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 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		2019	Miscellaneous Income
		\$		2 Royalties			
		\$		3 Other income			
PAYER'S TIN		RECIPIENT'S TIN		4 Federal income tax withheld		Copy A For Internal Revenue Service Center	
				\$			
		5 Fishing boat proceeds		6 Medical and health care payments		File with Form 1096.	
		\$		\$			
RECIPIENT'S name		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.	
Street address (including apt. no.)		\$		\$			
City or town, state or province, country, and ZIP or foreign postal code		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			
		11		12			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		2nd TIN not. <input type="checkbox"/>			
						\$	
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.	
\$		\$		\$		\$	
						18 State income	
						\$	

Form 1099-MISC

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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