

Note: The draft you are looking for begins on the next page.

#### Caution: DRAFT—NOT FOR FILING

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. **Do not file draft forms** and do **not** rely on draft forms, instructions, and pubs for filing. We incorporate all significant changes to forms posted with this coversheet. However, unexpected issues occasionally arise, or legislation is passed—in this case, we will post a new draft of the form to alert users that changes were made to the previously posted draft. Thus, there are never any changes to the last posted draft of a form and the final revision of the form. Forms and instructions are subject to OMB approval before they can be officially released, so we post drafts of them until they are approved. Drafts of instructions and pubs usually have some additional changes before their final release. Early release drafts are at <a href="IRS.gov/DraftForms">IRS.gov/DraftForms</a> and remain there after the final release is posted at <a href="IRS.gov/LatestForms">IRS.gov/LatestForms</a>. Also see <a href="IRS.gov/Forms">IRS.gov/Forms</a>.

Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at <a href="IRS.gov/FormsComments">IRS.gov/FormsComments</a>. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501", etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <a href="here">here</a>.

| 7575 U VOII  |                        | CTED  |  |                           |
|--|------------------------|---|--|---------------------------|
| PAYER'S name, street address, city or town, state or or foreign postal code, and telephone no. | province, country, ZIP | 1 Rents   | OMB No. 1545-0115                                      |                           |
|  |                        | \$  | Form 1099-MISC   | <b>Miscellaneous</b>      |
|  |                        | 2 Royalties   | (Rev. March 2025)                                      | Information               |
|  |                        |   | For calendar year                                      |                           |
|  |                        | \$  |  |                           |
|  |                        | 3 Other income  | 4 Federal income tax withheld                          | Copy A                    |
|  |                        | \$  | \$   | For                       |
| PAYER'S TIN RECIPIENT'S  | TIN                    | 5 Fishing boat proceeds                               | 6 Medical and health care payments                     | Internal Revenue          |
|  |                        |   | payments   | Service Center            |
|  |                        |   |  |                           |
|  |                        | \$  | \$   | For filing                |
| RECIPIENT'S name   |                        | 7 Payer made direct sales totaling \$5,000 or more of | 8 Substitute payments in lieu of dividends or interest | intormation,              |
|  |                        | consumer products to                                  |  | Privacy Act, and          |
|  |                        | recipient for resale                                  | \$   | Paperwork                 |
| Street address (including apt. no.)  |                        | 9 Crop insurance proceeds                             | 10 Gross proceeds paid to an attorney                  | Tioddotion 7 tot          |
| 7 41 4   |                        | <b>6</b>  |  | Notice, see the           |
| City on town atota or manipage acceptant and ZID or fo   | volen poetal code      | 11 Fish purchased for resale                          | \$ 12 Section 409A deferrals                           | General                   |
| City or town, state or province, country, and ZIP or fo  | reign postal code      | TT FISH purchased for resale                          | 12 Section 409A delerrais                              | Instructions for          |
|  |                        |   | \$\  \   | Certain                   |
|  | 13 FATCA filing        | 14  | Φ<br>15 Nongualified deferred                          | Information               |
|  | requirement            | 14  | compensation   | Returns.                  |
|  |                        |   | \$   | www.irs.gov/Form1099      |
| Account number (see instructions)  | 2nd TIN not.           | 16 State tax withheld                                 | 17 State/Payer's state no.                             | 18 State income           |
|  |                        | \$  |  | \$                        |
|  |                        | \$  |  | \$                        |
| Form 1000-MISC (Pay 2 2025) Cat No. 14   | 1051                   | ing may/Forms 1000MICC                                | Day to the Tuesday                                     | Internal Devenue Consider |

Form 1099-MISC (Rev. 3-2025) Cat. No. 14425J www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

