		PRREC	CTED (if checked)				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		ry, ZIP	1 Rents	OMB No. 1545-0115			
			\$	2021		Miscellaneous	
		•	2 Royalties			Information	
			\$	Form 1099-MISC			
			3 Other income	4 Federal income tax wi	ithheld		
			\$	\$		Copy 2	
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds	6 Medical and health care pa	,	recipient's stat	
			\$	\$		when required.	
RECIPIENT'S name			7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	S Substitute payments in lieu of dividends or interest			
Street address (including apt. no.)			9 Crop insurance proceeds	10 Gross proceeds paid attorney	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 deferra	ls		
			\$	\$			
Account number (see instructions)	FATCA filing requirement		13 Excess golden parachute payments	14 Nonqualified deferred compensation			
			\$	\$			
			15 State tax withheld	16 State/Payer's state no	0.	17 State income	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service