		VOID	☐ CORR	ECTED				
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			
Payer Name, LLC				\$	2021		Miscellaneous	
Address Line 1				2 Royalties			Information	
City, State 00000				\$	Form 1099-MISC		·	
(555) 555-5555				3 Other income	4 Federal income tax	withheld		
				\$	\$		Copy 1	
PAYER'S TIN	RECIPI	ENT'S TIN		5 Fishing boat proceeds	6 Medical and health care payments		For State Tax Department	
XX-XXXXXXX	YY	'-YYYYY	′Y3					
				\$	\$			
RECIPIENT'S name			7 Payer made direct sales totaling \$5,000 or more of	8 Substitute payments in lieu of dividends or interest				
Recipient Name				consumer products to recipient for resale	\$			
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid to an			
Street Address Line 1					attorney			
Line 2				\$	\$			
City or town, state or province, country, and ZIP or foreign postal code				11 Fish purchased for resale	12 Section 409A deferrals			
City, State 11111								
,,			\$	\$				
Account number (see instructions)		FATCA fili requireme		13 Excess golden parachute payments	14 Nonqualified deferrance compensation	red		
XXXXX				\$	\$			
				15 State tax withheld	16 State/Payer's state	no.	17 State income	
			\$			\$		
				\$	-†		\$	
Form 1099-MISC		www.irs	.gov/Form1099	9MISC	Department of the	Freasury -	Internal Revenue Service	

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

	□ V	OID [CORRE	CTED				
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			
Payer Name, LLC Address Line 1 City, State 00000				\$ 2 Royalties	2021	Miscellaneous Information		
				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax	withheld	vithheld	
				\$	\$		Copy 1	
		CIPIENT'S TIN YY-YYYYYY2		5 Fishing boat proceeds	6 Medical and health care	payments	For State Tax Department	
70 (70 0 0 0 0 0 0			_	\$	\$			
RECIPIENT'S name			7 Payer made direct sales	8 Substitute payments in lieu of				
Recipient Name				totaling \$5,000 or more of consumer products to recipient for resale	dividends or interest			
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid to an			
Street Address Line 1					attorney			
				\$	\$			
City or town, state or province, country, and ZIP or foreign postal code				11 Fish purchased for resale	12 Section 409A deferrals			
City, State 11111			1.	1.				
		ı		\$	\$			
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Nonqualified deferred compensation			
XXXXX				\$	\$			
				15 State tax withheld	16 State/Payer's state	no.	17 State income	
				\$			\$	
				T \$	<u> </u>		\$	