			CIED					
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					
Payer Name 1234 Street Address City, CA, 12345 123-456-7890					Forr	n 1099-INT	Interest	
			1 Interest income		(Rev. January 2024)		Income	
			¢	12345.67		r calendar year 2024		
			2 Early withdrawal penalty				Copy 1	
PAYER'S TIN RECIPIENT'S TIN			\$ 1234.56					
12-3456789	123-45-6788		3 Interest on U.S. Savings Bonds and Treasury obligations			For State Tax Department		
12 0 100707			\$			1234.56	6	
RECIPIENT'S name			4 Federal income tax withheld 5 Investment expenses					
John Doe			\$	1234.56	\$	1234.56		
			6 Foreign tax paid 7 Foreign country or U.S. territory					
Street address (including apt. no.)			\$ 1234.56 1234.56					
1234 Street Address			8 Tax-exempt interest 9 Specified private activity bond interest					
City or town, state or province, country, and ZIP or foreign postal code			\$	1234.56	\$	1234.56		
City, CA, 12345			10 Market discount 11 Bond premium					
		FATCA filing	\$	1234.56	\$	1234.56		
			12 Bond premium on Treasury obligations 13 Bond premium on tax-exempt bond					
		V	\$	1234.56	\$	1234.56		
Account number (see instructions)			14 Tax-exempt a		15 State	16 State identification no.	17 State tax withheld	
12345678910			bond COSIP	no.			\$ 1234.56	
			1234	.56			l\$ 1234.56	

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

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service