

☐ VOID ☐ CORRECTED

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		Miscellaneous Information
		\$	Form 1099-MISC		
		2 Royalties	(Rev. January 2024)		
		\$	For calendar year _____		
		3 Other income	4 Federal income tax withheld	Copy 1 For State Tax Department	
		\$	\$		
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments		
		\$	\$		
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest		
		\$	\$		
		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney		
		\$	\$		
		11 Fish purchased for resale	12 Section 409A deferrals		
		\$	\$		
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
		\$	\$		
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income	
		\$		\$	
		\$		\$	

Form **1099-MISC** (Rev. 1-2024)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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