

☐ VOID ☐ CORRECTED

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 2018 Form 1099-MISC		Miscellaneous Income	
		\$				
		2 Royalties				
PAYER'S TIN XX-XXXXXXX		RECIPIENT'S TIN YY-YYYYYYY3		3 Other income	4 Federal income tax withheld	Copy 1 For State Tax Department
				\$	\$	
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		5 Fishing boat proceeds	6 Medical and health care payments	Copy 1 For State Tax Department		
		\$	\$			
		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		FATCA filing requirement <input type="checkbox"/>	11	12	Copy 1 For State Tax Department	
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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