			CORRE	CTED (if checked)			
PAYER'S name, street address, city or or foreign postal code, and telephone in		or province,	country, ZIP	1 Rents	OMB No. 1545-0115		
TOP FLOOR DESIGNS TOP FLOOR DESIGNS		ORATIO	NO	\$ 2 Royalties	2017	ľ	Miscellaneous Income
225 CLEVELAND AVE LONG BRANCH NJ 07					- 4000 14100		moonie
LONG BRANCH NO 07	740			\$ 3 Other income	Form 1099-MISC 4 Federal income tax wi	thhold	Conv. P
732-492-3034				\$	\$	tririeiu	Copy B For Recipient
PAYER'S federal identification number	RECIPIENT	Γ'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care pa	ayments	•
45-0612334	902	1-94-4	742	\$	\$		
RECIPIENT'S name RUBIO CRUZ				7 Nonemployee compensation	8 Substitute payments in dividends or interest	n lieu of	information and is
Street address (including apt. no.)				\$ 3240.00	\$		being furnished to the Internal Revenue Service. If you are
354 MORRIS AVE			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds		required to file a return, a negligence penalty or other	
City or town, state or province, country, and ZIP or foreign postal code			(recipient) for resale ▶ □	\$		sanction may be	
LONG BRANCH NJ 07	/ 1 U			11	12		imposed on you if this income is
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds paid attorney	to an	taxable and the IRS determines that it has not been
				l &			reported

\$

15a Section 409A deferrals

\$ (keep for your records)

15b Section 409A income

www.irs.gov/form1099misc

\$

16 State tax withheld

Department of the Treasury - Internal Revenue Service

\$

18 State income

Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

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FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

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Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			·	OMB No. 1545-0115		
TOP FLOOR DESIGNS CORPORATION TOP FLOOR DESIGNS			ties	2017	ı	Miscellaneous Income
225 CLEVELAND AVI		Ziloyan	.103			IIICOIIIC
LONG BRANCH NJ 0'	7740	\$		Form 1099-MISC		
		3 Other	income	4 Federal income tax	withheld	
732-492-3034		\$		\$		Copy 2
PAYER'S federal identification number	RECIPIENT'S identification nur	mber 5 Fishin	g boat proceeds	6 Medical and health care	. ,	To be filed with recipient's state income tax return,
45-0612334	901-94-4742	\$		\$		when required.
RECIPIENT'S name RUBIO CRUZ		7 Noner	nployee compensation	8 Substitute payments dividends or interest		
Street address (including apt. no.)		\$	3240.00	\$		
354 MORRIS AVE		\$5,000	made direct sales of or more of consumer	10 Crop insurance pro	ceeds	
City or town, state or province, count	y, and ZIP or foreign postal cod		cts to a buyer ent) for resale ►	\$		
LONG BRANCH NJ 07740				12		
Account number (see instructions)	FATCA filing requirement	13 Exces payme	s golden parachute ents	14 Gross proceeds pa attorney	id to an	
		\$		\$		
15a Section 409A deferrals	15b Section 409A income	16 State	tax withheld	17 State/Payer's state	no.	18 State income
		\$				\$
\$	\$	\$				\$

www.irs.gov/form1099misc

		CORRE	CTED (if checked)			
PAYER'S name, street address, city or or foreign postal code, and telephone r		country, ZIP	1 Rents	OMB No. 1545-0115		
TOP FLOOR DESIGNS		\$ 2 Royalties	2017	ľ	Miscellaneous Income	
225 CLEVELAND AVE LONG BRANCH NJ 07			\$	Form 1099-MISC		
732-492-3034			3 Other income	4 Federal income tax v	vithheld	Copy B For Recipient
PAYER'S federal identification number $45-0612334$	RECIPIENT'S identification 955-72-5		5 Fishing boat proceeds	6 Medical and health care p	payments	
RECIPIENT'S name LUIS ALBERTO MONTERROSA			7 Nonemployee compensation	Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to the Internal Revenue
Street address (including apt. no.) 144 WESTWOOD AVE	APT 1A		\$ 8650.00 9 Payer made direct sales of	\$ 10 Crop insurance prod	Service. If you are required to file a	
City or town, state or province, country, and ZIP or foreign postal code			\$5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	\$ 12		return, a negligence penalty or other sanction may be imposed on you if this income is
Account number (see instructions)	FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds paid attorney	d to an	taxable and the IRS determines that it has not been reported.

