

☐ 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 Information</b>		
		\$		<b>2021</b>				
		2 Royalties						
		\$		Form <b>1099-MISC</b>				
PAYER'S TIN		RECIPIENT'S TIN		3 Other income		4 Federal income tax withheld		<b>Copy 1 For State Tax Department</b>
				\$		\$		
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 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				
		\$		\$				
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		9 Crop insurance proceeds		10 Gross proceeds paid to an attorney		
				\$		\$		
				11 Fish purchased for resale		12 Section 409A deferrals		
				\$		\$		
				13 Excess golden parachute payments		14 Nonqualified deferred compensation		
				\$		\$		
				15 State tax withheld		16 State/Payer's state no.		17 State income
				\$		\$		\$
				\$		\$		\$

Form **1099-MISC**

[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service

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