

VOID  CORRECTED

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		<b>Miscellaneous Information</b>
			\$	<b>2021</b>	Form <b>1099-MISC</b>	
			2 Royalties			
PAYER'S TIN			3 Other income			4 Federal income tax withheld
			\$		\$	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code			5 Fishing boat proceeds		6 Medical and health care payments	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2021 General Instructions for Certain Information Returns.</b>
			\$		\$	
Account number (see instructions)			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	
			\$		\$	
FATCA filing requirement <input type="checkbox"/>			9 Crop insurance proceeds		10 Gross proceeds paid to an attorney	
2nd TIN not <input type="checkbox"/>			\$		\$	
Account number (see instructions)			11 Fish purchased for resale		12 Section 409A deferrals	
			\$		\$	
FATCA filing requirement <input type="checkbox"/>			13 Excess golden parachute payments		14 Nonqualified deferred compensation	
2nd TIN not <input type="checkbox"/>			\$		\$	
Account number (see instructions)			15 State tax withheld		16 State/Payer's state no.	17 State income
			\$		\$	\$
FATCA filing requirement <input type="checkbox"/>			\$		\$	
2nd TIN not <input type="checkbox"/>			\$		\$	

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