

☐ 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>2021</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Information</b>
		2 Royalties \$			
		3 Other income \$			
4 Federal income tax withheld \$		5 Fishing boat proceeds \$		<b>Copy 1 For State Tax Department</b>	
PAYER'S TIN  XX-XXXXXXX		RECIPIENT'S TIN  YY-YYYYYYY3			
RECIPIENT'S name  <b>Recipient Name</b> Street address (including apt. no.) <b>Street Address Line 1</b> <b>Line 2</b> City or town, state or province, country, and ZIP or foreign postal code <b>City, State 11111</b>		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> \$			
8 Substitute payments in lieu of dividends or interest \$		9 Crop insurance proceeds \$		10 Gross proceeds paid to an attorney \$	
11 Fish purchased for resale \$		12 Section 409A deferrals \$			
13 Excess golden parachute payments \$		14 Nonqualified deferred compensation \$			
Account number (see instructions)  XXXXXX		FATCA filing requirement <input type="checkbox"/>			
15 State tax withheld \$		16 State/Payer's state no.		17 State income \$	

Form **1099-MISC**

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

☐ 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>2021</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Information</b>
		2 Royalties \$			
		3 Other income \$			
4 Federal income tax withheld \$		5 Fishing boat proceeds \$		<b>Copy 1 For State Tax Department</b>	
PAYER'S TIN  XX-XXXXXXX		RECIPIENT'S TIN  YY-YYYYYYY2			
RECIPIENT'S name  <b>Recipient Name</b> Street address (including apt. no.) <b>Street Address Line 1</b> City or town, state or province, country, and ZIP or foreign postal code <b>City, State 11111</b>		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> \$			
8 Substitute payments in lieu of dividends or interest \$		9 Crop insurance proceeds \$		10 Gross proceeds paid to an attorney \$	
11 Fish purchased for resale \$		12 Section 409A deferrals \$			
13 Excess golden parachute payments \$		14 Nonqualified deferred compensation \$			
Account number (see instructions)  XXXXXX		FATCA filing requirement <input type="checkbox"/>			
15 State tax withheld \$		16 State/Payer's state no.		17 State income \$	

Form **1099-MISC**

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service