

Copy B - For Recipient

Statement of Interest Income
From the California Franchise Tax Board

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S Identification number 607-65-0161	1. Interest income	OMB No. 1545-0112
Payer's FEIN 68-0204061	4. Federal income tax withheld \$	\$ 18.09	2017 FORM 1099-INT

RECIPIENT'S name **NAND GOPAL TIWARI**

THIS FORM IS FOR YOUR RECORDS - DO NOT FILE WITH YOUR TAX RETURN
EXCEPTION: IF THERE IS AN AMOUNT IN BOX 4, ATTACH A COPY OF THIS FORM TO YOUR FEDERAL TAX RETURN

INSTRUCTIONS TO RECIPIENT

Box 1. Shows taxable interest paid to you during the calendar year by the Franchise Tax Board.

Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

NOTE: THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

For information on how to report the interest amount shown, please refer to the instructions in your state and federal tax booklets when filing your tax return. For information about this notice, call us at the appropriate telephone number listed below.

Telephone: 800.852.5711 from within the United States

916.845.6500 from outside the United States

TTY/TDD: 800.735.2929, 800.822.6268, or 711 for persons with hearing or speech impairments.