				CTED (if checked)				
PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no.				1 Rents	OMB No. 1545-0115			
Payer Name, LLC				\$ 2 Royalties	2020	Miscellaneous Income		
Address Line 1 City, State 00000				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax	vithheld		
				\$	\$		Copy 2	
PAYER'S TIN XX-XXXXXXX	YY-YYYYYY3			5 Fishing boat proceeds	6 Medical and health care	. ,	To be filed with recipient's state income tax return.	
701700000				\$	\$		when required	
RECIPIENT'S name				7 Payer made direct sales of \$5,000 or more of consumer	Substitute payments in lieu of dividends or interest			
Recipient Name				products to a buyer (recipient) for resale	\$			
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid to an			
Street Address Line 1 Line 2				\$	attorney \$			
City or town, state or province, country, and ZIP or foreign postal code				11	12 Section 409A deferrals			
City, State 11111					\$			
Account number (see instructions) FATCA filing requirement			13 Excess golden parachute payments	14 Nonqualified deferred compensation				
XXXXX				\$	\$			
				15 State tax withheld	16 State/Payer's state	no.	17 State income	
				\$			\$	
				 \$			\$	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

		COF	RRE	CTED (if checked)				
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			
Payer Name, LLC Address Line 1				\$ 2 Royalties	2020	Miscellaneous Income		
City, State 00000				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax with	Federal income tax withheld Copy 2		
				\$	\$			
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYY2			5 Fishing boat proceeds	6 Medical and health care payr	nents	To be filed with recipient's state income tax return,	
				\$	\$		when required.	
RECIPIENT'S name	•			7 Payer made direct sales of	8 Substitute payments in li	eu o		
Recipient Name				\$5,000 or more of consumer products to a buyer (recipient) for resale	dividends or interest \$			
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid to an]	
Street Address Line 1					attorney			
				\$	\$]	
City or town, state or province, country, and ZIP or foreign postal code				11	12 Section 409A deferrals			
City, State 11111								
					\$			
Account number (see instructions) FATCA filing requirement			13 Excess golden parachute payments	14 Nonqualified deferred compensation				
XXXXX				\$	\$			
		'		15 State tax withheld	16 State/Payer's state no.		17 State income	
				\$			\$	
				\$			\$	