9595	□ void □		CTI	ED			_	
PAYER'S name, street address, city	, state, ZIP code, and te	lephone no.	\$	Rents		20 04	ſ	Miscellaneous Income
			\$		Foi	m 1099-MISC		
			3	Other income	4	Federal income tax	withheld	Сору А
			\$		\$			For
PAYER'S Federal identification number	RECIPIENT'S identific number	cation	5	Fishing boat proceeds	6	Medical and health care	e payments	Internal Revenue Service Center
			\$		\$			File with Form 1096
RECIPIENT'S name			7	Nonemployee compensation	8	Substitute payments dividends or interest	in lieu of	For Privacy Act and Paperwork
			\$		 \$			Reduction Act
Street address (including apt. no.)			9	Payer made direct sales of \$5,000 or more of consumer products to a buyer		Crop insurance p	roceeds	Notice, see the
				(recipient) for resale ►	\$			Instructions for
City, state, and ZIP code			11		12			Forms 1099, 1098, 5498,
Account number (optional)		2nd TIN not.	13	Excess golden parachute payments	14	Gross proceeds pan attorney	paid to	and W-2G
			\$		\$			
15			16	State tax withheld	17	State/Payer's stat	te no.	18 State income
			\$					\$
1000 11100			\$					\$
Form 1099-MISC		Ca	at. No	o. 14425J	D	epartment of the Ti	reasury -	Internal Revenue Service

Form 1099-MISC Cat. No. 14425J Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, ZIP code, and telephone no.			Rents	OMB No. 1545-0115					
		\$	Royalties	2004			Miscellaneous Income		
		\$		Fo	rm 1099-MISC				
		3	Other income	4	Federal income tax v	vithheld			
		\$		\$				Сору 1	
PAYER'S Federal identification number	RECIPIENT'S identification number	5	Fishing boat proceeds	6	Medical and health care	payments		For State Tax Department	
		\$		\$					
RECIPIENT'S name		7	Nonemployee compensation	8	Substitute payments in dividends or interest	n lieu of			
		\$		\$					
Street address (including apt. no.)		9		10	Crop insurance pro	oceeds			
City, state, and ZIP code		11		12	<i>'''''</i>				
Account number (optional)		13	Excess golden parachute payments	14	Gross proceeds pa an attorney	aid to			
15		16	State tax withheld	_	State/Payer's state	e no.	18	State income	
		\$		ļ			\$		
		1 \$					\$		

	∟ CORRE	ECT	ED (if checked)					
PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents OMB No. 1545-0115 \$ 2 Royalties			I	Miscellaneous		
		\$	Royallies	Fo	m 1099-MISC		Income	
		3		4 \$	Federal income tax v	withheld	Copy B For Recipient	
PAYER'S Federal identification number	RECIPIENT'S identification number	5	Fishing boat proceeds	6	Medical and health care	payments		
		\$		\$				
RECIPIENT'S name		7	Nonemployee compensation	8	Substitute payments in dividends or interest	n lieu of	This is important tax information and is being furnished to	
Street address (including apt. no.)		9			Crop insurance pro	oceeds	the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be	
City, state, and ZIP code		11		12			imposed on you if this income is taxable and the IRS	
Account number (optional)		13	Excess golden parachute payments	14	Gross proceeds pa an attorney	aid to	determines that it has not been reported.	
15		16 \$	State tax withheld	17	State/Payer's state	e no.	18 State income \$	
		\$					\$	

(keep for your records)

Instructions to Recipients

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals.

Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

Boxes 1 and 2. Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see **Pub. 544**, Sales and Other Dispositions of Assets.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See **Form W-9**, Request for Taxpayer Identification Number and Certification, for more information. **Report this amount on your income tax return as tax withheld.**

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See **Pub. 595**, Tax Highlights for Commercial Fishermen.

Box 6. Report on Schedule C or C-EZ (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

Box 10. Report this amount on line 8 of Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for the "Total Tax" line.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15. Other information may be provided to you in box 15. **Boxes 16–18.** Shows state or local income tax withheld from the payments.

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PAYER'S name, street address, city, state, ZIP code, and telephone no.		1	Rents	ON	1B No. 1545-0115					
		2	Royalties	20 04			Miscellaneous Income			
		\$		Fo	rm 1099-MISC					
		3	Other income	4	Federal income tax w	vithheld				
		\$		\$						
PAYER'S Federal identification number	RECIPIENT'S identification number	5	Fishing boat proceeds	6	Medical and health care	payments		Copy 2 To be filed		
		\$		\$				with		
RECIPIENT'S name		7	Nonemployee compensation	8	Substitute payments ir dividends or interest	n lieu of		recipient's state income tax return, when		
		\$		\$				required.		
Street address (including apt. no.)		9	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale		Crop insurance pro	oceeas				
City, state, and ZIP code		11		12						
Account number (optional)		13	Excess golden parachute payments		an attorney	aid to				
		\$		\$						
15		16 \$	State tax withheld	17	State/Payer's state	e no.	18 \$	State income		
		1		·			- Ψ			

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PAYER'S name, street address, city,	state, ZIP code, and telephone no.	1	1 Rents	ОМІ	B No. 1545-0115		
		<u> </u>	\$ 2 Royalties		20 04	Γ	Miscellaneous Income
		9	\$	Forr	ո 1099-MISC		
		3	3 Other income	4	Federal income tax w	vithheld	
		9	\$	\$			Comy C
PAYER'S Federal identification number	RECIPIENT'S identification number	5	5 Fishing boat proceeds	6	Medical and health care	payments	Copy C For Payer
		1	\$	\$			
RECIPIENT'S name		7	7 Nonemployee compensation	8	Substitute payments in dividends or interest	n lieu of	For Privacy Act and Paperwork Reduction Act
Street address (including apt. no.)		_ _ '	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale		Crop insurance pro	oceeds	Notice, see the 2004 General Instructions for
City, state, and ZIP code		11		12			Forms 1099, 1098, 5498,
Account number (optional)	2nd TIN no	ot. 13	payments		Gross proceeds pa an attorney	aid to	and W-2G.
15	, <u> </u>	16	State tax withheld	-	State/Payer's state	e no.	18 State income \$
		14					

Instructions for Payers

General and specific form instructions are provided as separate products. The products you should use to complete Form 1099-MISC are the 2004 General Instructions for Forms 1099, 1098, 5498, and W-2G and the separate specific instructions, 2004 Instructions for Form 1099-MISC. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, call 1-800-TAX-FORM (1-800-829-3676).

Caution: Because paper forms are scanned during processing, you cannot file with the IRS Forms 1096, 1098, 1099, or 5498 that you print from the IRS website.

Due dates. Furnish Copy B of this form to the recipient by January 31, 2005.

File Copy A of this form with the IRS by February 28, 2005. If you file electronically, the due date is March 31, 2005.

