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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.		1 Rents \$		OMB No. 1545-0115		<b>Miscellaneous Income</b>
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555		2 Royalties \$		2014 Form 1099-MISC		
		3 Other income \$				
PAYER'S federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld \$		<b>Copy A For Internal Revenue Service Center</b>
XX-XXXXXXX		YY-YYYYYYY3		5 Fishing boat proceeds \$		
RECIPIENT'S name		7 Nonemployee compensation \$		6 Medical and health care payments \$		
Street address (including apt. no.)		9 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 \$		<b>File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns.</b>
Recipient Name		10 Crop insurance proceeds \$		11		
Street Address Line 1		12		13 Excess golden parachute payments \$		
City or town, state or province, country, and ZIP or foreign postal code		14 Gross proceeds paid to an attorney \$		15 State/Payer's state no.		
City, State 11111		16 State tax withheld \$		17 State income \$		
Account number (see instructions)		2nd TIN not <input type="checkbox"/>		18 State income \$		
15a Section 409A deferrals \$		15b Section 409A income \$		16 State tax withheld \$		17 State/Payer's state no.
15a Section 409A deferrals \$		15b Section 409A income \$		16 State tax withheld \$		17 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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