| | | ECTED (if checked) | | | |
|--|--|--|--|--|--|
| PAYER'S name, street address, city or foreign postal code, and telephone | or town, state or province, country, ZIP no. | 1 Rents | OMB No. 1545-0115 | | |
| Payer Name, LLC Address Line 1 | | \$ 2 Royalties | 2020 | Miscellaneou Incom | |
| City, State 00000 | | \$ | Form 1099-MISC | | |
| (555) 555-5555 | | 3 Other income | 4 Federal income tax wi | ithheld Copy | |
| (333) 333 333 | | \$ | \$ | For Recipie | |
| PAYER'S TIN | RECIPIENT'S TIN | 5 Fishing boat proceeds | 6 Medical and health care pa | | |
| XX-XXXXXX | YY-YYYYYY3 | \$ | \$ | | |
| RECIPIENT'S name Recipient Name | | 7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale | 8 Substitute payments in dividends or interest | This is important ta information and i being furnished to the IRS. If you ar required to file return, a negligenc penalty or othe sanction may be imposed on you | |
| Street address (including apt. no.) | | 9 Crop insurance proceeds | 10 Gross proceeds paid attorney | | |
| Street Address Line 1 Line 2 | | \$ | \$ | | |
| City or town, state or province, country | ry, and ZIP or foreign postal code | 11 | 12 Section 409A deferrals | | |
| City, State 11111 | | | \$ | this income taxable and the I | |
| Account number (see instructions) | FATCA filing requirement | 13 Excess golden parachute payments | 14 Nonqualified deferred compensation | | |
| XXXXX | | \$ | \$ | reporte | |
| | | 15 State tax withheld | 16 State/Payer's state no | o. 17 State income | |
| Form 1099-MISC (keep fo | r your records) www | w.irs.gov/Form1099MISC | Department of the Tree | asury - Internal Revenue Servi | |

www.irs.gov/Form1099MISC

| | | | | CTED (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 | | | | |
| Payer Name, LLC | | | | \$ | 2020 | , I | Miscellaneous | |
| Address Line 1 | | | | 2 Royalties | | | Income | |
| City, State 00000 (555) 555-5555 | | | | \$ | Form 1099-MISC | | | |
| | | | | 3 Other income | 4 Federal income tax | withheld | Сору В | |
| | | | | \$ | \$ | | For Recipient | |
| PAYER'S TIN | RECIPIENT'S | STIN | | 5 Fishing boat proceeds | 6 Medical and health care | payments | | |
| XX-XXXXXXX | YY-Y | YYYYY | 2 | | | | | |
| 70 (70 0 0 0 0 0 0 | ' ' ' | | | \$ | \$ | | | |
| RECIPIENT'S name | | | | 7 Payer made direct sales of | 8 Substitute payments | | This is important tax | |
| Recipient Name | | | | \$5,000 or more of consumer products to a buyer (recipient) for resale | dividends or interest | | information and is being furnished to | |
| Street address (including apt. no.) | | | | 9 Crop insurance proceeds | 10 di coo pi coccao para to air | | the IRS. If you are required to file a | |
| Street Address Line 1 | | | | \$ | attorney | | return, a negligence penalty or other | |
| City or town, state or province, country, and ZIP or foreign postal code | | | al code | 11 | 12 Section 409A deferr | rals | sanction may be | |
| City, State 11111 | | | | | \$ | | imposed on you if this income is taxable and the IRS | |
| Account number (see instructions) | | | | 13 Excess golden parachute | 14 Nonqualified deferre | ed | determines that it has not been | |
| XXXXX | re | equirement | | payments \$ | compensation | | reported. | |
| | | | | 15 State tax withheld | 16 State/Payer's state | no. | 17 State income | |
| | | | | \$ | | | \$ | |
| | | | | 1 0 | 1 | | l dr | |

(keep for your records)

Department of the Treasury - Internal Revenue Service