

☐ VOID ☐ 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 | |
| | | \$ | Form 1099-MISC | |
| | | 2 Royalties | (Rev. January 2024) | |
| | | \$ | For calendar year | |
| | | 3 Other income | 4 Federal income tax withheld | Miscellaneous Information Copy 2 To be Filed with Recipient's State or Local Income Tax Return, or 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, 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 |
| | | \$ | | \$ |
| | | \$ | | \$ |

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| | | \$ | | \$ |

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