

☐ 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>2015</b>  Form <b>1099-MISC</b>		<b>Miscellaneous Income</b>
		\$			
		2 Royalties			
		\$			
		3 Other income	4 Federal income tax withheld		<b>Copy 1</b> <b>For State Tax Department</b>
		\$	\$		
PAYER'S federal identification number <b>XX-XXXXXXX</b>		RECIPIENT'S identification number <b>YY-YYYYYYY3</b>		5 Fishing boat proceeds	
		\$	6 Medical and health care payments		
		\$	\$		
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 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
		\$	\$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds		
		\$	\$		
		11	12		
Account number (see instructions) <b>XXXXXX</b>		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments		14 Gross proceeds paid to an attorney
			\$		\$
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld	17 State/Payer's state no.
\$		\$		\$	18 State income
				\$	\$

Form **1099-MISC**

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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		\$	6 Medical and health care payments		
		\$	\$		
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