIPIENT'S name 98-7654321 Street address (including apt. no.) John Doe City or town, state or province, country, and ZIP or foreign postal code 456 Recipient Ave, Recipient City, ST 67890 | | 4 Federal income tax withheld \$ 100.00 | | 5 Investment expenses \$ 30.00 | |
| | | 6 Foreign tax paid \$ 25.00 | | 7 Foreign country or U.S. territory | |
| | | 8 Tax-exempt interest \$ 500.00 | | 9 Specified private activity bond interest \$ 300.00 | |
| | | 10 Market discount \$ 75.00 | | 11 Bond premium \$ 150.00 | |
| | | 12 Bond premium on Treasury obligations \$ 50.00 | | 13 Bond premium on tax-exempt bond \$ 80.00 | |
| | | FATCA filing requirement <input type="checkbox"/> | | | |
| Account number (see instructions) A123456789 | | 14 Tax-exempt and tax credit bond CUSIP no. | | 15 State NY 76543 | 16 State identification no. 60.00 |
| | | | | 17 State tax withheld \$ | |