

☐ VOID ☐ CORRECTED

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			
\$		\$					
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds			6 Medical and health care payments	
987-654-321			\$			\$	
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest			
		\$		\$			
		9 Crop insurance proceeds		10 Gross proceeds paid to an attorney			
\$		\$					
11		12 Section 409A deferrals					
\$		\$					
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments		14 Nonqualified deferred compensation			
123456	<input type="checkbox"/>	\$		\$			
		15 State tax withheld		16 State/Payer's state no.		17 State income	
		\$				\$	
		\$				\$	

**Copy 1
For State Tax
Department**

Form **1099-MISC**

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service