

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

OMB No. 1545-0115  
Form **1099-MISC**  
(Rev. January 2024)  
For calendar year

**Miscellaneous Information**

**Copy B  
For Recipient**

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.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

PAYER'S TIN      RECIPIENT'S TIN

Account number (see instructions)      **13** FATCA filing requirement

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

<b>1</b> Rents	<b>2</b> Royalties
<b>3</b> Other income	<b>4</b> Federal income tax withheld
<b>5</b> Fishing boat proceeds	<b>6</b> Medical and health care payments
<b>7</b> Payer made direct sales of \$5,000 or more of consumer products to recipient for resale	<b>8</b> Substitute payments in lieu of dividends or interest
<b>9</b> Crop insurance proceeds	<b>10</b> Gross proceeds paid to an attorney
<b>11</b> Fish purchased for resale	<b>12</b> Section 409A deferrals
<b>14</b> Excess golden parachute payments	<b>15</b> Nonqualified deferred compensation
<b>16</b> State tax withheld	<b>17</b> State/Payer's state number
	<b>18</b> State income

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**Miscellaneous Information**

**Copy 2**

To be Filed with Recipient's State or Local Income Tax Return, or Copy 1 For State Tax Department

VOID  CORRECTED (if checked)

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PAYER'S TIN      RECIPIENT'S TIN

Account number (see instructions)      **13** FATCA filing requirement      2nd TIN not.

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