	∨	OID [CIED			
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		
				\$	2021	Miscellaneous	
				2 Royalties		Information	
				\$	Form 1099-MISC		
				3 Other income	4 Federal income tax wit	hheld Copy C	
				\$	\$	For Payer 6 Medical and health care payments	
PAYER'S TIN RECIPIENT'S TIN			5 Fishing boat proceeds	6 Medical and health care pay			
				\$	\$		
RECIPIENT'S name				7 Payer made direct sales	8 Substitute payments in	t For Privacy Act	
				totaling \$5,000 or more of	dividends or interest		
				consumer products to recipient for resale	\$	and Paperwork Reduction Act	
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid t attorney		
				\$	\$	Instructions for	
City or town, state or province, country, and ZIP or foreign postal code				11 Fish purchased for resale	12 Section 409A deferrals		
				\$	\$	Returns.	
Account number (see instructions)		FATCA filing requirement	2nd TIN not.	13 Excess golden parachute payments	14 Nonqualified deferred compensation		
				\$	\$		
				15 State tax withheld	16 State/Payer's state no	o. 17 State income	
				\$		\$	
				\$		\$	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service