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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.  <b>Payer Name, LLC</b> <b>Address Line 1</b> <b>City, State 00000</b> <b>(555) 555-5555</b>				1 Rents		OMB No. 1545-0115		<b>Miscellaneous Income</b>
				\$		<b>2020</b> Form <b>1099-MISC</b>		
				2 Royalties				
PAYER'S TIN  <b>XX-XXXXXXX</b>				3 Other income		4 Federal income tax withheld		<b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> <b>For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.</b>
				\$		\$		
RECIPIENT'S TIN  <b>YY-YYYYYYY3</b>				5 Fishing boat proceeds		6 Medical and health care payments		
RECIPIENT'S name  <b>Recipient Name</b>				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		
				\$		\$		
Street address (see instructions)  <b>Street Address Line 1</b> <b>Line 2</b>				9 Crop insurance proceeds		10 Gross proceeds paid to an attorney		
City or town, state or province, country, and ZIP or foreign postal code  <b>City, State 11111</b>				11		12 Section 409A deferrals		
Account number (see instructions)  <b>XXXXX</b>				13 Excess golden parachute payments		14 Nonqualified deferred compensation		
FATCA filing requirement <input type="checkbox"/> 2nd TIN not <input type="checkbox"/>				15 State tax withheld		16 State/Payer's state no.		
				\$		\$		
				\$		\$		

Form **1099-MISC**

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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				\$		<b>2020</b> Form <b>1099-MISC</b>		
				2 Royalties				
PAYER'S TIN  <b>XX-XXXXXXX</b>				3 Other income		4 Federal income tax withheld		<b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b> <b>For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.</b>
				\$		\$		
RECIPIENT'S TIN  <b>YY-YYYYYYY2</b>				5 Fishing boat proceeds		6 Medical and health care payments		
RECIPIENT'S name  <b>Recipient Name</b>				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		
				\$		\$		
Street address (see instructions)  <b>Street Address Line 1</b> <b>Line 2</b>				9 Crop insurance proceeds		10 Gross proceeds paid to an attorney		
City or town, state or province, country, and ZIP or foreign postal code  <b>City, State 11111</b>				11		12 Section 409A deferrals		
Account number (see instructions)  <b>XXXXX</b>				13 Excess golden parachute payments		14 Nonqualified deferred compensation		
FATCA filing requirement <input type="checkbox"/> 2nd TIN not <input type="checkbox"/>				15 State tax withheld		16 State/Payer's state no.		
				\$		\$		
				\$		\$		

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