

☐ CORRECTED (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  <b>2017</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>			
		\$						
		2 Royalties						
\$		3 Other income		4 Federal income tax withheld				
\$		\$		\$				
PAYER'S federal identification number	RECIPIENT'S identification number		5 Fishing boat proceeds		6 Medical and health care payments		<b>Copy 2</b> <b>To be filed with recipient's state income tax return, when required.</b>	
		\$		\$				
RECIPIENT'S name		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest				
Street address (including apt. no.)		\$		\$				
City or town, state or province, country, and ZIP or foreign postal code		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶ <input type="checkbox"/>		10 Crop insurance proceeds				
		\$		\$				
11		12						
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
\$				\$		\$		
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income
\$		\$		\$				\$
				\$				\$