

# Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's FEIN:

Payer's name:

Address:

City, State, Zip

	2009	2008		2009	2008
Rents			State	State I.D.	
Royalties			State tax withheld		
Other income			State income		
description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical & health care payments			State	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
<input type="checkbox"/> Payer made direct sales			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					

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