

☐ CORRECTED (if checked)

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					
		\$		2019					
		2 Royalties							
		\$		Form 1099-MISC					
PAYER'S TIN		RECIPIENT'S TIN		3 Other income		4 Federal income tax withheld		Copy B For Recipient	
				\$		\$			
RECIPIENT'S name		5 Fishing boat proceeds		6 Medical and health care payments		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
Street address (including apt. no.)		\$		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 <input type="checkbox"/>		10 Crop insurance proceeds					
City or town, state or province, country, and ZIP or foreign postal code		11		12					
		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney					
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income	
\$		\$		\$		\$		\$	