				CTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				1 Rents	OMB No. 1545-0115		
				 \$	20020		Miscellaneous
				2 Royalties	2020		Income
				\$	Form 1099-MISC		
				3 Other income	4 Federal income tax	withheld	
				\$	\$		Copy 2
PAYER'S TIN	S'S TIN RECIPIENT'S TIN			5 Fishing boat proceeds	re		To be filed with recipient's state income tax return.
				\$	\$		when required
RECIPIENT'S name				7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.)			9 Crop insurance proceeds	10 Gross proceeds paid to an attorney			
				 \$	\$		
City or town, state or province, country, and ZIP or foreign postal code			11	12 Section 409A deferrals			
					\$		
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Nonqualified deferre compensation	d	
				\$	\$		
				15 State tax withheld	16 State/Payer's state	no.	17 State income
				I .			l .

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service