\$

15a Section 409A deferrals

\$ (keep for your records)

15b Section 409A income

www.irs.gov/form1099misc

16 State tax withheld

Department of the Treasury - Internal Revenue Service

18 State income

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CORRECTED	(if checked)
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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		
TOP FLOOR DESIGNS CORPORATION TOP FLOOR DESIGNS			\$ 2 Royalties	2017	ı	Miscellaneous Income
225 CLEVELAND AVI			2 noyaliles			ilicome
LONG BRANCH NJ 0'			\$	Form 1099-MISC		
			3 Other income	4 Federal income tax v	withheld	
732-492-3034			\$	\$		Copy 2
PAYER'S federal identification number	RECIPIEN ⁻	Γ'S identification number	5 Fishing boat proceeds	6 Medical and health care	. ,	To be filed with recipient's state income tax return,
45-0612334	95!	5-72-5567	\$	\$		when required.
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments		
LUIS ALBERTO MONT	ΓERROS	SA		dividends or interest		
Street address (including apt. no.)			\$ 8650.00	\$		
144 WESTWOOD AVE	APT 1	Α.	9 Payer made direct sales of	10 Crop insurance prod	ceeds	
			\$5,000 or more of consumer products to a buyer			
City or town, state or province, count		r foreign postal code	(recipient) for resale ►	\$		
LONG BRANCH NJ 0'	/ / 40		11	12		
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid attorney	d to an	
			\$	\$		
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld	17 State/Payer's state	no.	18 State income
			\$			\$
\$	\$		\$			\$

www.irs.gov/form1099misc

			CORRE	CTED (if checked)			
PAYER'S name, street address, city o or foreign postal code, and telephone	,	e or province,	country, ZIP	1 Rents	OMB No. 1545-0115		
TOP FLOOR DESIGNS		PORATI(ON	\$ 2 Royalties	2017	ı	Miscellaneous Income
225 CLEVELAND AVE LONG BRANCH NJ 07				\$	Form 1099-MISC		_
732-492-3034				3 Other income	4 Federal income tax	withheld	Copy E
PAYER'S federal identification number	RECIPIEN	T'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care	payments	For Recipien
45-0612334	73	2-09-0	862	\$	\$		
RECIPIENT'S name YINNA CELESTE NUNES CONCEPCION			7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		This is important ta information and i being furnished to	
Street address (including apt. no.)				\$ 24141.00	\$		the Internal Revenu Service. If you ar
38-18 199TH ST City or town, state or province, country, and ZIP or foreign postal code CORONA NY 11368			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds		required to file return, a negligenc	
			products to a buyer (recipient) for resale ►	\$		penalty or othe sanction may b	
			11	12		imposed on you this income i	
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds pai attorney	d to an	taxable and the IRS determines that has not bee
				1 &	¢.		reported

\$

15a Section 409A deferrals

\$ (keep for your records)

15b Section 409A income

www.irs.gov/form1099misc

\$

16 State tax withheld

Department of the Treasury - Internal Revenue Service

18 State income

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PAYER'S name, street address, city o or foreign postal code, and telephone		1 Rents	OMB No. 1545-0115	
TOP FLOOR DESIGNS		\$ 2 Royalties	2017	Miscellaneous Income
225 CLEVELAND AVE	7.	Ziloyanies		IIICOIIIC
LONG BRANCH NJ 07	=	\$	Form 1099-MISC	
		3 Other income	4 Federal income tax withheld	
732-492-3034		\$	\$	Copy 2
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	recipient's state income tax return,
45-0612334	732-09-0862	\$	\$	when required.
RECIPIENT'S name YINNA CELESTE NUN	NES CONCEPCION	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	f
Street address (including apt. no.) 38-18 199TH ST		\$ 24141.00 9 Payer made direct sales of	\$ 10 Crop insurance proceeds	<u> </u>
City or town, state or province, countr	y, and ZIP or foreign postal code	\$5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	\$ 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
		\$		\$
\$	\$	\$		\$

