9595 VOID	CORF	RECTED		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		IP 1 Rents	OMB No. 1545-0115	
		\$	2017	Miscellaneous
		2 Royalties		Income
		\$	Form 1099-MISC	
		3 Other income	4 Federal income tax withheld	Copy A
		\$	\$	For
PAYER'S federal identification number RECIPIENT'S id	lentification numbe	r 5 Fishing boat proceeds	6 Medical and health care payment	•
				Service Center
		\$	\$	File with Form 1096.
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu	For Privacy Act
			dividends or interest	and Paperwork
				Reduction Act
Street address (including apt. no.)		\$	\$	Notice, see the
		9 Payer made direct sales of	10 Crop insurance proceeds	2017 General
		\$5,000 or more of consumer products to a buyer		Instructions for
City or town, state or province, country, and ZIP or foreign postal code		(recipient) for resale ►	\$	Certain
		11	12	Information
				Returns.
		not. 13 Excess golden parachute	14 Gross proceeds paid to an	1
requ	irement	payments	attorney	
		\$	\$	
15a Section 409A deferrals 15b Section 409	A income	16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
\$		\$		\$

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