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|---|--------------------------------|---|--|----------------------------|
| PAYER'S name, street address, city or to or foreign postal code, and telephone no |                                | 1 Rents   | OMB No. 1545-0115                                    |                            |
|   |                                | \$  | Form 1099-MISC                                       | Miscellaneous              |
|   |                                | 2 Royalties   | (Rev. March 2025)                                    | Information                |
|   |                                |   | For calendar year                                    |                            |
|   |                                | \$  |  |                            |
|   |                                | 3 Other income  | 4 Federal income tax withheld                        | Copy 1                     |
|   |                                | \$  | \$   | For State Tax              |
| PAYER'S TIN   | RECIPIENT'S TIN                | 5 Fishing boat proceeds   | 6 Medical and health care payments                   | Department                 |
|   |                                | \$  | \$   |                            |
| RECIPIENT'S name  |                                | 7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale | Substitute payments in lieu of dividends or interest |                            |
| Street address (including apt. no.)   |                                | 9 Crop insurance proceeds   | 10 Gross proceeds paid to an attorney                |                            |
|   |                                | \$  | \$   |                            |
| City or town, state or province, country,   | and ZIP or foreign postal code | 11 Fish purchased for resale  | 12 Section 409A deferrals                            |                            |
|   | 13 FATCA filing requirement    | 14  | 15 Nonqualified deferred compensation                |                            |
|   |                                |   | \$   |                            |
| Account number (see instructions)   | 111/1                          | 16 State tax withheld \$  | 17 State/Payer's state no.                           | 18 State income            |
|   |                                | \$  |  | \$                         |
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|   | 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                     |   |
|   | \$  | Form 1099-MISC                        | Miscellaneous   |
|   | 2 Royalties   | (Rev. March 2025)                     | Information   |
|   |   | For calendar year                     |   |
|   | \$  |                                       |   |
|   | 3 Other income  | 4 Federal income tax withheld         | Copy B  |
|   | \$  | \$                                    | For Recipient   |
| PAYER'S TIN RECIPIENT'S TIN   | 5 Fishing boat proceeds   | 6 Medical and health care payments    | S   |
| RECIPIENT'S name  | 7 Payer made direct sales   | 8 Substitute payments in lieu         |   |
|   | totaling \$5,000 or more of consumer products to recipient for resale | of dividends or interest              | This is important tax information and is being furnished to         |
| Street address (including apt. no.)   | 9 Crop insurance proceeds   | 10 Gross proceeds paid to an attorney | the IRS. If you are<br>required to file a<br>return, a negligence   |
|   | \$  | \$                                    | penalty or other  |
| City or town, state or province, country, and ZIP or foreign postal code  | 11 Fish purchased for resale  | 12 Section 409A deferrals             | sanction may be imposed on you i this income is taxable and the IRS |
| 13 FATCA filing requirement   |   | 15 Nonqualified deferred compensation | determines that it<br>has not beer<br>reported                      |
|   |   | \$                                    |   |
| Account number (see instructions)   | 16 State tax withheld \$  | 17 State/Payer's state no.            | 18 State income<br>\$   |
| Form 1099-MISC (Rev. 3-2025) (keep for your records)  | www.irs.gov/Form1099MISC  | Department of the Treasury            | - Internal Revenue Service  |

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#### **Instructions for Recipient**

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the Instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

**Box 7.** If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040)

**Box 10.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 11. Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

**Box 13.** If the FATCA filling requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filling requirement. See the Instructions for Form 8938.

Box 14. Reserved for future use.

**Box 15.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

Boxes 16-18. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/Form1099MISC">www.irs.gov/Form1099MISC</a>.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

# July 11, 2024 DO NOT FILE

|   | CORRE                       | CTED (if checked)   |  |                                  |
|---|-----------------------------|---|--|----------------------------------|
| PAYER'S name, street address, city or town, state or foreign postal code, and telephone no. | or province, country, ZIP   | 1 Rents   | OMB No. 1545-0115                            |                                  |
|   |                             | \$  | Form 1099-MISC                               | Miscellaneous                    |
|   |                             | 2 Royalties   | (Rev. March 2025)                            | Information                      |
|   |                             |   | For calendar year                            |                                  |
|   |                             | \$  |  |                                  |
|   |                             | 3 Other income  | 4 Federal income tax w                       | ithheld Copy                     |
|   |                             | \$  | \$   | To be filed wit                  |
| PAYER'S TIN RECIPIENT   | T'S TIN                     | 5 Fishing boat proceeds   | 6 Medical and health c payments              | income tax return when required  |
|   |                             | \$  | \$   |                                  |
| RECIPIENT'S name  Street address (including apt. no.)                                       |                             | 7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale | 8 Substitute payments of dividends or intere | I                                |
|   |                             | 9 Crop insurance proceeds   | 10 Gross proceeds paid attorney              | to an                            |
|   |                             | \$  | \$   |                                  |
| City or town, state or province, country, and ZIP or foreign postal code                    |                             | 11 Fish purchased for resale  | 12 Section 409A deferra                      | ls                               |
|   |                             | \$  | \$   |                                  |
|   | 13 FATCA filing requirement | 14  | 15 Nonqualified deferred compensation        |                                  |
|   |                             |   | \$   |                                  |
| Account number (see instructions)   |                             | 16 State tax withheld   | 17 State/Payer's state n                     |                                  |
|   |                             | \$  |  | \$                               |
|   |                             | \$  |  | \$                               |
| Form <b>1099-MISC</b> (Rev. 3-2025)   | www.irs.gov/For             | rm1099MISC  | Department of the Tre                        | easury - Internal Revenue Servic |

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