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 VOID CORRECTED

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

Form **1099-MISC**

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

**Do NOT Cut or Separate Forms on This Page**



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|--|-----------------------------------|--|--|--|
| PAYER'S name, street address, city, state, and ZIP code                                      |                                   | 1 Rents<br>\$  | OMB No. 1545-0115<br><br><b>1994</b>   | <b>Miscellaneous<br/>Income</b>                |
|  |                                   | 2 Royalties<br>\$  |  |  |
|  |                                   | 3 Other income<br>\$   |  |  |
| PAYER'S Federal identification number  | RECIPIENT'S identification number | 4 Federal income tax withheld<br>\$                          | 5 Fishing boat proceeds<br>\$  | <b>Copy 1<br/>For State Tax<br/>Department</b> |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City, state, and ZIP code |                                   | 6 Medical and health care payments<br>\$                     | 7 Nonemployee compensation<br>\$   |  |
|  |                                   | 8 Substitute payments in lieu of dividends or interest<br>\$ | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> |  |
| Account number (optional)  |                                   | 10 Crop insurance proceeds<br>\$                             | 11 State income tax withheld<br>\$   |  |
|  |                                   | 12 State/Payer's state number                                |  |  |

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service



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|--|-----------------------------------|--|--|---|
| PAYER'S name, street address, city, state, and ZIP code                                      |                                   | 1 Rents<br>\$  | OMB No. 1545-0115<br><br><b>1994</b>   | <b>Miscellaneous<br/>Income</b>   |
|  |                                   | 2 Royalties<br>\$  |  |   |
|  |                                   | 3 Other income<br>\$   |  |   |
| PAYER'S Federal identification number  | RECIPIENT'S identification number | <b>4 Federal income tax withheld</b><br>\$                   | 5 Fishing boat proceeds<br>\$  | <b>Copy B<br/>For Recipient</b><br><br>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City, state, and ZIP code |                                   | 6 Medical and health care payments<br>\$                     | 7 Nonemployee compensation<br>\$   |   |
|  |                                   | 8 Substitute payments in lieu of dividends or interest<br>\$ | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> |   |
| Account number (optional)  |                                   | 10 Crop insurance proceeds<br>\$                             | 11 State income tax withheld<br>\$   |   |
|  |                                   | 12 State/Payer's state number                                |  |   |

Form **1099-MISC**

(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).

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| PAYER'S name, street address, city, state, and ZIP code                                      |                                   | 1 Rents<br>\$  | OMB No. 1545-0115<br><br><b>1994</b>   | <b>Miscellaneous<br/>Income</b>  |
|  |                                   | 2 Royalties<br>\$  |  |  |
|  |                                   | 3 Other income<br>\$   |  |  |
| PAYER'S Federal identification number  | RECIPIENT'S identification number | 4 Federal income tax withheld<br>\$                          | 5 Fishing boat proceeds<br>\$  | <b>Copy 2<br/>To be filed<br/>with<br/>recipient's<br/>state income<br/>tax return,<br/>when<br/>required.</b> |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City, state, and ZIP code |                                   | 6 Medical and health care payments<br>\$                     | 7 Nonemployee compensation<br>\$   |  |
|  |                                   | 8 Substitute payments in lieu of dividends or interest<br>\$ | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> |  |
| Account number (optional)  |                                   | 10 Crop insurance proceeds<br>\$                             | 11 State income tax withheld<br>\$   |  |
|  |                                   | 12 State/Payer's state number                                |  |  |

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|  |                                   | 2 Royalties<br>\$   |   |  |
|  |                                   | 3 Other income<br>\$  |   |  |
| PAYER'S Federal identification number  | RECIPIENT'S identification number | 4 Federal income tax withheld<br>\$                             | 5 Fishing boat proceeds<br>\$   | <b>Copy C<br/>For Payer</b><br>For Paperwork<br>Reduction Act<br>Notice and<br>instructions for<br>completing this<br>form, see<br><b>Instructions for<br/>Forms 1099,<br/>1098, 5498,<br/>and W-2G.</b> |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City, state, and ZIP code |                                   | 6 Medical and health care payments<br>\$                        | 7 Nonemployee compensation<br>\$  |  |
|  |                                   | 8 Substitute payments in lieu of<br>dividends or interest<br>\$ | 9 Payer made direct sales of<br>\$5,000 or more of consumer<br>products to a buyer<br>(recipient) for resale ► <input type="checkbox"/> |  |
| Account number (optional)  |                                   | 10 Crop insurance proceeds<br>\$                                | 11 State income tax withheld<br>\$  |  |
|  |                                   | 2nd TIN Not. <input type="checkbox"/>                           | 12 State/Payer's state number   |  |

Form **1099-MISC**

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.



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