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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 <b>1099-MISC</b> (Rev. January 2024) For calendar year _____		<b>Miscellaneous Information</b>  <b>Copy 1 For State Tax Department</b>
		2 Royalties \$ _____			
		3 Other income \$ _____	4 Federal income tax withheld \$ _____		
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 <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$ _____		
Street address (including apt. no.) _____		9 Crop insurance proceeds \$ _____	10 Gross proceeds paid to an attorney \$ _____		
City or town, state or province, country, and ZIP or foreign postal code _____		11 Fish purchased for resale \$ _____	12 Section 409A deferrals \$ _____		
		13 FATCA filing requirement <input type="checkbox"/>	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 \$ _____ \$ _____	