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☐ 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		Miscellaneous Income Copy A For Internal Revenue Service Center			
		\$		2014 Form 1099-MISC					
		2 Royalties							
3 Other income		4 Federal income tax withheld		File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns.					
\$		\$							
5 Fishing boat proceeds		6 Medical and health care payments							
\$		\$							
7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest							
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		2014 General Instructions for Certain Information Returns.					
\$		\$							
11		12							
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**

Cat. No. 14425J

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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