

**U.S. Income Tax Return
for Homeowners Associations**

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1120H for instructions and the latest information.

For calendar year 2023 or tax year beginning January 1, 2023, and ending December 31, 20 23

TYPE OR PRINT	Name Avalon at Lehigh Woods HOA	Employer identification number 90-0325417
	Number, street, and room or suite no. If a P.O. box, see instructions. 160 Cypress Point Parkway, Suite C207	Date association formed 03/23/2006
	City or town, state or province, country, and ZIP or foreign postal code Palm Coast, FL	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A	Check type of homeowners association: <input checked="" type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B	Total exempt function income. Must meet 60% gross income test. See instructions	41,507
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	37,243
D	Association's total expenditures for the tax year. See instructions	38,843
E	Tax-exempt interest received or accrued during the tax year	

Gross Income (excluding exempt function income)		
1	Dividends	
2	Taxable interest	609
3	Gross rents	
4	Gross royalties	
5	Capital gain net income (attach Schedule D (Form 1120))	
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	
7	Other income (excluding exempt function income) (attach statement)	
8	Gross income (excluding exempt function income). Add lines 1 through 7	609

Deductions (directly connected to the production of gross income, excluding exempt function income)		
9	Salaries and wages	
10	Repairs and maintenance	
11	Rents	
12	Taxes and licenses	61
13	Interest	
14	Depreciation (attach Form 4562)	
15	Other deductions (attach statement)	1,539
16	Total deductions. Add lines 9 through 15	1,600
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	-991
18	Specific deduction of \$100	\$100

Tax and Payments		
19	Taxable income. Subtract line 18 from line 17	-1,091
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	0
21	Tax credits (see instructions)	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	0
23a	Preceding year's overpayment credited to the current year	
b	Current year's estimated tax payments	
c	Tax deposited with Form 7004	
d	Credit for tax paid on undistributed capital gains (attach Form 2439)	
e	Credit for federal tax paid on fuels (attach Form 4136)	
f	Elective payment election amount from Form 3800	
g	Total payments and credits. Combine lines 23a through 23f	
24	Amount owed. Subtract line 23g from line 22. See instructions	0
25	Overpayment. Subtract line 22 from line 23g	
26	Enter amount of line 25 you want: Credited to 2024 estimated tax Refunded	

Under penalties of perjury, I declare that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here		<u>1/18/24</u>	<u>President</u>
	Signature of officer	Date	Title

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

90-0325417

Federal Statements**Form 1120-H, Line B - Total Exempt Function Income**

Description	Amount
GROSS RECEIPTS	\$ 41,507
TOTAL	\$ 41,507

Form 1120-H, Line c- Total Expenditures for 90% Expenditure Test

Description	Amount
EXPENDITURES	\$ 37,243
TOTAL	\$ 37,243

Form 1120-H, Line D - Association's Total Expenditures For The Tax Year

Description	Amount
EXPENDITURES	\$ 38,843
TOTAL	\$ 38,843

Form 1120-H, Line 12 - Taxes and Licenses

Description	Amount
	\$ 61
TOTAL	\$ 61

90-0325417

Federal Statements

Statement 1 - Form 1120H, Line 15 - Other Deductions

Description	Amount
ALLOCATED MANAGEMENT FEES	\$ 650
ALLOCATED OFFICE SUPPLIES	\$ 501
TAX PREP FEE	\$ -
ALLOCATED INSURANCE	\$ 388
TOTAL	\$ 1,539

Avalon at Lehigh Woods

BALANCE SHEET

As of: 12/31/2023

Assets

Account #	Account Name	Total
Cash Accounts		
10010	Truist - OPS	\$17,468.71
10020	Truist Reserve	\$27,097.54
	CASH ACCOUNTS TOTAL:	\$44,566.25
Accounts Receivable		
12100	Accounts Receivable	\$8,695.46
	ACCOUNTS RECEIVABLE TOTAL:	\$8,695.46
	TOTAL ASSETS:	\$53,261.71

Liabilities

Account #	Account Name	Total
Liabilities		
20000	Accounts Payable	\$2,986.12
21000	Prepaid Assessments	\$6,373.64
	LIABILITIES TOTAL:	\$9,359.76
	TOTAL LIABILITIES:	\$9,359.76

