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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		<b>Miscellaneous Income</b>
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$		2017		
				2 Royalties				
PAYER'S federal identification number  XX-XXXXXXX				\$		Form 1099-MISC		<b>Copy A For Internal Revenue Service Center</b>
				RECIPIENT'S identification number  YY-YYYYYYY3				
RECIPIENT'S name				3 Other income		4 Federal income tax withheld		
Street address (including apt. no.) Recipient Name				5 Fishing boat proceeds		6 Medical and health care payments		
City or town, state or province, country, and ZIP or foreign postal code Line 2				\$		\$		
City, State 11111				7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		
Account number (see instructions) XXXXX				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		
FATCA filing requirement <input type="checkbox"/>				11		12		
2nd TIN not <input type="checkbox"/>				13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
15a Section 409A deferrals				16 State tax withheld		17 State/Payer's state no.		
15b Section 409A income				18 State income				
\$				\$		\$		

Form 1099-MISC

Cat. No. 14425J

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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