## **Attention:**

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at <a href="https://www.irs.gov/form1099">www.irs.gov/form1099</a>, for more information about penalties.

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 <a href="www.IRS.gov/orderforms">www.IRS.gov/orderforms</a>. Click on <a href="Employer and Information Returns">Employer and Information Returns</a>, 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 <a href="www.IRS.gov/FIRE">www.IRS.gov/FIRE</a>) or the IRS Affordable Care Act Information Returns (AIR) program (visit <a href="www.IRS.gov/AIR">www.IRS.gov/AIR</a>).

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

9595	□ V	OID [		CTED				
PAYER'S name, street address, city or		e or province	country, ZIP	1 Rents	OMB No. 1545-0115			
or foreign postal code, and telephone	no.						Missellanssus	
				\$	20 <b>17</b>	Miscellaneou		
				2 Royalties			Income	
				\$	Form 1099-MISC			
				3 Other income	4 Federal income tax	withheld	ithheld Copy	
				\$	\$		For	
PAYER'S federal identification number	RECIPIEN	T'S identifica	tion number	5 Fishing boat proceeds	6 Medical and health care	payments	Internal Revenue	
							Service Center	
				\$	\$		File with Form 1096.	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		For Privacy Act	
					dividends of interest		and Paperwork	
				•	<u></u>		Reduction Act	
Street address (including apt. no.)				\$	\$		Notice, see the <b>2017 General</b>	
				<b>9</b> Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	Instructions for	
City or town, state or province, country	, and ZID	tal aada	products to a buyer	\$		Certain		
City of town, state of province, country	y, and zir (	or loreign pos	iai code	(recipient) for resale ► □	<b>Φ</b>		Information	
					12		Returns.	
Account number (see instructions)		FATCA filing	2nd TIN not	. 13 Excess golden parachute	14 Gross proceeds pai	id to an		
		requirement		payments	attorney			
				\$	\$			
15a Section 409A deferrals 15b Section 409A income				16 State tax withheld	17 State/Payer's state	te no. 18 State income		
			\$			\$		
\$ 1000 MICO	\$						\$	

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PAYER'S name, street address, city or foreign postal code, and telephone		e or province, cou	ıntry, ZIP	1 Rents	OMB No. 1545-0115	
				\$	2017	Miscellaneous
				2 Royalties		Income
				\$	Form 1099-MISC	
				3 Other income	4 Federal income tax with	neld
				\$	\$	Copy 1
PAYER'S federal identification number	RECIPIEN	T'S identification i	number	5 Fishing boat proceeds	6 Medical and health care paym	For State Tax Department
				\$	\$	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lie dividends or interest	eu of
Street address (including apt. no.)				\$	\$	
				<b>9</b> Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceed	ls
City or town, state or province, country, and ZIP or foreign postal code				products to a buyer (recipient) for resale ▶	\$	
				11	12	
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds paid to attorney	an
				\$	\$	
15a Section 409A deferrals	15b Section	n 409A income		16 State tax withheld	17 State/Payer's state no.	18 State income
				\$		\$
\$	\$			\$		\$

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		U COR	RRE	CTED (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			
			\$ 2 Royalties	2017	I	Miscellaneous Income		
				\$	Form 1099-MISC		_	
				3 Other income	4 Federal income tax	withheld	Сору В	
				\$	\$		For Recipient	
PAYER'S federal identification number	RECIPIENT	'S identification numb	oer	5 Fishing boat proceeds	6 Medical and health care	payments		
				\$	\$			
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments dividends or interest		This is important tax information and is being furnished to the Internal Revenue	
Street address (including apt. no.)				\$	\$		Service. If you are	
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 ►	10 Crop insurance pro	ceeds	required to file return, a negligend penalty or othe sanction may b	
				11	12		imposed on you in this income is taxable and the IRS	
Account number (see instructions)  FATCA filing requirement				13 Excess golden parachute payments	14 Gross proceeds pa attorney	id to an	determines that it has not beer reported	
15a Section 409A deferrals	15b Section	409A income		16 State tax withheld	17 State/Payer's state	no.	18 State income	
			I	\$			l <b>\$</b>	

Form 1099-MISC

(keep for your records)

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			CORRE	CTED (if checked)			
PAYER'S name, street address, city o or foreign postal code, and telephone		e or province,	country, ZIP	1 Rents	OMB No. 1545-0115		
				\$	2017		Miscellaneous
			2 Royalties		Income		
				\$	Form 1099-MISC		
				3 Other income	4 Federal income tax w	rithheld	
				\$	\$		Copy 2
PAYER'S federal identification number	RECIPIEN	T'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care p	•	To be filed with recipient's state income tax return
				\$	\$		when required
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments i dividends or interest	in lieu of	
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 ►	10 Crop insurance proces	eeds	
				11	12		
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds paid attorney	l to an	
					Δ.		

16 State tax withheld

\$

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15a Section 409A deferrals

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15b Section 409A income

\$

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18 State income

17 State/Payer's state no.

	□ V	OID [	CORRE	CTED			
PAYER'S name, street address, city or foreign postal code, and telephone		e or province,	country, ZIP	1 Rents	OMB No. 1545-0115		
				\$ 2 Royalties	2017	Miscellaneous Income	
				\$	Form 1099-MISC		
				3 Other income	4 Federal income tax withher	Copy C For Payer	
PAYER'S federal identification number RECIPIENT'S identification number			5 Fishing boat proceeds	6 Medical and health care paymen			
				\$	\$		
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu dividends or interest	For Privacy Act and Paperwork Reduction Act	
Street address (including apt. no.)				\$	\$	Notice, see the	
City or town, state or province, country	ry, and ZIP	or foreign post	tal code	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ►	10 Crop insurance proceeds	2017 General Instructions for Certain	
				11	12	Information Returns.	
Account number (see instructions)		FATCA filing requirement	2nd TIN not.	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals 15b Section 409A income		e	16 State tax withheld	17 State/Payer's state no.	18 State income		
			\$		\$		
\$	\$			\$		\$	

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