

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115		Miscellaneous Income
		\$	2008		
		2 Royalties			
PAYER'S federal identification number		\$	Form 1099-MISC		Copy 2 To be filed with recipient's state income tax return, when required.
		3 Other income	4 Federal income tax withheld		
		\$	\$		
RECIPIENT'S name		5 Fishing boat proceeds	6 Medical and health care payments		
		\$	\$		
Street address (including apt. no.)		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
		\$	\$		
City, state, and ZIP 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		
		\$	\$		
Account number (see instructions)		11	12		
		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	
\$	\$	\$		\$	
		\$		\$	

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service