

☐ 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 2020 Form 1099-MISC	Miscellaneous Income	
		2 Royalties \$			
		3 Other income \$			
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYYY3	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 \$
		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (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) XXXXXX	FATCA filing requirement <input type="checkbox"/>	11	12 Section 409A deferrals \$		
		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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