

9595



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	
		\$		Form 1099-MISC	
		2 Royalties		(Rev. January 2024)	
		\$		For calendar year _____	
		3 Other income		4 Federal income tax withheld	
		\$		\$	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds		6 Medical and health care payments	
		\$		\$	
RECIPIENT'S name		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	
				\$	
Street address (including apt. no.)		9 Crop insurance proceeds		10 Gross proceeds paid to an attorney	
		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		11 Fish purchased for resale		12 Section 409A deferrals	
		\$		\$	
		13 FATCA filing requirement <input type="checkbox"/>		14 Excess golden parachute payments	
		\$		15 Nonqualified deferred compensation	
		\$		\$	
Account number (see instructions)		2nd TIN not. <input type="checkbox"/>	16 State tax withheld	17 State/Payer's state no.	18 State income
			\$		\$
			\$		\$

Miscellaneous Information**Copy A**
For Internal Revenue Service Center**File with Form 1096.**
For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

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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		Miscellaneous Information
		\$	Form 1099-MISC		
		2 Royalties	(Rev. January 2024)		
\$	For calendar year _____				
3 Other income	4 Federal income tax withheld				
\$	\$		Copy 1 For State Tax Department		
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds			6 Medical and health care payments
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 totaling \$5,000 or more of consumer products to 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 Fish purchased for resale	12 Section 409A deferrals		
		\$	\$		
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
		\$	\$		
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income	
		\$		\$	
		\$		\$	

☐ 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	Miscellaneous Information
		\$	Form 1099-MISC	
		2 Royalties	(Rev. January 2024)	
\$	For calendar year _____			
		3 Other income	4 Federal income tax withheld	Copy B For Recipient
		\$	\$	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
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 totaling \$5,000 or more of consumer products to 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	
		\$	\$	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.
		11 Fish purchased for resale	12 Section 409A deferrals	
		\$	\$	
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments	
		\$	15 Nonqualified deferred compensation	
		\$	\$	
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
		\$		\$

☐ 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	Miscellaneous Information Copy 2 To be filed with recipient's state income tax return, when required.
		\$	Form 1099-MISC	
		2 Royalties	(Rev. January 2024)	
\$	For calendar year _____			
PAYER'S TIN	RECIPIENT'S TIN	3 Other income	4 Federal income tax withheld	
		\$	\$	
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
		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	
		\$	\$	
		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney	
		11 Fish purchased for resale	12 Section 409A deferrals	
		\$	\$	
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments	
Account number (see instructions)		\$	15 Nonqualified deferred compensation	
		\$	\$	
		16 State tax withheld	17 State/Payer's state no.	
		\$	18 State income	
		\$	\$	