PAYER'S name, street address, city, state, Zip code, and telephone no.

CORRECTED

CALENDAR YEAR

PAYER'S Federal identification number

RECIPIENT'S identification number

OMB No. 1545-0112

Statement for Recipients of Copy C For Payer or State Copy

Form 1099-INT

Interest Income

3 Interest on U.S. Savings Bonds and Treas. obligations	4 Federal income tax withheld	Account Number	1 Interest income not included in box 3	8 Early withdrawal penalty
5 Investment expenses	6 Foreign tax paid	7 Foreign country or U.S. possession		

RECIPIENT'S name, address and ZIP code

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