\$ Form 1099-MISC  3 Other income \$ Federal income tax withheld \$ \$ Federal income tax withheld \$ \$ Federal income tax withheld \$ \$ Fishing boat proceeds \$ 6 Medical and health care payments \$ 6 Medical and health care payments \$ 7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale \$ 8 Substitute payments in lieu of dividends or interest \$ \$ \$ Street address (including apt. no.)  9 Crop insurance proceeds \$ 10 Gross proceeds paid to an attorney  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			CTED (if checked)		
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PAYER'S TIN  RECIPIENT'S TIN  RECIPIENT'S TIN  S Fishing boat proceeds  S Medical and health care payments  To be filled with recipient's state income tax return, when required.  S Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale  S To pe filled with recipient's state income tax return.  S To be filled with recipient's state income tax return.  When required.  S Street address (including apt. no.)  9 Crop insurance proceeds  10 Gross proceeds paid to an attorney  \$ \$  11 Fish purchased for resale  \$ \$  Account number (see instructions)  FATCA filing requirement  13 Excess golden parachute payments  \$ \$  15 State tax withheld  \$ State/Payer's state no.  \$ \$  \$ \$  17 State income  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$				2021	Miscellaneous Information
RECIPIENT'S TIN  RECIPIENT'S TIN  S Fishing boat proceeds  S Medical and health care payments  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or interest  S Medical and health care payments in lieu of dividends or inter			\$	Form 1099-MISC	
PAYER'S TIN  RECIPIENT'S name  To be filed with recipient's state income tax return, when required.  7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale  9 Crop insurance proceeds  10 Gross proceeds paid to an attorney  \$  City or town, state or province, country, and ZIP or foreign postal code  11 Fish purchased for resale  \$  12 Section 409A deferrals  \$  Account number (see instructions)  FATCA filling requirement  PATCA filling requirement  15 State tax withheld  15 State tax withheld  16 State/Payer's state no.  17 State income  17 State income  18 State income tax return, when required.  To be filed with recipient's state income tax return, when required.  To be filed with recipient's state income tax return, when required.  To be filed with recipient's state income tax return, when required.  To be filed with recipient's state income tax return, when required.  To be filed with recipient's state income tax return, when required.  To be filed with recipient's state income tax return, when required.			3 Other income	4 Federal income tax withheld	
RECIPIENT'S name  \$			\$	\$	Copy 2
RECIPIENT'S name  7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	PAYER'S TIN	RECIPIENT'S TIN			recipient's state
City or town, state or province, country, and ZIP or foreign postal code  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	RECIPIENT'S name		totaling \$5,000 or more of consumer products to	dividends or interest	
City or town, state or province, country, and ZIP or foreign postal code  11 Fish purchased for resale  \$ \$ Account number (see instructions)  FATCA filing requirement  \$ \$ \$ \$ \$ 14 Nonqualified deferred compensation  \$ \$ \$ \$ \$ 15 State tax withheld  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Street address (including apt. no.)			attorney	
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15 State tax withheld \$ \$ \$ \$	Account number (see instructions)	, o	· ·	· · · · · · · · · · · · · · · · · · ·	]
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Department of the Treasury - Internal Revenue Service

	☐ CORRI	ECTED (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	
		\$ 2 Royalties	2021	Miscellaneous Information
		\$	Form 1099-MISC	
		3 Other income	4 Federal income tax withheld	
		\$	\$	Copy 2
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments	recipient's state income tax return,
		\$	\$	when required.
RECIPIENT'S name		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	8 Substitute payments in lieu of dividends or interest	
Street address (including apt. no.)		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney	
		\$	\$	
City or town, state or province, country, and ZIP or foreign postal code		11 Fish purchased for resale	12 Section 409A deferrals	
		\$	\$	
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Nonqualified deferred compensation	
		\$	\$	
		15 State tax withheld	16 State/Payer's state no.	17 State income
		T-\$	†	† <u>\$</u>