				CTED (if checked)				
PAYER'S name, street address, city or foreign postal code, and telephone		e or province,	country, ZIP	1 Rents	OMB No. 1545-0115			
Payer Name, LLC Address Line 1				\$ 2 Royalties	2021	Miscellaneous Information		
City, State 00000				 	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax	<u>l</u> withheld	ithheld	
				\$	\$		Copy 2	
PAYER'S TIN RECIPIENT'S TIN			70	5 Fishing boat proceeds 6 Medical and health care payments		payments	-	
XX-XXXXXX	YY-YYYYY3			\$	\$			
RECIPIENT'S name				7 Payer made direct sales totaling \$5,000 or more of	8 Substitute payments in lieu of dividends or interest			
Recipient Name				consumer products to recipient for resale	\$			
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid to an]	
Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code				\$ 11 Fish purchased for resale	attorney \$ 12 Section 409A defer	rale		
	iy, and Zii	or loreign pos	iai code	TT I isii puicilaseu ioi resale	12 Section 409A delei	iais		
City, State 11111				\$	\$			
Account number (see instructions)		FATCA filing requirement	1	13 Excess golden parachute payments	14 Nonqualified deferre compensation	ed		
XXXXX				\$	\$			
				15 State tax withheld	16 State/Payer's state	no.	17 State income	
				\$			\$	
				T\$	T		\$	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

			CORRE	CTED (if checked)				
PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no.				1 Rents	OMB No. 1545-0115			
Payer Name, LLC Address Line 1 City, State 00000				\$ 2 Royalties	2021	Miscellaneous Information		
				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax w	ithheld		
				\$	\$		Copy 2	
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYY2			5 Fishing boat proceeds	6 Medical and health care p	,	To be filed with recipient's state income tax return,	
				\$	\$		when required.	
RECIPIENT'S name				7 Payer made direct sales	8 Substitute payments in lieu of			
Recipient Name				totaling \$5,000 or more of consumer products to recipient for resale	dividends or interest			
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid to an			
Street Address Line 1					attorney \$			
				\$			_	
City or town, state or province, country, and ZIP or foreign postal code				11 Fish purchased for resale	12 Section 409A deferrals			
City, State 11111								
				\$	\$			
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Nonqualified deferred compensation	l		
XXXXX				\$	\$			
				15 State tax withheld	16 State/Payer's state n	10.	17 State income	
				\$			\$	
				1\$			\$	