www.irs.gov/form1099misc

			CORRE	CTED (i	f checked)			
PAYER'S name, street address, city o or foreign postal code, and telephone	,	e or province,	country, ZIP	1 Rents		OMB No. 1545-0115		
TEAD ELOOD DECLANC			\$ 2 Royalt	ies	2017	ı	Miscellaneous Income	
225 CLEVELAND AVE LONG BRANCH NJ 07				\$		Form 1099-MISC		
732-492-3034				3 Other	income	4 Federal income tax	withheld	Copy E For Recipien
PAYER'S federal identification number	RECIPIEN'	T'S identificati	on number	5 Fishing	g boat proceeds	6 Medical and health car	re payments	
45-0612334	93	2-94-9	341	\$		\$		
RECIPIENT'S name JUAN CARLOS PORTILLO HERNANDEZ Street address (including apt. no.) 135 ROCKWELL AVE City or town, state or province, country, and ZIP or foreign postal code LONG BRANCH NJ 07740			7 Nonen	nployee compensation	8 Substitute payments in lieu of dividends or interest		This is important ta	
			\$	12540.00	\$	being furnished to the Internal Revenu Service. If you an required to file a return, a negligence penalty or othe		
			\$5,000	made direct sales of or more of consumer ets to a buyer	10 Crop insurance proceeds \$ 12			
			(recipie	ent) for resale ►			sanction may be imposed on you this income i	
Account number (see instructions)		FATCA filing requirement		13 Excess payme	s golden parachute ents	14 Gross proceeds p attorney	aid to an	taxable and the IRS determines that has not bee
				Ι φ		ф		reported

\$

15a Section 409A deferrals

\$ (keep for your records)

15b Section 409A income

www.irs.gov/form1099misc

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Department of the Treasury - Internal Revenue Service

\$

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Box 5. An amount in this box means the fishing boat operator considers you selfemployed. Report this amount on Schedule C (Form 1040). See Pub. 334. **Box 6.** For individuals, report on Schedule C (Form 1040). Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

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CORRE	CTED	(if	checked)

PAYER'S name, street address, city o or foreign postal code, and telephone		ountry, ZIP	1 Rents	OMB No. 1545-0115	
TOP FLOOR DESIGNS		1	\$ 2 Royalties	2017	Miscellaneous Income
225 CLEVELAND AVE	1 1		,		
LONG BRANCH NJ 07	740		\$	Form 1099-MISC	
			3 Other income	4 Federal income tax with	neld
732-492-3034			\$	\$	Copy 2
PAYER'S federal identification number	RECIPIENT'S identification	number	5 Fishing boat proceeds	6 Medical and health care paym	10 be illed with
					recipient's state income tax return,
45-0612334	932-94-93	41	\$	\$	when required.
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in li	eu of
JUAN CARLOS PORTI	LLO HERNANDE	EZ		dividends or interest	
Street address (including apt. no.)			\$ 12540.00	\$	
135 ROCKWELL AVE			9 Payer made direct sales of	10 Crop insurance proceed	ds.
133 1031111212 1112			\$5,000 or more of consumer	To or op mountained process	
City or town, state or province, countr	y, and ZIP or foreign postal	code	products to a buyer (recipient) for resale ▶	\$	
LONG BRANCH NJ 07	740		<u>'</u>	12	
Account number (see instructions)	FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds paid to attorney	an
			\$	\$	
15a Section 409A deferrals	15b Section 409A income		16 State tax withheld	17 State/Payer's state no.	18 State income
			\$		\$
\$	\$		\$		\$

