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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 2014 Form 1099-MISC | | Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns. |
| | | 2 Royalties \$ | | | |
| | | 3 Other income \$ | 4 Federal income tax withheld \$ | | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | | |
| RECIPIENT'S name | | 7 Nonemployee compensation \$ | 8 Substitute payments in lieu of dividends or interest \$ | | |
| Street address (including apt. no.) | | 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 \$ | | |
| City or town, state or province, country, and ZIP or foreign postal code | | 11 | 12 | | |
| Account number (see instructions) | 2nd TIN not. <input type="checkbox"/> | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | | |
| 15a Section 409A deferrals \$ | 15b Section 409A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. | 18 State income \$ | |

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

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 | 2014 | Miscellaneous Income | |
| | | \$ | 2 Royalties | | | Form 1099-MISC |
| | | \$ | 3 Other income | | | 4 Federal income tax withheld |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds | 6 Medical and health care payments | Copy B For Recipient | | |
| RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code | | \$ | \$ | | | |
| | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | | | |
| | | 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 | | | |
| Account number (see instructions) | | 11 | 12 | This is important tax information and is being furnished to the Internal Revenue Service. 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. | | |
| | | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | | | |
| | | \$ | \$ | | | |
| 15a Section 409A deferrals | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | | |
| \$ | \$ | \$ | | \$ | | |

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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| | | | | | | |
|---|-----------------------------------|--|--|---|---|-------------------------------|
| 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 | 2014 | Miscellaneous Income | |
| | | \$ | 2 Royalties | | | Form 1099-MISC |
| | | \$ | 3 Other income | | | 4 Federal income tax withheld |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds | 6 Medical and health care payments | Copy C For Payer or State Copy or Copy 2 | | |
| RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code | | \$ | \$ | | | |
| | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | | | |
| | | \$ | \$ | | | |
| Account number (see instructions) | | 2nd TIN not. <input type="checkbox"/> | 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 | For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns. | |
| | | | \$ | \$ | | |
| | | | 11 | 12 | | |
| 15a Section 409A deferrals | | 15b Section 409A income | 13 Excess golden parachute payments | 14 Gross proceeds paid to an attorney | 18 State income | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| 16 State tax withheld | | 17 State/Payer's state no. | | 18 State income | | |
| \$ | | \$ | | \$ | | |

Form **1099-MISC**

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service