

9595

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>2015</b>	
		2 Royalties			
PAYER'S federal identification number		RECIPIENT'S identification number		Form <b>1099-MISC</b>	
		3 Other income		4 Federal income tax withheld	
		\$		\$	
5 Fishing boat proceeds		6 Medical and health care payments		<b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  <b>For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.</b>	
\$		\$			
7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest			
\$		\$			
9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds			
\$		\$			
11		12			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments	
\$		\$		14 Gross proceeds paid to an attorney	
\$		\$		\$	
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld	
\$		\$		\$	
				17 State/Payer's state no.	
				\$	
				18 State income	
				\$	