topmostSubform[0].CopyB[0].CopyHeader[0].c2_1[0]

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. topmostSubform[0].CopyB[0].LeftColumn[0].f2_2[0]	**1** Rents topmostSubform[0].CopyB[0].RightColumn[0].f2_9[0] $	OMB No. 1545-0115 Form **1099-MISC** (Rev. April 2025) For calendar year topmostSubform[0].CopyB[0].CopyHeader[0].Calendar	**Miscellaneous Information**
	2 Royalties topmostSubform[0].CopyB[0].RightColumn[0].f2_10[0] $ topmostSubform[0].CopyB[0].RightColumn[0].f2_12[0]		
topmostSubform[0].CopyB[0].LeftColumn[0].f2_3[0] topmostSubform[0].CopyB[0].LeftColumn[0].f2_4[0]	**3** Other income $	**4** Federal income tax withheld $	**Copy B** **For Recipient**
PAYER'S TIN RECIPIENT'S TIN topmostSubform[0].CopyB[0].LeftColumn[0].f2_5[0]	**5** Fishing boat proceeds $	**6** Medical and health care payments topmostSubform[0].CopyB[0].RightColumn[0].f2_14[0] $	
RECIPIENT'S name topmostSubform[0].CopyB[0].LeftColumn[0].f2_6[0]	**7** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	**8** Substitute payments in lieu of dividends or interest $	**9** topmostSubform[0].CopyB[0].RightColumn[0].f2_15[0] This is important tax information and is being furnished to the IRS. If you are required to file a
Street address (including apt. no.) topmostSubform[0].CopyB[0].LeftColumn[0].f2_7[0]	**9** Crop insurance proceeds $	**10** Gross proceeds paid to an attorney $	topmostSubform[0].CopyB[0].RightColumn[0].f2_17[0] return, a negligence penalty or other
City or town, state or province, country, and ZIP or foreign postal code	**11** Fish purchased for resale $	**12** Section 409A deferrals $	topmostSubform[0].CopyB[0].RightColumn[0].f2_19[0] penalty may be imposed on you if this income is taxable and the IRS
13 FATCA filing requirement ☐ topmostSubform[0].CopyB[0].LeftColumn[0].f2_8[0]	**14** topmostSubform[0].CopyB[0].RightColumn	**15** Nonqualified deferred compensation $	topmostSubform[0].CopyB[0].RightColumn[0].f2_21[0] determines that it has not been reported.
Account number (see instructions)	**16** State tax withheld $ $	**17** State/Payer's state no.	**18** State income $ $

Form **1099-MISC** (Rev. 4-2025)   (keep for your records)   www.irs.gov/Form1099MISC   Department of the Treasury - Internal Revenue Service