

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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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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