

☐ 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  <b>2019</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>
		\$			
		2 Royalties			
		\$			
		3 Other income		4 Federal income tax withheld	<b>Copy 2</b> <b>To be filed with recipient's state income tax return, when required.</b>
		\$		\$	
PAYER'S TIN		RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments	
			\$	\$	
RECIPIENT'S name		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		\$		\$	
Street address (including apt. no.)		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	
				\$	
City or town, state or province, country, and ZIP or foreign postal code		11		12	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	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](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service

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