

☐ 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			
		\$	Form <b>1099-MISC</b>			
		2 Royalties	(Rev. January 2024)			
		\$	For calendar year			
		3 Other income	4 Federal income tax withheld	<b>Miscellaneous Information</b>		
		\$	\$			
		5 Fishing boat proceeds	6 Medical and health care payments			
PAYER'S TIN		RECIPIENT'S TIN			\$	\$
RECIPIENT'S name		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			
		\$	\$			
Street address (including apt. no.)		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney			
		\$	\$			
City or town, state or province, country, and ZIP or foreign postal code		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		
		\$	\$	\$		
		\$		\$		