VOID CORRECTED

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PAYER’S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  ${place\_name}  ${place\_street}  ${place\_city}  ${place\_zipcode} | | | | **1** Rents  $ | OMB No. 1545-0115  **20**19  Form **1099-MISC** | **Miscellaneous**  **Income** | |
| **2** Royalties  $ |
| **3** Other income  $ | **4** Federal income tax withheld  $ | | **Copy 1**  **For State Tax**  **Department** |
| PAYER’S TIN  ${place\_taxcode} | RECIPIENT’S TIN | | | **5** Fishing boat proceeds  $ | **6** Medical and health care payments  $ | |
| RECIPIENT’S name  ${worker\_name}  Street address (including apt. no.)  ${worker\_address}  City or town, state or province, country, and ZIP or foreign postal code | | | | **7** Nonemployee compensation  $ ${nomemployee} | **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 ▶ | **10** Crop insurance proceeds  $ | |
| **11** | **12** | |
| Account number (see instructions) | | FATCA filing requirement |  | **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