

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 | | Miscellaneous Income | |
| | | \$ | | 2017 Form 1099-MISC | | | |
| | | 2 Royalties | | | | | |
| PAYER'S federal identification number | | 3 Other income | | 4 Federal income tax withheld | | Copy B For Recipient | |
| | | \$ | | \$ | | | |
| RECIPIENT'S identification number | | 5 Fishing boat proceeds | | 6 Medical and health care payments | | This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. | |
| RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal 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 | | \$ | | | |
| 11 | | 12 | | | | | |
| Account number (see instructions) | | FATCA filing requirement <input type="checkbox"/> | | 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. | |
| \$ | | \$ | | \$ | | \$ | |
| | | | | ----- | | ----- | |
| | | | | \$ | | \$ | |

Form **1099-MISC**

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service