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### **Attention:**

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at [www.irs.gov/form1099](http://www.irs.gov/form1099), for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, visit [www.IRS.gov/orderforms](http://www.IRS.gov/orderforms). Click on [Employer and Information Returns](#), and we'll mail you the forms you request and their instructions, as well as any publications you may order.

Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit [www.IRS.gov/FIRE](http://www.IRS.gov/FIRE)) or the IRS Affordable Care Act Information Returns (AIR) program (visit [www.IRS.gov/AIR](http://www.IRS.gov/AIR)).

See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

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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                                      |  |
|   |  | \$   |  | 2019   |  |
|   |  | 2 Royalties  |  |  |  |
| PAYER'S TIN   |  | 3 Other income   |  | 4 Federal income tax withheld                          |  |
|   |  | \$   |  | \$   |  |
|   |  | 5 Fishing boat proceeds  |  | 6 Medical and health care payments                     |  |
| RECIPIENT'S TIN   |  | \$   |  | \$   |  |
| RECIPIENT'S name  |  | 7 Nonemployee compensation   |  | 8 Substitute payments in lieu of dividends or interest |  |
| Street address (including apt. no.)   |  | \$   |  | \$   |  |
| City or town, state or province, country, and ZIP or foreign postal code  |  | 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                             |  |
| Account number (see instructions)   |  | 11   |  | 12   |  |
| FATCA filing requirement <input type="checkbox"/>   |  | 2nd TIN not <input type="checkbox"/>   |  | 13 Excess golden parachute payments                    |  |
| 15a Section 409A deferrals  |  | 15b Section 409A income  |  | 14 Gross proceeds paid to an attorney                  |  |
| \$  |  | \$   |  | \$   |  |
| 16 State tax withheld   |  | 17 State/Payer's state no.   |  | 18 State income  |  |
| \$  |  | \$   |  | \$   |  |

Miscellaneous Income

Copy A For Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.

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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<br><br><b>2019</b><br>Form <b>1099-MISC</b> | <b>Miscellaneous<br/>Income</b> |
|   |  | \$   |  |   |                                 |
|   |  | 2 Royalties  |  |   |                                 |
|   |  | \$   |  | 4 Federal income tax withheld                                 |                                 |
| PAYER'S TIN   |  | RECIPIENT'S TIN  |  | \$  |                                 |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City or town, state or province, country, and ZIP or foreign postal code |  | 3 Other income   |  | 6 Medical and health care payments                            |                                 |
|   |  | \$   |  | \$  |                                 |
|   |  | 5 Fishing boat proceeds  |  | 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                                    |                                 |
|   |  | \$   |  | \$  |                                 |
| Account number (see instructions)   |  | FATCA filing requirement <input type="checkbox"/>  |  | 11  |                                 |
|   |  |  |  | 12  |                                 |
|   |  | 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   |                                 |
|   |  |  |  | \$  |                                 |

**Copy 1  
For State Tax  
Department**

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<br><br><b>2019</b><br>Form <b>1099-MISC</b> | <b>Miscellaneous<br/>Income</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<br><br>Street address (including apt. no.)<br><br>City or town, state or province, country, and ZIP or foreign postal code |                 | 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                                    |                                 | 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. |
| \$  |                 | \$   |  |   |                                 |   |
| 11  |                 | 12   |  |   |                                 |   |
| Account number (see instructions)   |                 | FATCA filing requirement <input type="checkbox"/>  |  | 13 Excess golden parachute payments                           |                                 |   |
|   |                 |  |  | \$  |                                 |   |
| 15a Section 409A deferrals  |                 | 15b Section 409A income  |  | 14 Gross proceeds paid to an attorney                         |                                 |   |
| \$  |                 | \$   |  | \$  |                                 |   |
|   |                 |  |  | 16 State tax withheld   |                                 |   |
|   |                 |  |  | \$  |                                 |   |
|   |                 |  |  | 17 State/Payer's state no.                                    |                                 |   |
|   |                 |  |  | \$  |                                 |   |
|   |                 |  |  | 18 State income   |                                 |   |
|   |                 |  |  | \$  |                                 |   |

## Instructions for Recipient

**Recipient's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**FATCA filing requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

**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. 334 for more information. **Note:** If you are still receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

**Form 1099-MISC incorrect?** If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

**Box 1.** Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

**Box 2.** Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the box 7 instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR) 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. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 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 (Form 1040). See Pub. 334.

