

☐ 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		
PAYER'S federal identification number XX-XXXXXXX		RECIPIENT'S identification number YY-YYYYYYY3		Copy 1 For State Tax Department
		5 Fishing boat proceeds \$		
		6 Medical and health care payments \$		
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	
		11 Foreign tax paid \$	12 Foreign country or U.S. possession	
Account number (see instructions) XXXXX		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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