

☐ 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 2021 Form 1099-MISC	Miscellaneous Information Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.		
		\$					
		2 Royalties					
\$		3 Other income		4 Federal income tax withheld			
\$		\$		\$			
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds			6 Medical and health care payments	
XX-XXXXXXX	YY-YYYYYYY3		\$			\$	
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			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	
			\$			\$	
			9 Crop insurance proceeds			10 Gross proceeds paid to an attorney	
			\$		\$		
Account number (see instructions) XXXXX			FATCA filing requirement <input type="checkbox"/>		2nd TIN not <input type="checkbox"/>		
			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

Department of the Treasury - Internal Revenue Service

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