

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115		Miscellaneous Income		
		\$	2009				
		2 Royalties				Form 1099-MISC	
PAYER'S federal identification number		3 Other income	4 Federal income tax withheld	Copy 1 For State Tax Department			
		\$	\$				
RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments					
	\$	\$					
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP 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				
		\$	\$				
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**

Department of the Treasury - Internal Revenue Service

SAMPLE