	∨	OID L		CIED		
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	
				\$	2000	Miscellaneous
				2 Royalties	2020	Income
			,			
				\$	Form 1099-MISC	
				3 Other income	4 Federal income tax withheld	
				\$	\$	Copy 1
PAYER'S TIN	RECIPIENT'S TIN			5 Fishing boat proceeds	6 Medical and health care payment	For State Tax Department
				\$	\$	
RECIPIENT'S name			7 Payer made direct sales of \$5.000 or more of consumer	8 Substitute payments in lieu of dividends or interest	of	
			products to a buyer (recipient) for resale	\$		
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	0	13 Excess golden parachute payments	14 Nonqualified deferred compensation	
				\$	\$	
				15 State tax withheld	16 State/Payer's state no.	17 State income
				\$		\$
				\$		\$

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service