

☐ VOID ☐ CORRECTED

|   |                                   |  |                                       |  |  |   |
|---|-----------------------------------|--|---------------------------------------|--|--|---|
| 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                                      |  | <b>Miscellaneous Income</b>   |
|   |                                   | \$   |                                       | 2017   |  |   |
|   |                                   | 2 Royalties  |                                       |  |  |   |
|   |                                   | \$   |                                       | Form 1099-MISC   |  | <b>Copy C For Payer</b>   |
|   |                                   | 3 Other income   |                                       | 4 Federal income tax withheld                          |  |   |
|   |                                   | \$   |                                       | \$   |  |   |
| PAYER'S federal identification number   | RECIPIENT'S identification number | 5 Fishing boat proceeds  |                                       | 6 Medical and health care payments                     |  | For Privacy Act and Paperwork Reduction Act Notice, see the <b>2017 General Instructions for Certain Information Returns.</b> |
|   |                                   | \$   |                                       | \$   |  |   |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City or town, state or province, country, and ZIP or foreign postal code |                                   | 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                             |  |   |
|   |                                   | 11   |                                       | 12   |  |   |
| Account number (see instructions)   |                                   | FATCA filing requirement <input type="checkbox"/>  | 2nd TIN not. <input type="checkbox"/> | 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

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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