		ECTED (if checked)		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		, , , , , , , , , , , , , , , , , , , 	OMB No. 1545-0112	Interest
		1 Interest income	20 XX	Income
		\$	Form 1099-INT	
		2 Early withdrawal penalty		Copy 2
PAYER'S TIN	RECIPIENT'S TIN	\$		
		3 Interest on U.S. Savings Bonds and Treas. obligations		
		\$		
RECIPIENT'S name		4 Federal income tax withheld	5 Investment expenses	
		\$	\$	
		6 Foreign tax paid	7 Foreign country or U.S. possession	To be filed with
Street address (including apt. no.)		\$		recipient's state income tax
		8 Tax-exempt interest	Specified private activity bond interest	return, when required.
City or town, state or province, country, and ZIP or foreign postal code		\$	\$	

Form **1099-INT**

Account number (see instructions)

www.irs.gov/Form1099INT

14 Tax-exempt and tax credit bond CUSIP no.

requirement 12 Bond premium on Treasury obligations 13 Bond premium on tax-exempt bond

10 Market discount

FATCA filing \$

Department of the Treasury - Internal Revenue Service

15 State 16 State identification no. 17 State tax withheld

11 Bond premium