## **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.

9595		CORRE	CTED				
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115				
			\$				
			2 Royalties			Miscellaneous	
		\$	19 <b>94</b>	1994			
		3 Other income			Income		
			\$				
PAYER'S Federal identification number	RECIPIENT'S identification	on number	4 Federal income tax withheld	5 Fishing boat proce	eds	Сору А	
			\$	\$		For	
RECIPIENT'S name		6 Medical and health care payments	7 Nonemployee comp	ensation	Internal Revenue		
		\$	\$		Service Center		
			8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer		File with Form 1096.	
Street address (including apt. no.)		dividends of interest	products to a buyer		For Paperwork		
		\$	(recipient) for resale		Reduction Act Notice and		
City, state, and ZIP code		10 Crop insurance proceeds	11 State income tax w	/ithheld	instructions for		
			\$	\$		completing this form see Instructions for	
Account number (optional)	2	2nd TIN Not.	12 State/Payer's state number			Forms 1099, 1098,	
						5498, and W-2G.	

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Department of the Treasury - Internal Revenue Service Do NOT Cut or Separate Forms on This Page

PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115		
		\$	19 <b>94</b>		
		2 Royalties		Miscellaneous	
		\$			Income
		3 Other income			
		\$			
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	
		\$	\$		
Street address (including apt. no.) City, state, and ZIP code		<ul><li>8 Substitute payments in lieu of dividends or interest</li><li>\$</li></ul>			Copy 1 For State Tax Department
		10 Crop insurance proceeds			
		\$	\$		
Account number (optional)		12 State/Payer's state number			

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		CTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115		
		\$			
		2 Royalties	<b>700</b>	Miscellaneous	
		\$	19 <b>94</b>	Income	
		3 Other income		Income	
		\$			
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	5 Fishing boat proce	eds Copy B	
		\$	\$	For Recipient	
RECIPIENT'S name	RECIPIENT'S name		<b>7</b> Nonemployee comp		
		\$	\$	information and is	
-		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		
		10 Crop insurance proceeds	11 State income tax v	vithheld other sanction may be imposed on you if this	
		\$	\$	income is taxable and the IRS determines that	
		12 State/Payer's state number		it has not been reported.	

(Keep for your records.) Department of the Treasury - Internal Revenue Service

## 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 line for "Other income" on Form 1040 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, or other taxable income.

**Box 4.**—Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% 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 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 Form 1040 on the line for "Wages, salaries, tips, etc." 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 under "Other Taxes." The unlabeled amount is your total compensation.

**Box 8.**—Report as "Other income" on your tax return. 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 line for "Crop insurance proceeds. . . " on Schedule F (Form 1040).

		CTED (if checked)	-	•		
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115			
		\$	-100			
		2 Royalties		Miscellaneous		
		\$	1994		Income	
		3 Other income			IIICOIIIE	
		\$				
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	5 Fishing boat proce	eds	s	
		\$	\$			
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		6 Medical and health care payments	7 Nonemployee comp	ensation	Copy 2	
		\$	\$		To be filed	
		8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer		with recipient's	
		\$	(recipient) for resale	► state incom		
		10 Crop insurance proceeds	11 State income tax v	vithheld	tax return, when	
		\$	\$		required.	
Account number (optional)		12 State/Payer's state number			1	

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		ECTED				
PAYER'S name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115	]		
		\$				
		2 Royalties		l N	liscellaneous	
		\$	1994		Income	
		3 Other income				
		\$				
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	5 Fishing boat proce	eds	Сору С	
		\$	\$		For Payer	
RECIPIENT'S name		6 Medical and health care payments	s 7 Nonemployee comp	ensation	For Paperwork	
		\$	\$		Reduction Act	
Street address (including apt. no.)		8 Substitute payments in lieu of dividends or interest	<ul> <li>9 Payer made direct sa \$5,000 or more of co products to a buyer</li> </ul>		Notice and instructions for	
		\$	(recipient) for resale	▶ □	completing this	
City, state, and ZIP code		10 Crop insurance proceeds	11 State income tax v	vithheld	form, see Instructions for	
		\$	\$		Forms 1099,	
Account number (optional)	2nd TIN No	t. <b>12</b> State/Payer's state number			1098, 5498, and W-2G.	

Department of the Treasury - Internal Revenue Service

## Payers, Please Note-

Specific information needed to complete this form and other forms in the 1099 series is given in the **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, 1995.

File Copy A of this form with the IRS by February 28, 1995.

