		- CONNECTE	D (II ONCO	(Ca)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Rents		OMB No. 1	545-0115		
INSTITUTION NAME 1XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$.00	20	14	Miscellaneous	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		2 Royalities		1 - ~		Income	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$	1975.00	Form 10 9	99-MISC		
CITY STATE ZIPXXXXXXXXXXXXXXXXXXXX		3 Other inco	ome	4 Federal incon	ne tax withheld		
PHONEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$.00	\$.00	Сору В	
PAYER'S federal identification numb	er RECIPIENT'S i	dentification number	5 Fishing bo	oat proceeds	6 Medical and health care payments		For Recipient
99-9999999	99-999	99999	\$.00	\$.00	
RECIPIENT'S name		7 Nonemployee compensation		Substitute payments in lieu of dividends or interest		This is important tax	
RECIPIENT NAMEXXXXXXXXXXXXXXXXXXX						information and is	
DBA NAMEXXXXXXXXXXXXXXXXXXXXXXXX		\$.00	\$.00	being furnished to the Internal Revenue	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer		10 Crop insurance proceeds		Service. If you are	
RECIPIENT ADDR1XXXXXXXXXXXXXXXXXX						required to file a return, a negligence	
RECIPIENT ADDR2XXXXXXXXXXXXXXXXXXX			(recipient)	for resale	\$.00		penalty or other sanction may be
City or town, state or province, country, and ZIP or foreign postal code		11		12		imposed on you if this	
CITY STATE ZIPXXXXXXXXXXXXXXXXXXXX						income is taxable and the IRS determines	
Account number (see instructions) VEN0994		13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		that it has not been reported.	
		\$.00	\$.00		
15a Section 409A deferrals	15b Section	409A income	16 State tax	withheld	17 State/Payer's state no.		18 State income \$
\$.00	\$.00	\$.00	PA		\$

Form 1099-MISC

(keep for your records)

28-2099803 Department of the Treasury - Internal Revenue Service

X CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number			ents	OMB No. 1545-0115 2014			
INSTITUTION NAME 1XXXXXXXXXXXXXXXXIINSTITUTION NAME 2XXXXXXXXXXXXXXXX			.00			Miscellaneous Income	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			yalities 1975.00 her income	Form 109			
PHONEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			.00	\$.00	Copy 2	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fis	shing boat proceeds	6 Medical and health care payments		nents	
99-9999999	99-9999999	\$.00	\$.00		
RECIPIENT'S name		7 Nonemployee compensation		Substitute payments in lieu of dividends or interest		f To be filed	
RECIPIENT NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			.00	\$.00	with recipient's	
Street address (including apt. no.)			ayer made direct sales of 5,000 or more of consumer	10 Crop insurance proceeds		state income tax return,	
RECIPIENT ADDR1XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			products to a buyer (recipient) for resale	\$.00	when required.	
City or town, state or province, country, and ZIP or foreign postal code CITY STATE ZIPXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				12			
Account number (see instructions)			xcess golden parachute ayments	14 Gross proceeds paid to an attorney			
VEN0994			.00	\$.00		
15a Section 409A deferrals	15b Section 409A income	16 St \$	tate tax withheld	17 State/Payer's	s state no.	18 State income \$	
\$.00	\$.00	\$.00	PA		\$	

		ED (if checked)		_	
PAYER'S name, street address, city or foreign postal code, and telephon	or town, state or province, country, ZIP e number	1 Rents	OMB No. 1545-0115		
		\$	20 14	Miscellaneous	
		2 Royalities		Income	
		\$	Form 1099-MISC		
		3 Other income	4 Federal income tax withheld		
		\$	\$	Сору В	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care paym	For Recipient	
		\$	\$		
ECIPIENT'S name		7 Nonemployee compensation	Substitute payments in lieu or dividends or interest	f This is important tax	
		\$	\$	information and is being furnished to the Internal Revenue	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	Service. If you are	
		products to a buyer (recipient) for resale	\$	required to file a return, a negligence penalty or other	
City or town, state or province, country, and ZIP or foreign postal code		11	12	sanction may be imposed on you if this income is taxable and	
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	the IRS determines that it has not been reported.	
		\$	\$		
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)

38-2099803 Department of the Treasury - Internal Revenue Service

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP 1 Rents OMB No. 1545-0115 or foreign postal code, and telephone number **Miscellaneous** Income 2 Royalities Form 1099-MISC 4 Federal income tax withheld 3 Other income Copy 2 \$ PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments \$ RECIPIENT'S name Substitute payments in lieu of 7 Nonemployee compensation To be filed dividends or interest recipient's state income Payer made direct sales of \$5,000 or more of consumer Street address (including apt. no.) 10 Crop insurance proceeds tax return, products to a buyer (recipient) for resale when \$ required. City or town, state or province, country, and ZIP or foreign postal code 12 Account number (see instructions) 14 Gross proceeds paid to Excess golden parachute an attorney payments 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no. 18 State income <u>\$</u> \$