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|   |  |   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| 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>Miscellaneous Information</b>   |
|   |  |   |  | \$   |  | <b>2021</b>  |  |  |
|   |  |   |  | 2 Royalties  |  |  |  |  |
|   |  |   |  | \$   |  | Form <b>1099-MISC</b>                                  |  | <b>Copy A</b><br>For<br><b>Internal Revenue Service Center</b>   |
|   |  |   |  | 3 Other income   |  | 4 Federal income tax withheld                          |  |  |
|   |  |   |  | \$   |  | \$   |  |  |
| PAYER'S TIN   |  | RECIPIENT'S TIN                                   |  | 5 Fishing boat proceeds  |  | 6 Medical and health care payments                     |  | <b>File with Form 1096.</b><br><br>For Privacy Act and Paperwork Reduction Act Notice, see the <b>2021 General Instructions for Certain Information Returns.</b> |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  | \$   |  | \$   |  |  |
| RECIPIENT'S name  |  |   |  | 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 |  |  |
| 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 Fish purchased for resale   |  | 12 Section 409A deferrals                              |  |  |
|   |  |   |  | \$   |  | \$   |  |  |
| Account number (see instructions)   |  | FATCA filing requirement <input type="checkbox"/> |  | 2nd TIN not <input type="checkbox"/>   |  | 13 Excess golden parachute payments                    |  |  |
|   |  |   |  |  |  | \$   |  |  |
|   |  |   |  | 14 Nonqualified deferred compensation  |  | \$   |  | 17 State income  |
|   |  |   |  | 15 State tax withheld  |  | 16 State/Payer's state no.                             |  |  |
|   |  |   |  | \$   |  | \$   |  |  |

Form **1099-MISC**

Cat. No. 14425J

[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service

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