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☐ VOID☐ CORRECTED

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 2020 Form 1099-MISC	Miscellaneous Income
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				2 Royalties \$		
PAYER'S TIN XX-XXXXXXX				3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN YY-YYYYYYY1				5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy A For Internal Revenue Service Center
RECIPIENT'S name A Very Long Recipient Name To Test Width				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 \$	
Street address (including apt. no.) Street Address Line 1 Line 2				9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$	
City or town, state or province, country, and ZIP or foreign postal code Long Name for a City, State 11111-1111				11	12 Section 409A deferrals \$	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
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**

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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PAYER'S TIN XX-XXXXXXX				3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S TIN YY-YYYYYYY2				5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy A For Internal Revenue Service Center
RECIPIENT'S name Recipient Name that is even longer than the previous				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 \$	
Street address (including apt. no.) Street Address Line 1				9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$	
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RECIPIENT'S TIN YY-YYYYYYY3				5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy A For Internal Revenue Service Center
RECIPIENT'S name Recipient Name				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 \$	
Street address (including apt. no.) Street Address Line 1				9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$	
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