

☐ 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 2019 Form 1099-MISC	Miscellaneous Income				
		\$							
		2 Royalties							
		\$		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 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest			
				\$		\$			
				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