9595 ☐ VOID ☐ CORRECTED

PAYER'S name			1 Rents $	OMB No. 1545-0115 Form 1099-MISC (Rev. December 2026) For calendar year	Miscellaneous Information
Street address	Room or suite no.		2 Royalties $		
City or town	Telephone number		3 Other income $	4 Federal income tax withheld $	Copy A For Internal Revenue Service Center
State or province	Country	ZIP or foreign postal code			
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name			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 $	For filing information, Privacy Act, and Paperwork Reduction Act Notice, see the General Instructions for Certain Information Returns.
Street address	Apt. no.		9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $	
City or town			11 Fish purchased for resale $	12 Section 409A deferrals $	
State or province	Country	ZIP or foreign postal code	13a Cash tips $	13b TTOC	
	FATCA filing requirement ☐		14 Overtime compensation $	15 Nonqualified deferred compensation $	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 **1099-MISC** (Rev. 12-2026) Created 5/26/26 41-0852411 www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

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Sample

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