**Box 6.** For individuals, report on Schedule C (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 the amount in this box is SE income, report it on Schedule C 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 tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040 (or Form 1040NR). You also must complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line of Schedule 1 (Form 1040) (or Form 1040NR).

**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 Schedule 1 (Form 1040) (or Form 1040NR).

**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 (Form 1040).

**Box 10.** Report this amount on 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 (or Form 1040NR) instructions for where to report.

**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 15a.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

**Box 15b.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount also is included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable also is included in this box. This income also is subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See the Form 1040 (or Form 1040NR) instructions.

**Boxes 16–18.** Show state or local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC).

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<br><br><b>2019</b><br>Form <b>1099-MISC</b>  | <b>Miscellaneous<br/>Income</b> |
|   |  | \$  |  |  |                                 |
|   |  | 2 Royalties                                       |  |  |                                 |
|   |  | \$  |  | 4 Federal income tax withheld  |                                 |
| PAYER'S TIN   |  | RECIPIENT'S TIN                                   |  | \$   |                                 |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City or town, state or province, country, and ZIP or foreign postal code |  | 3 Other income                                    |  | 6 Medical and health care payments   |                                 |
|   |  | \$  |  | \$   |                                 |
|   |  | 5 Fishing boat proceeds                           |  | 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"/> |  | 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  |                                 |
|   |  |   |  | \$   |                                 |
|   |  |   |  | \$   |                                 |

**Copy 2**  
**To be filed with recipient's state income tax return, when required.**

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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                                      |                                    | <b>2019</b><br>Form <b>1099-MISC</b>  | <b>Miscellaneous<br/>Income</b>   |                 |
|   |                 | \$   |                                      |  |                                    |                                       |   |                 |
|   |                 | 2 Royalties  |                                      | \$   |                                    |                                       |   |                 |
|   |                 | 3 Other income   |                                      | 4 Federal income tax withheld                          |                                    | <b>Copy C<br/>For Payer</b>           |   |                 |
|   |                 | \$   |                                      | \$   |                                    |                                       |   |                 |
| PAYER'S TIN   | RECIPIENT'S TIN |  | 5 Fishing boat proceeds              |  | 6 Medical and health care payments |                                       | For Privacy Act<br>and Paperwork<br>Reduction Act<br>Notice, see the<br><b>2019 General<br/>Instructions for<br/>Certain<br/>Information<br/>Returns.</b> |                 |
|   |                 | \$   |                                      | \$   |                                    |                                       |   |                 |
| RECIPIENT'S name  |                 | 7 Nonemployee compensation   |                                      | 8 Substitute payments in lieu of dividends or interest |                                    |                                       |   |                 |
| Street address (including apt. no.)   |                 | \$   |                                      | \$   |                                    |                                       |   |                 |
| City or town, state or province, country, and ZIP or foreign postal code  |                 | 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 |
| \$  |                 | \$   |                                      | \$   |                                    |                                       |   | \$              |
|   |                 |  |                                      | \$   |                                    |                                       |   | \$              |

# Instructions for Payer

To complete Form 1099-MISC, use:

- The 2019 General Instructions for Certain Information Returns, and
- The 2019 Instructions for Form 1099-MISC.

To complete corrected Forms 1099-MISC, see the 2019 General Instructions for Certain Information Returns.

To order these instructions and additional forms, go to [www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC).

**Caution:** Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, or 5498 that you print from the IRS website.

**Due dates.** Furnish Copy B of this form to the recipient by January 31, 2020. The due date is extended to February 18, 2020, if you are reporting payments in box 8 or 14.

File Copy A of this form with the IRS by January 31, 2020, if you are reporting payments in box 7. Otherwise, file by February 28, 2020, if you file on paper, or by March 31, 2020, if you file electronically. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220. The IRS does not provide a fill-in form option for Copy A.

**Need help?** If you have questions about reporting on Form 1099-MISC, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).