

☐ CORRECTED (if checked)

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 2014 Form 1099-MISC		Miscellaneous Income
		\$			
		2 Royalties			
\$	3 Other income	4 Federal income tax withheld			
\$	\$				
PAYER'S federal identification number XX-XXXXXXX	RECIPIENT'S identification number YY-YYYYYYY3	5 Fishing boat proceeds	6 Medical and health care payments		
\$	\$				
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 Line 2 City or town, state or province, 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		
\$	\$				
Account number (see instructions) XXXXXX		11	12		
15a Section 409A deferrals \$		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
		\$	\$		
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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