

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Sample Contractor Co.		1 Rents \$ 5000.00	OMB No. 1545-0115 Form 1099-MISC (Rev. April 2025) For calendar year _____		Miscellaneous Information
		2 Royalties \$ 300.00			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S TIN 567 Services Ave, Contractor City, ST 67890	RECIPIENT'S TIN 98-7654321	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name 45-6789012 Street address (including apt. no.) Freelancer John City or town, state or province, country, and ZIP or foreign postal code 678 Freelance Blvd, Freelancer City, ST 34567		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$		Copy 1 For State Tax Department
		9 Crop insurance proceeds \$ NY	10 Gross proceeds paid to an attorney \$		
		11 Fish purchased for resale \$ 50.00	12 Section 409A deferrals \$		
<input type="checkbox"/> 13 FATCA filing requirement		14	15 Nonqualified deferred compensation \$		
Account number (see instructions)		16 State tax withheld \$ \$	17 State/Payer's state no.	18 State income \$ \$	