

☐ 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 2018 Form 1099-MISC	Miscellaneous Income			
		\$						
		2 Royalties						
\$		3 Other income		4 Federal income tax withheld				
\$		\$		\$				
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds		6 Medical and health care payments		Copy 2 To be filed with recipient's state income tax return, when required.	
		\$		\$				
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
\$		\$		\$				\$
				\$				\$

Form **1099-MISC**

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service