

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		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.		
PAYER'S TIN		RECIPIENT'S TIN		3 Other income			4 Federal income tax withheld	
				\$			\$	
RECIPIENT'S name, street address, 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		15 Nonqualified deferred compensation		
		\$		\$				
Account number (see instructions)		16 State tax withheld		17 State/Payer's state no.		18 State income		
		\$				\$		
		\$				\$		

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

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