

CORRECTED (if checked)

|                                       |                                |                                   |  |   |  |
|---------------------------------------|--------------------------------|-----------------------------------|--|---|--|
| <b>PAYER'S INFORMATION</b>            |                                |                                   | <b>1</b> Rents   | OMB No. 1545-0115   | <b>Miscellaneous<br/>Income</b>  |
| Payer's Name                          |                                |                                   | \$   | <b>2013</b><br>Form <b>1099-MISC</b>                          |  |
| Street address (including apt. no.)   |                                |                                   | <b>2</b> Royalties   |   |  |
| Street address (line 2)               |                                |                                   | \$   | <b>3</b> Other income   | <b>4</b> Federal income tax withheld   |
| City                                  | State                          | ZIP Code                          | \$   | <b>5</b> Fishing boat proceeds                                | <b>6</b> Medical and health care payments  |
| Telephone no.                         |                                |                                   |  |   |  |
| PAYER'S federal identification number |                                | RECIPIENT'S identification number |  |   |  |
| RECIPIENT'S name                      |                                |                                   | <b>7</b> Nonemployee compensation  | <b>8</b> Substitute payments in lieu of dividends or interest | 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. |
| Street address (including apt. no.)   |                                |                                   | \$   | \$  |  |
| Apartment no.                         |                                |                                   | <b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► | <b>10</b> Crop insurance proceeds                             |  |
| City                                  | State                          | ZIP Code                          | \$   | \$  |  |
| Account number (see instructions)     |                                |                                   | <b>11</b>  | <b>12</b>   |  |
|                                       |                                |                                   | <b>13</b> Excess golden parachute payments   | <b>14</b> Gross proceeds paid to an attorney                  |  |
| <b>15a</b> Section 409A deferrals     | <b>15b</b> Section 409A income | <b>16</b> State tax withheld      | <b>17</b> State/ Payer's state no.   | <b>18</b> State income  |  |
| \$                                    | \$                             | \$                                | /  | \$  |  |
|                                       |                                | \$                                | /  | \$  |  |

Form **1099-MISC**

(keep for your records)

Department of the Treasury - Internal Revenue Service