

☐ CORRECTED (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  <b>2021</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Information</b>	
		\$				
		2 Royalties				
		\$				
		3 Other income		4 Federal income tax withheld		
		\$		\$		
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds		6 Medical and health care payments	
				\$		
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		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		
		\$		\$		
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments		14 Nonqualified deferred compensation	
			\$		\$	
		15 State tax withheld		16 State/Payer's state no.		17 State income
		\$				\$
		\$				\$

Form **1099-MISC** (keep for your records) [www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC) Department of the Treasury - Internal Revenue Service

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