	9595 UVOID	CORRECTED			
PAYER'S name, street address, city,	state, and ZIP code	1 Rents	OMB No. 1545-0115		
		\$		l	Miscellaneous
		2 Royalties	7000		Income
		\$	19 92		
		3 Prizes, awards, etc.			
		\$			
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	5 Fishing boat proceed	eds	Copy A
		\$	\$		For
RECIPIENT'S name		6 Medical and health care payments	7 Nonemployee compe	ensation	Internal Revenue Service Center
		\$	\$		File with Form 1096
		8 Substitute payments in lieu of	9 Payer made direct sal		For Paperwork
Street address (including apt. no.)		dividends or interest	\$5,000 or more of consumer products to a buyer		Reduction Act
		\$	(recipient) for resale	▶ □	Notice and instructions for
City, state, and ZIP code		10 Crop insurance proceeds	11 State income tax w	ithheld	completing this
		\$	\$		form, see
Account number (optional)	2nd TIN Not.	12 State/Payer's state number			Instructions for Forms 1099, 1098
					5498, and W-2G.
Form 1099-MISC	Cat. No. 14425J		Department of the Tr	reasury -	Internal Revenue Service

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Department of the Treasury - Internal Revenue Service

Cat. No. 14425J

		CORRECTED			
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115		
		\$			Miscellaneous
		2 Royalties	7000		Income
		\$	19 92		
		3 Prizes, awards, etc.			
		\$			
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]
		\$	\$		
		8 Substitute payments in lieu of	9 Payer made direct sal		Copy 1
Street address (including apt. no.)		dividends or interest	\$5,000 or more of consumer products to a buyer		For State Tax
		\$	(recipient) for resale	▶ □	Department
City, state, and ZIP code		10 Crop insurance proceeds	11 State income tax w	rithheld	
		\$	\$		
Account number (optional)		12 State/Payer's state number		·	

			CORRECTED (if	checked)			
PAYER'S name, street address, city, state, and ZIP code		1	Rents	OMB No. 1545-0115			
		\$			Miscellaneous Income		
		2	Royalties	4000			
		\$		19 92			
		3	Prizes, awards, etc.				
		\$					
PAYER'S Federal identification number	RECIPIENT'S identification number	4	Federal income tax withheld	5 Fishing boat proceeds		Сору В	
		\$		\$		For Recipient	
RECIPIENT'S name		6	Medical and health care payments	7 Nonemployee comp	ensation	This is important tax	
		\$	<u> </u>	\$		information and is being furnished to the	
Street address (including apt. no.) City, state, and ZIP code Account number (optional)		8	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	nsumer	Internal Revenue Service. If you are required to file a return, a negligence	
		10	Crop insurance proceeds	1 State income tax withheld		penalty or other sanction may be	
		\$		\$		imposed on you if this income is taxable and	
		12	State/Payer's state number			the IRS determines that it has not been reported	

(keep for your records)

Instructions for Recipient

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

Boxes 1 and 2.—Report on Schedule E (Form 1040). However, if you provided services that were primarily for your customer's convenience, such as regular cleaning, changing linen, or maid service, report on Schedule C (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

Box 3.—Report on the line for "Other income" on Form 1040 and identify the payment. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4.—Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 20% rate on certain payments. 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 (Form 1040). See **Pub. 595**, Tax Guide for Commercial Fishermen.

Box 6.-Report on Schedule C (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 considered you self-employed and did not withhold social security or Medicare taxes. Report the self-employment

income on Schedule C or F (Form 1040), and compute the self-employment tax on Schedule SE (Form 1040). However, if you are not self-employed, amounts paid to you for services rendered are generally reported on Form 1040 on the line for "Wages, salaries, tips, etc."

If there are two amounts shown in this box, one may be labeled "EPP." This represents excess golden parachute payments. You must pay a 20% excise tax on this amount. See your Form 1040 instructions under "Other Taxes." The unlabeled amount is your total compensation.

Box 8.—Report as "Other income" on your tax return. The amount shown 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 (Form 1040).

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

Certain 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 more information on amounts considered self-employment income. Since 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.

		CORRECTED (if	checked)			
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115]		
		\$		Miscellaneous		
		2 Royalties	7000		Income	
		\$	19 92			
		3 Prizes, awards, etc.				
		\$				
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	
		8 Substitute payments in lieu of dividends or interest	9 Payer made direct sa \$5,000 or more of co products to a buyer	onsumer	wit recipient state incom	
		\$	(recipient) for resale		tax return,	
		10 Crop insurance proceeds	11 State income tax v	vithheld	when	
		\$	\$		required.	
Account number (optional)		12 State/Payer's state number				

		void	☐ CORRECTED				
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115]			
			\$			Miscellaneous	
			2 Royalties	7000		Income	
			\$	19 92			
			3 Prizes, awards, etc.				
			\$				
PAYER'S Federal identification number	RECIPIENT'S identificat	ion number	4 Federal income tax withheld	5 Fishing boat proce	eds		
			\$	\$		Copy C	
RECIPIENT'S name			6 Medical and health care payments	7 Nonemployee compo	ensation	For Payer	
			\$	\$		For Donorwork	
			8 Substitute payments in lieu of	9 Payer made direct sal		For Paperwork Reduction Act	
Street address (including apt. no.)		dividends or interest	\$5,000 or more of consumer products to a buyer		Notice and		
			\$	(recipient) for resale	▶ □	instructions for completing this	
City, state, and ZIP code			10 Crop insurance proceeds	11 State income tax w	ithheld	form, see	
			\$	\$		Instructions for Forms 1099	
Account number (optional)		2nd TIN Not.	12 State/Payer's state number		·	1098, 5498	
						and W-2G	