

☐ 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 Form 1099-MISC (Rev. January 2022) For calendar year 20 ____		Miscellaneous Information Copy 2 To be filed with recipient's state income tax return, when required.
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		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 \$		
		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
		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 \$

Form **1099-MISC** (Rev. 1-2022)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
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Form **1099-MISC** (Rev. 1-2022)

(keep for your records)

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Department of the Treasury - Internal Revenue Service

First-Class Mail
Important Tax Return
Document Enclosed

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS