Attention!

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in: Publication 1167, Substitute Printed, Computer-Prepared, and Computer-Generated Tax Forms and Schedules; and, Publication 1179, Specifications for Paper Document Reporting and Paper Substitutes for Forms 1096, 1098, 1099 Series, 5498, and W-2G.

The publications listed above may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS publication number.

4545	∟ VOID ∟	<u> </u>	CTED					
PAYER'S name, street address, city, state, and ZIP code			1 Rents	OMB No. 1545-0115				
			\$					
			2 Royalties	1 400 4	Miscellaneous Income			
			\$	1996				
			3 Other income			IIICOIIIC		
			\$	Form 1099-MISC				
PAYER'S Federal identification number	RECIPIENT'S identifica	tion number	4 Federal income tax withheld	5 Fishing boat proceed	eds	Copy A		
			\$	\$		Fo		
RECIPIENT'S name		6 Medical and health care payments	7 Nonemployee compensation		Internal Revenue			
			\$	\$		Service Center		
			8 Substitute payments in lieu of	9 Payer made direct sal		File with Form 1096		
Street address (including apt. no.)		dividends or interest	\$5,000 or more of consumer products to a buyer		For Paperwork			
		\$	(recipient) for resale	▶ □	Reduction Ac Notice and			
City, state, and ZIP code		10 Crop insurance proceeds	11 State income tax w	ithheld	instructions fo			
		\$	\$		completing this form			
Account number (optional)		2nd TIN Not.	12 State/Payer's state number			see Instructions forms 1099, 1098		
						5498, and W-2G		

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Department of the Treasury - Internal Revenue Service

Form 1099-MISC

	□ VOID □ CORRE	CTED			
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115		
		\$			
		2 Royalties	1996		Miscellaneous
		\$		'	Income
		3 Other income			IIICOIIIE
		\$	Form 1099-MISC		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	5 Fishing boat proceed	eds	
		\$	\$		
RECIPIENT'S name		6 Medical and health care payments	7 Nonemployee compe	ensation]
		\$	\$		
Street address (including apt. no.)		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		Copy 1 For State Tax
		\$	(recipient) for resale		Department
City, state, and ZIP code		10 Crop insurance proceeds	11 State income tax w	/ithheld	
		\$	\$		1
Account number (optional)		12 State/Payer's state number			

	\square corre	С	TED (if checked)						
PAYER'S name, street address, city, state, and ZIP code		1	Rents	OMB No	. 1545-0115				
		5	\$						
		2	2 Royalties	1996		Miscellaneous			
		9	\$	12/70		Income			
		3	3 Other income				income		
		9	\$	Form 1099-MISC					
PAYER'S Federal identification number	RECIPIENT'S identification number	4	Federal income tax withheld	5 Fishin	g boat proce	eds	Сору В		
		(\$	\$			For Recipient		
RECIPIENT'S name Street address (including apt. no.)		6	Medical and health care payments	7 Noner	nployee comp	ensation	This is important tax		
		,	\$	\$			information and is		
		8	3 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer		being furnished to the Internal Revenue Service. If you are required to file a return			
			dividends of interest						
		,	\$	(recipi	ecipient) for resale		a negligence penalty or		
City, state, and ZIP code		10	Crop insurance proceeds	11 State	income tax w	vithheld	other sanction may be imposed on you if this		
		,	\$	\$			income is taxable and the IRS determines that		
Account number (optional)		12	2 State/Payer's state number				it has not beer		
							reported		

(Keep for your records.)

Instructions for Recipient

Amounts shown on this form may be subject to self-employment tax computed on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for information on self-employment income. If no income or social security and Medicare taxes were withheld by the payer, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.

If you are an individual, report the taxable amounts shown on this form on your tax return, as explained below. (Others, such as fiduciaries or partnerships, report the amounts on the corresponding lines of your tax return.)

Boxes 1 and 2.—Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see **Pub. 544**, Sales and Other Dispositions of Assets.

Box 3.—Report on the "Other income" line of your tax return and identify the payment. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040). The amount shown may be payments you received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.

Box 4.—Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See **Form W-9**, Request for Taxpayer Identification Number and Certification, for information on backup withholding. **Include this on your income tax return as tax withheld.**

Box 5.—An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See **Pub. 595**, Tax Guide for Commercial Fishermen.

Box 6.—Report on Schedule C or C-EZ (Form 1040).

Box 7.—Generally, payments for services reported in this box are income from self-employment. Since you received this form, rather than Form W-2, the payer may have considered you self-employed and did not withhold social security or Medicare taxes. Report self-employment income on Schedule C, C-EZ, or F (Form 1040), and **compute the self-employment tax on Schedule SE (Form 1040)**. However, if you are not self-employed, report this amount on the "Wages, salaries, tips, etc." line of your tax return. Call the IRS for information about how to report any social security and Medicare taxes.

If "EPP" is shown, this is excess golden parachute payments subject to a 20% excise tax. See your Form 1040 instructions for the "Total Tax" line. The unlabeled amount is your total compensation.

Box 8.—Report on the "Other income" line of Form 1040. This amount is substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale.

Box 9.—An entry in the checkbox means sales to you of consumer products on a buy-sell, deposit-commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Any income from your sale of these products should generally be reported on Schedule C or C-EZ (Form 1040).

Box 10.—Report on the "Crop insurance proceeds. . ." line on Schedule F (Form 1040).

		CTED (if checked)				
PAYER'S name, street address, city,	state, and ZIP code	1 Rents	OMB No. 1545-0115]		
		\$				
		2 Royalties	1996		Miscellaneous	
		\$	1970	Income		
		3 Other income	1		income	
		\$	Form 1099-MISC			
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	5 Fishing boat proce	eds		
		\$	\$			
RECIPIENT'S name		6 Medical and health care payments	7 Nonemployee comp	ensation	Copy 2	
Street address (including apt. no.) City, state, and ZIP code		\$	\$		To be filed	
		Substitute payments in lieu of dividends or interest	9 Payer made direct sa \$5,000 or more of co products to a buyer (recipient) for resale	onsumer	wit	
		10 Crop insurance proceeds \$	11 State income tax v		tax return, when required.	
Account number (optional)		12 State/Payer's state number				

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PAYER'S name, street address, city, state, and ZIP code			1 Rents	OMB No. 1545-0115			
			\$				
			2 Royalties	1996		Miscellaneous	
		\$			Income		
			3 Other income]		IIICOIIIC	
		\$	Form 1099-MISC				
PAYER'S Federal identification number	RECIPIENT'S identifica	tion number	4 Federal income tax withheld	5 Fishing boat proceed	eds	Copy C	
			\$	\$		For Payer	
RECIPIENT'S name			6 Medical and health care payments	7 Nonemployee compe	ensation	For Paperwork	
			\$	\$		Reduction Ac	
			8 Substitute payments in lieu of	9 Payer made direct sal		Notice and	
Street address (including apt. no.)		dividends or interest	\$5,000 or more of consumer products to a buyer		instructions for		
			\$	(recipient) for resale	▶ □	completing this	
City, state, and ZIP code		10 Crop insurance proceeds	11 State income tax w	ithheld	form, se		
			\$	\$		Forms 1099	
Account number (optional)		2nd TIN Not	. 12 State/Payer's state number			1098, 5498	
						and W-2G	

Payers, Please Note-

Specific information needed to complete this form and other forms in the 1099 series is given in the **1996 Instructions for Forms 1099, 1098, 5498, and W-2G.** A chart in those instructions gives a quick guide to which form must be filed to report a particular payment. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

Furnish Copy B of this form to the recipient by January 31, 1997.

File Copy A of this form with the IRS by February 28, 1997.



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