

CORRECTED (if checked)

PAYER'S NAME, STREET ADDRESS, CITY OR TOWN, STATE OR PROVINCE, COUNTRY, ZIP OR FOREIGN POSTAL CODE, AND TELEPHONE NO. SL Munson Company 123 Business St New York, NY 10001 555-123-4567		1 Rents \$12,000.00	OMB No. 1545-0115 Form 1099-MISC (Rev. April 2025)	Miscellaneous Information Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S TIN 12-3456789	RECIPIENT'S TIN 98-7654321	2 Royalties \$8,500.00	For calendar year 2024	
RECIPIENT'S NAME John Doe		3 Other income \$5,000.00	4 Federal income tax withheld \$1,800.00	
STREET ADDRESS (INCLUDING APT. NO.) 456 Main St		5 Fishing boat proceeds \$22,000.00	6 Medical and health care payments \$3,500.00	
CITY OR TOWN, STATE OR PROVINCE, COUNTRY, AND ZIP OR FOREIGN POSTAL CODE Los Angeles, CA 90001		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input checked="" type="checkbox"/> \$15,000.00	8 Substitute payments in lieu of dividends or interest \$4,200.00	
		9 Crop insurance proceeds \$16,500.00	10 Gross proceeds paid to an attorney \$28,000.00	
ACCOUNT NUMBER (SEE INSTRUCTIONS) ACC-12345		11 Fish purchased for resale \$14 16 State tax withheld \$250.00 ----- \$180.00	12 Section 409A deferrals \$10,000.00	
		13 FATCA FILING REQUIREMENT <input checked="" type="checkbox"/>	14 15 Nonqualified deferred compensation \$12,500.00	
		17 State/Payer's state no. CA-123456 ----- NY-789012	18 State income \$15,000.00 ----- \$12,000.00	

Form 1099-MISC (Rev. 4-2025)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service