

☐ CORRECTED (if checked)

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 2014 Form 1099-MISC	Miscellaneous Income
		\$		
		2 Royalties		
		\$		
		3 Other income	4 Federal income tax withheld	Copy B For Recipient
		\$	\$	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	
XX-XXXXXXX	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 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		\$	\$	
		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			
		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** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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