

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, 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 2013 Form 1099-MISC	Miscellaneous Income		
		\$				
		2 Royalties				
		\$	3 Other income	4 Federal income tax withheld		
		\$	\$			
		5 Fishing boat proceeds	6 Medical and health care payments			
PAYER'S federal identification number	RECIPIENT'S identification number	\$	\$	Copy C For Payer		
XX-XXXXXXX	YY-YYYYYYY3	\$	\$			
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 City or town, province or state, country, and ZIP or foreign postal code City, State 11111		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			
Account number (see instructions) XXXXX		11 Foreign tax paid	12 Foreign country or U.S. possession	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.		
		\$	\$			
		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

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