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☐ VOID☐ CORRECTED

| | | | | | |
|--|-----------------------------------|--|--|---|-----------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. | | 1 Rents \$ | OMB No. 1545-0115 2012 | | Miscellaneous Income |
| Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555 | | 2 Royalties \$ | Form 1099-MISC | | |
| | | 3 Other income \$ | 4 Federal income tax withheld \$ | | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | Copy A For Internal Revenue Service Center File with Form 1096. | |
| XX-XXXXXXX | YY-YYYYYYY3 | 7 Nonemployee compensation \$ | 8 Substitute payments in lieu of dividends or interest \$ | | |
| RECIPIENT'S name | | 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 \$ | For Privacy Act and Paperwork Reduction Act Notice, see the 2012 General Instructions for Certain Information Returns. | |
| Recipient Name | | 11 | 12 | | |
| Street address (including apt. no.) | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| City, state, and ZIP code | | 15a Section 409A income | 16 State tax withheld \$ | | |
| Account number (see instructions) | | 2nd TIN not | 17 State/Payer's state no. | 18 State income | |
| City, State 11111 | | <input type="checkbox"/> | 17 State/Payer's state no. | \$ | |
| 15a Section 409A income | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| XXXXX | | \$ | \$ | \$ | |

Form **1099-MISC**

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

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