www.irs.gov/form1099misc

☐ CORREC					(if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.					nts	OMB No. 1545-0115		
TOP FLOOR DESIGNS CORPORATION TOP FLOOR DESIGNS			\$ 2 Roy	valties	2017	ľ	Miscellaneous Income	
225 CLEVELAND AVE LONG BRANCH NJ 07740			\$		Form 1099-MISC	Form 1099-MISC		
732-492-3034			3 Oth	er income	4 Federal income tax	eral income tax withheld		
PAYER'S federal identification number RECIPIENT'S identification number			5 Fish	ning boat proceeds	6 Medical and health care	e payments		
45-0612334	82-1490106			\$		\$		
RECIPIENT'S name SOARES CONTRACTING LLC			7 Nor	nemployee compensation	8 Substitute payments in lieu of dividends or interest		This is important ta information and i	
			\$	115010.00	\$ 10 Crop insurance proceeds \$ 12		being furnished to the Internal Revenue Service. If you are	
			\$5,0	rer made direct sales of 000 or more of consumer ducts to a buyer			required to file return, a negligenc penalty or othe	
			(rec	ipient) for resale ►			sanction may be imposed on you this income i	
			1	ess golden parachute ments	14 Gross proceeds pa attorney	14 Gross proceeds paid to an attorney		
								reported

\$

15a Section 409A deferrals

\$ (keep for your records)

15b Section 409A income

www.irs.gov/form1099misc

\$

16 State tax withheld

Department of the Treasury - Internal Revenue Service

\$

18 State income

Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

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- Box 10. Report this amount on Schedule F (Form 1040).
- **Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.
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CORRECTED	(if checked)
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PAYER'S name, street address, city or foreign postal code, and telephone		e or province, country, ZIP	1 Rents	OMB No. 1545-0115		
TOP FLOOR DESIGNS CORPORATION TOP FLOOR DESIGNS			\$ 2 Royalties	2017	ı	Miscellaneous Income
225 CLEVELAND AVE			2 noyaliles			IIICOIIIE
LONG BRANCH NJ 07740		\$	Form 1099-MISC			
			3 Other income	4 Federal income tax v	withheld	
732-492-3034			\$	\$		Copy 2
PAYER'S federal identification number	RECIPIEN	T'S identification number	5 Fishing boat proceeds	6 Medical and health care	,	To be filed with recipient's state income tax return,
45-0612334	82	2-1490106	\$	\$		when required.
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments	in lieu of	
SOARES CONTRACTING LLC			dividends or interest			
Street address (including apt. no.)			\$ 115010.00	\$		
88 MILLER STREET			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance prod	ceeds	
City or town, state or province, country, and ZIP or foreign postal code		(recipient) for resale ►	\$			
NEWARK NJ 07114			11	12		
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid attorney	d to an	
			\$	\$		
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld	17 State/Payer's state	no.	18 State income
			\$			\$
\$	\$		\$			\$

www.irs.gov/form1099misc

		CORRE	CTED (if checked)			
PAYER'S name, street address, city or town, star or foreign postal code, and telephone no.	te or province,	country, ZIP	1 Rents	OMB No. 1545-0115		
TOP FLOOR DESIGNS COR	PORATIO	N	\$ 2 Royalties	2017	Miscellaneou Incom	
225 CLEVELAND AVE LONG BRANCH NJ 07740 732-492-3034			\$	Form 1099-MISC	Form 1099-MISC	
			3 Other income	4 Federal income tax wi	4 Federal income tax withheld	
AYER'S federal identification number RECIPIENT'S identification number			5 Fishing boat proceeds	6 Medical and health care pa	ayments	
45-0612334 3	\$	\$				
RECIPIENT'S name SUPERIOR WS COVERING LLC			7 Nonemployee compensation	8 Substitute payments in dividends or interest	n lieu of	information and is being furnished to
Street address (including apt. no.) 647 BROADWAY SUITE 148 City or town, state or province, country, and ZIP or foreign postal code			\$ 201776.00	\$	the Internal Revenue Service. If you are	
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proce	required to fil return, a negliger penalty or ot	
LONG BRANCH NJ 07740	(recipient) for resale ► ☐	12		sanction may be imposed on you if this income is taxable and the IRS		
requirement			13 Excess golden parachute payments	14 Gross proceeds paid attorney	to an	determines that it has not beer reported

\$

15a Section 409A deferrals

\$ (keep for your records)

15b Section 409A income

www.irs.gov/form1099misc

16 State tax withheld

Department of the Treasury - Internal Revenue Service

18 State income

Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

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- **Box 5.** An amount in this box means the fishing boat operator considers you selfemployed. Report this amount on Schedule C (Form 1040). See Pub. 334. **Box 6.** For individuals, report on Schedule C (Form 1040).

