

☐ 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	Copy C For Payer or State Copy or Copy 2 For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
RECIPIENT'S name, street address, 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			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	2nd TIN not. <input type="checkbox"/>	11		12 Section 409A deferrals
				\$	\$	
				13 Excess golden parachute payments	14 Nonqualified deferred compensation	
				\$	\$	
				15 State tax withheld	16 State/Payer's state no.	17 State income
				\$	\$	\$
			\$		\$	

Form **1099-MISC**www.irs.gov/Form1099MISCDepartment of the Treasury - Internal Revenue Service

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Form **1099-MISC**LMC/LM2www.irs.gov/Form1099MISC5112Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS