

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555			1 Rents	OMB No. 1545-0115 2020 Form 1099-MISC	Miscellaneous Income	
			\$			
			2 Royalties			
			\$			
			3 Other income	4 Federal income tax withheld	Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
			\$	\$		
5 Fishing boat proceeds	6 Medical and health care payments					
PAYER'S TIN XX-XXXXXXX			RECIPIENT'S TIN YY-YYYYYYY3			
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code City, State 11111			7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest		
			\$	\$		
			9 Crop insurance proceeds	10 Gross proceeds paid to an attorney		
Account number (see instructions) XXXXXX			FATCA filing requirement <input type="checkbox"/>			2nd TIN not <input type="checkbox"/>
			13 Excess golden parachute payments	14 Nonqualified deferred compensation		
			\$	\$		
			15 State tax withheld	16 State/Payer's state no.	17 State income	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

Form **1099-MISC**

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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