☐ 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 2020 Form 1099-MISC	Miscellaneous Income
		2 Royalties $		
		3 Other income $	4 Federal income tax withheld $	Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name		7 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ☐	8 Substitute payments in lieu of dividends or interest $	
Street address (including apt. no.)		9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	
City or town, state or province, country, and ZIP or foreign postal code		11	12 Section 409A deferrals $	
Account number (see instructions)	FATCA filing requirement ☐	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** www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

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