

☐ 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 2015 Form 1099-MISC	Miscellaneous Income
		\$			
		2 Royalties			
		\$			
PAYER'S federal identification number		RECIPIENT'S identification number		3 Other income	4 Federal income tax withheld
				\$	\$
RECIPIENT'S name		5 Fishing boat proceeds		6 Medical and health care payments	Copy 2 To be filed with recipient's state income tax return, when required.
		\$		\$	
Street address (including apt. no.)		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		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)		FATCA filing requirement <input type="checkbox"/>		11	12
15a Section 409A deferrals		15b Section 409A income		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney
				\$	
\$		\$		16 State tax withheld	17 State/Payer's state no.
				\$	\$
				\$	\$
				\$	\$

Form **1099-MISC**

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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