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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. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				1 Rents		OMB No. 1545-0115		Miscellaneous Information Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.
				\$		2021 Form 1099-MISC		
				2 Royalties				
PAYER'S TIN XX-XXXXXXX				3 Other income		4 Federal income tax withheld		
				\$		\$		
RECIPIENT'S TIN YY-YYYYYYY3				5 Fishing boat proceeds		6 Medical and health care payments		
RECIPIENT'S name Recipient Name				7 Payer made direct sales totaling \$5,000 or more of consumer products to 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 City, State 11111				11 Fish purchased for resale		12 Section 409A deferrals		
Account number (see instructions) XXXXX				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.		
				\$		\$		
				\$		\$		

Form 1099-MISC

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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