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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.

To order official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, visit www.IRS.gov/orderforms. Click on [Employer and Information Returns](#), and we'll mail you the forms you request and their instructions, as well as any publications you may order.

Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit www.IRS.gov/FIRE) or the IRS Affordable Care Act Information Returns (AIR) program (visit www.IRS.gov/AIR).

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	
		\$		2017	
		2 Royalties			
PAYER'S federal identification number		RECIPIENT'S identification number		Form 1099-MISC	
		3 Other income		4 Federal income tax withheld	
		\$		\$	
5 Fishing boat proceeds		6 Medical and health care payments		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2017 General Instructions for Certain Information Returns.	
\$		\$			
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"/>	2nd TIN not <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.	
				\$	
				18 State income	
				\$	

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	
		\$		<div style="font-size: 2em; font-weight: bold;">2017</div>	
		2 Royalties			
PAYER'S federal identification number		RECIPIENT'S identification number		Form 1099-MISC	
		3 Other income		4 Federal income tax withheld	
PAYER'S name		5 Fishing boat proceeds		6 Medical and health care payments	
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	
Account number (see instructions)		FATCA filing requirement		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		<input type="checkbox"/>		10 Crop insurance proceeds	
15a Section 409A deferrals		15b Section 409A income		11	
\$		\$		12	
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		16 State tax withheld	
\$		\$		\$	
17 State/Payer's state no.		18 State income		\$	
\$		\$		\$	

Miscellaneous Income

**Copy 1
For State Tax
Department**

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		2017 Form 1099-MISC	Miscellaneous Income		
		\$		2 Royalties					
		\$		3 Other income				4 Federal income tax withheld	
PAYER'S federal identification number		RECIPIENT'S identification number		\$		Copy B For Recipient			
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		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.			
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				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.		18 State income	
\$		\$		\$		\$		\$	

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	
		\$		2017	
		2 Royalties			
PAYER'S federal identification number		RECIPIENT'S identification number		Form 1099-MISC	
		3 Other income		4 Federal income tax withheld	
PAYER'S name		5 Fishing boat proceeds		6 Medical and health care payments	
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	
Account number (see instructions)		FATCA filing requirement		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		<input type="checkbox"/>		10 Crop insurance proceeds	
15a Section 409A deferrals		15b Section 409A income		11	
\$		\$		12	
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		16 State tax withheld	
\$		\$		\$	
17 State/Payer's state no.		18 State income		\$	
\$		\$		\$	

Miscellaneous Income

Copy 2
To be filed with recipient's state income tax return, when required.

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		2017 Form 1099-MISC	Miscellaneous Income
		\$					
		2 Royalties		\$			
		3 Other income		4 Federal income tax withheld		Copy C For Payer	
		\$		\$			
PAYER'S federal identification number	RECIPIENT'S identification number		5 Fishing boat proceeds		6 Medical and health care payments		For Privacy Act and Paperwork Reduction Act Notice, see the 2017 General Instructions for Certain Information Returns.
			\$		\$		
RECIPIENT'S name		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest			
Street address (including apt. no.)		\$		\$			
City or town, state or province, country, and ZIP or foreign postal code		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"/>	2nd TIN not <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.		18 State income
\$	\$		\$				\$
			\$				\$