

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	2021	Miscellaneous Information
		\$			
		2 Royalties			
PAYER'S TIN		3 Other income	4 Federal income tax withheld	Copy B For Recipient	
		\$	\$		
		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 <input type="checkbox"/>	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 Excess golden parachute payments	14 Nonqualified deferred compensation				
15 State tax withheld	16 State/Payer's state no.	17 State income			
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	\$	\$	\$	\$

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

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