

☐ 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	
		\$		2019 Form 1099-MISC	
		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
			\$		\$
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
					\$

**Miscellaneous
Income**

Copy 2
**To be filed with
recipient's state
income tax return,
when required.**