

## Attention:

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Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

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See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

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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		<b>Miscellaneous Income</b>  <b>2017</b>  Form 1099-MISC
		\$				
		2 Royalties				
		\$				
		3 Other income		4 Federal income tax withheld		<b>Copy A</b>  <b>For Internal Revenue Service Center</b>  File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2017 General Instructions for Certain Information Returns.
		\$		\$		
PAYER'S federal 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)		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments		
		2nd TIN not <input type="checkbox"/>		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.
\$		\$		\$		\$
				\$		\$

Form 1099-MISC

36-1004130

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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