Equity

Account #	Account Name	Total
Reserves		
33000	Reserve Funds - Pooled	\$25,689.25
33100	Reserve Funds - Interest	\$1,408.29
	RESERVES TOTAL:	\$27,097.54
Other Equity		
36000	Prior Years Surplus/Deficit	(\$11.23)
39999	Opening Balance Equity	\$14,151.76
	OTHER EQUITY TOTAL:	\$14,140.53
	Current Year Net Income/(Loss)	\$2,663.88
	TOTAL EQUITY:	\$43,901.95
	TOTAL LIABILITIES AND EQUITY:	\$53,261.71

Avalon at Lehigh Woods
INCOME STATEMENT
 Start: 12/01/2023 | End: 12/31/2023
 Income

Account	Current			Year to Date			Yearly
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Assessment Fee Income							
000 Assessment Fee Income	0.00	0.00	0.00	34,599.49	35,312.40	(712.91)	35,312.40
Assessment Fee Income Total	0.00	0.00	0.00	34,599.49	35,312.40	(712.91)	35,312.40
Other Income							
100 Capital Contribution Income	0.00	0.00	0.00	990.00	0.00	990.00	0.00
200 Interest Income - OPS	0.14	0.00	0.14	1.34	0.00	1.34	0.00
300 Late Fee Income	0.00	0.00	0.00	5,740.91	0.00	5,740.91	0.00
400 Interest Income	0.00	0.00	0.00	139.34	0.00	139.34	0.00
500 NSF Fee Income	0.00	0.00	0.00	36.00	0.00	36.00	0.00
Other Income Total	0.14	0.00	0.14	6,907.59	0.00	6,907.59	0.00
Total Income	0.14	0.00	0.14	41,507.08	35,312.40	6,194.68	35,312.40

Expense

Account	Current			Year to Date			Yearly
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Administrative Expenses							
00 Accounting Fees/Tax Prep	0.00	16.63	16.63	0.00	200.00	200.00	200.00
00 Corporate Annual Fees	0.00	5.15	5.15	61.25	61.25	0.00	61.25
00 Management Fees	500.00	500.00	0.00	6,500.00	6,000.00	(500.00)	6,000.00
00 Office Supplies	569.70	166.63	(403.07)	5,010.01	2,000.00	(3,010.01)	2,000.00
00 Legal Fees	(1,628.00)	125.00	1,753.00	(1,628.00)	1,500.00	3,128.00	1,500.00
Administrative Expenses Total	(558.30)	813.41	1,371.71	9,943.26	9,761.25	(182.01)	9,761.25
Insurance Expenses							
00 Ins.-GL, Prop, Crm & DO	186.00	83.37	(102.63)	3,879.61	1,000.00	(2,879.61)	1,000.00
Insurance Expenses Total	186.00	83.37	(102.63)	3,879.61	1,000.00	(2,879.61)	1,000.00
Maintenance Expenses							
30 Maintenance & Repairs	0.00	41.63	41.63	853.10	500.00	(353.10)	500.00
30 Landscape Contract	640.00	666.63	26.63	7,640.00	8,000.00	360.00	8,000.00
30 Other Landscaping/Grounds Expense	0.00	41.63	41.63	0.00	500.00	500.00	500.00
30 Lake Maintenance	134.72	166.63	31.91	1,693.72	2,000.00	306.28	2,000.00
30 Fountains	0.00	66.63	66.63	570.60	800.00	229.40	800.00
Maintenance Expenses Total	774.72	983.15	208.43	10,757.42	11,800.00	1,042.58	11,800.00
Utility Expenses							
30 Electricity - General	280.11	445.13	165.02	4,464.97	5,341.78	876.81	5,341.78
30 Electricity - Street Lights	504.83	371.50	(133.33)	6,056.19	4,457.89	(1,598.30)	4,457.89
30 Storm Water	0.00	245.92	245.92	3,353.92	2,951.48	(402.44)	2,951.48
30 Utilities	378.62	0.00	(378.62)	378.62	0.00	(378.62)	0.00
Utility Expenses Total	1,163.56	1,062.55	(101.01)	14,253.70	12,751.15	(1,502.55)	12,751.15
Other Expenses							
30 Interest Expense	0.00	0.00	0.00	9.21	0.00	(9.21)	0.00
Other Expenses Total	0.00	0.00	0.00	9.21	0.00	(9.21)	0.00

valuation at Lehigh Woods
Start: 12/01/2023 | End: 12/31/2023

INCOME STATEMENT

Account	Current			Year to Date			Yearly
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Total Expense	1,565.98	2,942.48	1,376.50	38,843.20	35,312.40	(3,530.80)	35,312.40
Net Income	(1,565.84)	(2,942.48)	1,376.64	2,663.88	0.00	2,663.88	0.00

