

☐ 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					
		1 Interest income \$		Form 1099-INT (Rev. January 2024)					
				For calendar year _____					
PAYER'S TIN		RECIPIENT'S TIN		2 Early withdrawal penalty \$					
				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. territory					
		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 \$					
		FATCA filing requirement <input type="checkbox"/>							
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State identification no.		17 State tax withheld \$	
								\$	

Interest
Income

Copy 1

For State Tax
Department