☐ CORRECTED (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** (Rev. January 2024) For calendar year	**Miscellaneous Information**
	2 Royalties $		
	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 $	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the IRS. 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.
	9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	
	11 Fish purchased for resale $	12 Section 409A deferrals $	
13 FATCA filing requirement ☐	14 Excess golden parachute payments $	15 Nonqualified deferred compensation $	
Account number (see instructions)	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

☐ CORRECTED (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 (Rev. January 2024) For calendar year | Miscellaneous Information
2 Royalties | 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
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IMPORTANT TAX RETURN DOCUMENT ENCLOSED

☐ VOID ☐ CORRECTED (if checked)

street address, city or town, state or province, country, ZIP code, and telephone no.	1 Rents $	OMB No. 1545-0115 Form **1099-MISC** (Rev. January 2024) For calendar year	**Miscellaneous Information**
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	**Copy 2** **To be Filed with Recipient's State or Local Income Tax Return, or Copy 1 For State Tax Department**
RECIPIENT'S TIN	5 Fishing boat proceeds $	6 Medical and health care payments $	
et address, city or town, state or province, country, and ZIP or foreign postal code	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest $	
	9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	
	11 Fish purchased for resale $	12 Section 409A deferrals $	
13 FATCA filing requirement ☐	14 Excess golden parachute payments $	15 Nonqualified deferred compensation $	
	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

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MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

☐ VOID ☐ CORRECTED (if checked)

tate or province, country, ZIP	1 Rents $	OMB No. 1545-0115 Form **1099-MISC** (Rev. January 2024) For calendar year	**Miscellaneous Information**
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	**Copy 2** **To be Filed with Recipient's State or Local Income Tax Return, or Copy 1 For State Tax Department**
ENT'S TIN	5 Fishing boat proceeds $	6 Medical and health care payments $	
e, country, and ZIP or foreign postal code	7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest $	
	9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	
	11 Fish purchased for resale $	12 Section 409A deferrals $	
13 FATCA filing requirement ☐	14 Excess golden parachute payments $	15 Nonqualified deferred compensation $	
Account number (see instructions)	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

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