TRUIST BANK TAX
PO BOX 819
WILSON, NC 27894-0819

Payer Code: DPOF

If you have questions contact:

Phone: 800-394-1470



TEPG040800_15233_30505 1 of 2

AVALON AT LEHIGH WOODS HOMEOWNERS
ASSOCIATION INC
C/O COAST TO COAST ASSOCIATION MGMT LLC
160 CYPRESS POINT PKWY STE C207
PALM COAST, FL 32164-8441

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 1099-INT. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099-INT to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the instructions for Form 9338.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 2. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forgiven because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your 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.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the

instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report this accrued market discount on your income tax return as directed in the instructions for Forms 1040. Market discount on a tax-exempt security is includable in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes. Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income it owes to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)		OMB No. 1545-0112		2023	Interest Income		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRUIST BANK TAX PO BOX 819 WILSON, NC 27894-0819		Payer's RTN (optional)				Form 1099-INT	
PAYER'S TIN 59-3482833		RECIPIENT'S TIN XX-XXX5417		Copy B For Recipient			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code AVALON AT LEHIGH WOODS HOMEOWNERS ASSOCIATION INC 160 CYPRESS POINT PKWY STE C207 PALM COAST, FL 32164-8441		1 Interest income \$ 1.96		This is important tax information and is being furnished to the IRS. 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.			
FATCA filing requirement <input type="checkbox"/>		2 Early withdrawal penalty \$					
		3 Interest on U.S. Savings Bonds and Treasury obligations \$					
		4 Federal income tax withheld \$					
		5 Investment expenses \$					
		6 Foreign tax paid \$					
		7 Foreign country or U.S. possession \$					
		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 \$					
Account number (see instructions) 00000001100020361067		14 Tax-exempt and tax credit bond CUSIP no.				15 State 16 State identification no. 17 State tax withheld	
Tracking #: 75087303T2		FL				Not Applicable \$	

TRUIST BANK TAX
PO BOX 819
WILSON, NC 27894-0819

Payer Code: DPOP

If you have questions contact:

Phone: 800-394-1470



TEP0040400_1532_30603 1 of 2

AVALON AT LEHIGH WOODS HOMEOWNERS
ASSOCIATION INC
C/O COAST TO COAST ASSOCIATION MGMT LLC
160 CYPRESS POINT PKWY STE C207
PALM COAST, FL 32164-8441

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 1099-INT. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099-INT to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the instructions for Form 1099-INT.

Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 10912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your 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.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the

instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 127(b)(1) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-INT. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 127(b)(1). Report the accrued market discount on your income tax return as directed in the instructions for Forms 1040. Market discount on a tax-exempt security is includable in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes. Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient(s)." File Form(s) 1099-INT with Form 1098 with the Internal Revenue Service Center for your area. On Form 1098, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)		Payer's RTN (optional)		OMB No. 1545-0112		2023	Interest Income
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRUIST BANK TAX PO BOX 819 WILSON, NC 27894-0819		\$ 606.81		Form 1099-INT			
PAYER'S TIN 59-3482833		RECIPIENT'S TIN XX-XXX5417		3 Interest on U.S. Savings Bonds and Treasury obligations		Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code AVALON AT LEHIGH WOODS HOMEOWNERS ASSOCIATION INC 160 CYPRESS POINT PKWY STE C207 PALM COAST, FL 32164-8441		4 Federal income tax withheld		5 Investment expenses			
FATCA filing requirement		6 Foreign tax paid		7 Foreign country or U.S. possession			
Account number (see instructions) 0000001100020361075		8 Tax-exempt interest		9 Specified private activity bond interest			
Tracking #: 75087302T2		10 Market discount		11 Bond premium			
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond			
		14 Tax-exempt and tax credit bond CUSIP no.		15 State 16 State identification no.			
		17 State tax withheld					
		FL		Not Applicable			
		\$					