

☐ CORRECTED (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 2016 Form 1099-MISC	Miscellaneous Income	
		\$				
		2 Royalties				
		\$				
PAYER'S federal identification number		RECIPIENT'S identification number		3 Other income	4 Federal income tax withheld	Copy 2 To be filed with recipient's state income tax return, when required.
				\$	\$	
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Fishing boat proceeds		6 Medical and health care payments		
		\$		\$		
		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		
		\$		\$		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		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	12	
				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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