

1593

 void corrected

PAYEE'S name, street address (or, care, if not a residence), city, state, ZIP code, and telephone no.		1 Name	OMB No. 1545-0047	
JOHN DOE 1111 ELM STREET CITY, ST 00000 (000) 000-0000		2 Address	2011 Form 1099-MISC	
		3 Other names		
PAYEE'S federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	Miscellaneous Income	
68-0000000	680-00-0000	5		
RECIPIENT'S name		6 Total amount paid or allowed	Copy A For Internal Revenue Service Center	
CONTRACTOR NAME		7 Federal estate tax withheld		
Street address (including apt. no.), city, state, and ZIP code		8 Substituted payment in lieu of interest	File with Form 1099.	
1222 HOME APT 1 CITY, ST, 00000		9 Total (line 6) less (line 7)		
Account number and instructions		10 Total (line 6) less (line 8)	For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.	
		11		
12a Section 408(a) amount	12b Section 408(a) amount	12 Total (line 6) less (line 9)	13 Gross income received	
\$	\$	13		
14 Section 408(a) amount		14 Gross profit, less (line 13)	15 Other income (see instructions)	
		15		
16 Section 408(a) amount		16 Gross tax withheld	17 Recipient's state ID	
		17		
18 Section 408(a) amount		18	19 Other income	
		19		

Form 1099-MISC

Oct. 10, 2010

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