9595	□ VOID □		CTI	ED				
PAYER'S name, street address, city	state, ZIP code, and te	lephone no.	\$				1	Viscellaneous Income
			3	Other income	4	Federal income tax	withheld	Copy A
			\$		\$			For
PAYER'S Federal identification number	RECIPIENT'S identifice number	ation	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
			<b> </b> \$		<b> </b> \$			Reduction Act
Street address (including apt. no.)	address, city, state, ZIP code, and telephone no.    1 Rents	Crop insurance pr	roceeds	Notice, see the 2004 General Instructions for				
City, state, and ZIP code		\$ Form 1099-MISC  \$ Form 1099-MISC  3 Other income		Forms 1099, 1098, 5498,				
Account number (optional)		2nd TIN not.	13		14		paid to	and W-2G
			\$		\$			
15			16	State tax withheld	17	State/Payer's stat	te no.	18 State income
			\$		ļ			\$
			\$					\$
Form 1099-MISC		C	at. No	o. 14425J	D	epartment of the Ti	reasury -	Internal Revenue Service

Form 1099-MISC

Do Not Cut or Separate Forms on This Page

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page

	□ VOID □ CORRE	СТ	ED					
PAYER'S name, street address, city,	state, ZIP code, and telephone no.	1	Rents	ON	MB No. 1545-0115			
		\$	Royalties		20 <b>04</b>	1	Vlis	scellaneous 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	CI	ED (if checked)				
PAYER'S name, street address, city,	, state, ZIP code, and telephone no.	1	Rents	ON	1B No. 1545-0115		
		\$	Royalties		2004	I	Miscellaneous Income
		\$		Fo	rm <b>1099-MISC</b>		
		3	Other income	4	Federal income tax	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 i dividends or interest	n lieu of	This is important tax information and is being furnished to
Street address (including apt. no.)		\$		\$	Crop insurance pr	occode	the Internal Revenue Service. If you are
Street address (including apt. 110.)		"	\$5,000 or more of consumer products to a buyer		Crop insurance pr	oceeus	required to file a return, a negligence penalty or other
City state and 71D and		L	(recipient) for resale ▶	\$	·/////////////////////////////////////	/////////	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		Gross proceeds p 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
		<u>  \$</u>		ļ			\$
l		2		1			l \$

(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.

	∟ CORRE	CTI	ED (if checked)					
PAYER'S name, street address, city,	state, ZIP code, and telephone no.	\$	Rents  Royalties		1B No. 1545-0115	I	Mis	cellaneous Income
		\$		-	rm 1099-MISC		1	
		3		4   \$	Federal income tax v	withheld		
PAYER'S Federal identification number	RECIPIENT'S identification number	5	Fishing boat proceeds	6	Medical and health care	e payments		Copy 2 To be filed
RECIPIENT'S name		7	, , , , , , , , , , , , , , , , , , ,	8	Substitute payments i dividends or interest	in lieu of		with recipient's state income tax return, when required.
Street address (including apt. no.)		9		10	Crop insurance pr	roceeds	-	·
City, state, and ZIP code		11		12				
Account number (optional)		13	Excess golden parachute payments	14	Gross proceeds p an attorney	oaid to		
15		16 \$	State tax withheld	17	State/Payer's stat	e no.	18 S	State income
l		I d		1			ф	

				ED	СТІ	☐ CORRE	$\square$ void $\square$	
		MB No. 1545-0115	OM	Rents	1	elephone no.	, state, ZIP code, and te	PAYER'S name, street address, city
Miscellaneous Income	r	2004		Royalties	\$			
		rm <b>1099-MISC</b>	For		\$			
	withheld	Federal income tax	4	Other income	3			
Comu C			\$	;	\$			
Copy C For Payer	re payments	Medical and health care	6	Fishing boat proceeds	5	ication	RECIPIENT'S identific number	PAYER'S Federal identification number
			<b> </b> \$		\$			
For Privacy Act and Paperwork			8	Nonemployee compensation	+ -			RECIPIENT'S name
Reduction Act Notice, see the 2004 General	proceeds	Crop insurance p	10	Payer made direct sales of \$5,000 or more of consumer	9			Street address (including apt. no.)
Instructions for			\$	products to a buyer (recipient) for resale ►				
Forms 1099, 1098, 5498,			12		11			City, state, and ZIP code
and W-2G.	paid to	Gross proceeds pan attorney	14	Excess golden parachute payments	13	2nd TIN not.		Account number (optional)
			\$		\$			
18 State income	ite no.	State/Payer's state	17	State tax withheld	16			15
. <u>  \$</u>   \$			·		\$			
IΨ			1		ıψ			

## **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.

