

☐ 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	Miscellaneous Income
		\$	2014	
		2 Royalties		
PAYER'S federal identification number XX-XXXXXXX		Form 1099-MISC		Copy B For Recipient
		4 Federal income tax withheld		
		\$		
RECIPIENT'S identification number YY-YYYYYYY3		5 Fishing boat proceeds	6 Medical and health care payments	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 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	
		\$	\$	
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	
		\$	\$	
		11	12	
15a Section 409A deferrals \$		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	18 State income \$
		\$	\$	
		16 State tax withheld	17 State/Payer's state no.	
15b Section 409A income \$		\$	\$	\$

Form **1099-MISC** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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		\$	2014	
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PAYER'S federal identification number XX-XXXXXXX		Form 1099-MISC		Copy B For Recipient
		4 Federal income tax withheld		
		\$		
RECIPIENT'S identification number YY-YYYYYYY2		5 Fishing boat proceeds	6 Medical and health care payments	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 City or town, state or province, country, and ZIP or foreign postal code City, State 11111		\$	\$	
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15b Section 409A income \$		\$	\$	\$

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