- **Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).
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- **Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).
- Box 10. Report this amount on Schedule F (Form 1040).
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CORRECTED (if checked)

PAYER'S name, street address, city o or foreign postal code, and telephone		IP 1 Rents	OMB No. 1545-0115		
TOP FLOOR DESIGNS		\$ 2 Royalties	2017	ľ	Miscellaneous
225 CLEVELAND AVE		2 Royallies			Income
LONG BRANCH NJ 07		\$	Form 1099-MISC		
		3 Other income	4 Federal income tax w	ithheld	
732-492-3034		\$	\$		Copy 2
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care p	,	To be filed with recipient's state income tax return,
45-0612334	32-0478624	\$	\$		when required.
RECIPIENT'S name		7 Nonemployee compensation	' '	in lieu of	
SUPERIOR WS COVER	RING LLC		dividends or interest		
Street address (including apt. no.)		\$ 201776.00	\$		
647 BROADWAY SUIT	TE 148	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proc	eeds	
City or town, state or province, countr	y, and ZIP or foreign postal code	(recipient) for resale ►	\$		
LONG BRANCH NJ 07	740	11	12		
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid attorney	d to an	
		\$	\$		
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state n	10.	18 State income
		\$			\$
\$	\$	\$			\$

www.irs.gov/form1099misc

☐ CORREC					(if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.					s	OMB No. 1545-0115		
TOP FLOOR DESIGNS CORPORATION TOP FLOOR DESIGNS			\$ 2 Roya	ılties	2017	1	Miscellaneous Income	
225 CLEVELAND AVE LONG BRANCH NJ 07740			\$		Form 1099-MISC	Form 1099-MISC		
732-492-3034			3 Othe	r income	4 Federal income tax	k withheld	Copy E For Recipien	
PAYER'S federal identification number	PRECIPIENT'S identification number 81-2626772			5 Fishi	ng boat proceeds	6 Medical and health care payments		
45-0612334				\$				
RECIPIENT'S name ULTIMATE CONTRACTING INC			7 None	mployee compensation	8 Substitute payments in lieu of dividends or interest		This is important ta information and i	
Street address (including apt. no.) 6522CASTOR AVE City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA PA 19149			\$	24858.00	\$ 10 Crop insurance proceeds \$ 12		being furnished to the Internal Revenu Service. If you an required to file a return, a negligence penalty or othe	
			\$5,00	r made direct sales of 00 or more of consumer ucts to a buyer				
			(recip	ient) for resale ►			sanction may be imposed on you this income i	
Account number (see instructions)		FATCA filing requirement		1	ss golden parachute nents	14 Gross proceeds p attorney	aid to an	taxable and the IRS determines that has not bee
				I &			renorted	

\$

15a Section 409A deferrals

\$ (keep for your records)

15b Section 409A income

www.irs.gov/form1099misc

\$

16 State tax withheld

Department of the Treasury - Internal Revenue Service

\$

18 State income

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CORF	RECTED (if	checked)
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PAYER'S name, street address, city or foreign postal code, and telephone		1 Rents	OMB No. 1545-0115	
TOP FLOOR DESIGNS		\$ 2 Royalties	2017	Miscellaneous Income
225 CLEVELAND AVI		2 hoyanies		IIICOIIIE
LONG BRANCH NJ 07740		\$	Form 1099-MISC	
		3 Other income	4 Federal income tax withhel	d
732-492-3034		\$	\$	Copy 2
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care paymen	To be filed with recipient's state income tax return,
45-0612334	81-2626772	\$	\$	when required.
RECIPIENT'S name ULTIMATE CONTRACT	ring inc	7 Nonemployee compensation	8 Substitute payments in lieu dividends or interest	of
Street address (including apt. no.)		\$ 24858.00	\$	
6522CASTOR AVE		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	
City or town, state or province, count	ry, and ZIP or foreign postal code	products to a buyer (recipient) for resale ▶	\$	
PHILADELPHIA PA	19149	11	12	
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to ar attorney	1
		\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
\$	\$	\$		\$

www.irs.gov/form1099misc