

☐ VOID ☐ CORRECTED

|  |                                   |  |   |                       |  |                 |
|--|-----------------------------------|--|---|-----------------------|--|-----------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.                               |                                   | 1 Rents  | OMB No. 1545-0115<br><br><b>2006</b><br>Form <b>1099-MISC</b> |                       | <b>Miscellaneous<br/>Income</b>                |                 |
|  |                                   | \$   |   |                       |  |                 |
|  |                                   | 2 Royalties  |   |                       |  |                 |
|  |                                   | \$   | 4 Federal income tax withheld                                 |                       | <b>Copy 1<br/>For State Tax<br/>Department</b> |                 |
|  |                                   | 3 Other income   |   |                       |  |                 |
|  |                                   | \$   |   |                       |  |                 |
| PAYER'S federal identification number  | RECIPIENT'S identification number | 5 Fishing boat proceeds  | 6 Medical and health care payments                            |                       |  |                 |
| RECIPIENT'S name<br><br><br>Street address (including apt. no.)<br><br><br>City, state, and ZIP code |                                   | \$   | \$  |                       |  |                 |
|  |                                   | 7 Nonemployee compensation   | 8 Substitute payments in lieu of dividends or interest        |                       |  |                 |
|  |                                   | \$   | \$  |                       |  |                 |
|  |                                   | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> | 10 Crop insurance proceeds                                    |                       |  |                 |
| Account number (see instructions)  |                                   | 11   | 12  |                       |  |                 |
|  |                                   | 13 Excess golden parachute payments  | 14 Gross proceeds paid to an attorney                         |                       |  |                 |
| 15a Section 409A deferrals   |                                   | 15b Section 409A income  |   | 16 State tax withheld | 17 State/Payer's state no.                     | 18 State income |
|  |                                   |  |   | \$                    | \$   | \$              |
| \$   |                                   | \$   |   | \$                    | \$   | \$              |

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service

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|  |                                   |  |   |  |                                 |
|--|-----------------------------------|--|---|--|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.                       |                                   | 1 Rents  | OMB No. 1545-0115<br><br><b>2006</b><br>Form <b>1099-MISC</b> |  | <b>Miscellaneous<br/>Income</b> |
|  |                                   | \$   |   |  |                                 |
|  |                                   | 2 Royalties  |   |  |                                 |
|  |                                   | \$   | 3 Other income  | 4 Federal income tax withheld  |                                 |
|  |                                   | \$   | \$  | <b>Copy B<br/>For Recipient</b>  |                                 |
| PAYER'S federal identification number  | RECIPIENT'S identification number | 5 Fishing boat proceeds  | 6 Medical and health care payments                            |  |                                 |
|  |                                   | \$   | \$  |  |                                 |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City, state, and ZIP code |                                   | 7 Nonemployee compensation   | 8 Substitute payments in lieu of dividends or interest        | This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |                                 |
|  |                                   | \$   | \$  |  |                                 |
|  |                                   | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> | 10 Crop insurance proceeds                                    |  |                                 |
| \$   | \$                                |  |   |  |                                 |
| Account number (see instructions)  |                                   | 11   | 12  |  |                                 |
|  |                                   | 13 Excess golden parachute payments  | 14 Gross proceeds paid to an attorney                         |  |                                 |
|  |                                   | \$   | \$  |  |                                 |
| 15a Section 409A deferrals   | 15b Section 409A income           | 16 State tax withheld  | 17 State/Payer's state no.                                    | 18 State income  |                                 |
| \$   | \$                                | \$   |   | \$   |                                 |
|  |                                   | \$   |   | \$   |                                 |

Form **1099-MISC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

## Instructions for Recipients

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**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. 334, Tax Guide for Small Business, 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. See Pub. 525, Taxable and Nontaxable 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.** For individuals, 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 where to report.

**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 15a.** Shows current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A. Any earnings on current and prior year deferrals are also reported.

**Box 15b.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

**Boxes 16–18.** Shows state or local income tax withheld from the payments.

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|  |                                   |  |   |                 |                                 |
|--|-----------------------------------|--|---|-----------------|---------------------------------|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. |                                   | 1 Rents  | OMB No. 1545-0115<br><br><b>2006</b><br>Form <b>1099-MISC</b> |                 | <b>Miscellaneous<br/>Income</b> |
|  |                                   | \$   |   |                 |                                 |
|  |                                   | 2 Royalties  |   |                 |                                 |
|  |                                   | \$   |   |                 |                                 |
|  |                                   | 3 Other income   | 4 Federal income tax withheld                                 |                 |                                 |
|  |                                   | \$   | \$  |                 |                                 |
| 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 in lieu of dividends or interest        |                 |                                 |
| Street address (including apt. no.)                                    |                                   |  |   |                 |                                 |
| City, state, and ZIP code  |                                   | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> | 10 Crop insurance proceeds                                    |                 |                                 |
|  |                                   | \$   | \$  |                 |                                 |
| Account number (see instructions)                                      |                                   | 11   | 12  |                 |                                 |
|  |                                   |  |   |                 |                                 |
|  |                                   | 13 Excess golden parachute payments  | 14 Gross proceeds paid to an attorney                         |                 |                                 |
|  |                                   | \$   | \$  |                 |                                 |
| 15a Section 409A deferrals   | 15b Section 409A income           | 16 State tax withheld  | 17 State/Payer's state no.                                    | 18 State income |                                 |
| \$   | \$                                | \$   |   | \$              |                                 |
|  |                                   | \$   |   | \$              |                                 |

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Department of the Treasury - Internal Revenue Service

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|--|-----------------------------------|--|--|----------------------------|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.                       |                                   | 1 Rents  | OMB No. 1545-0115                                      |                            | <b>Miscellaneous<br/>Income</b>  |
|  |                                   | \$   | <b>2006</b><br>Form <b>1099-MISC</b>                   |                            |  |
|  |                                   | 2 Royalties  |  |                            |  |
|  |                                   | \$   |  |                            | <b>Copy C<br/>For Payer</b>  |
|  |                                   | 3 Other income   | 4 Federal income tax withheld                          |                            |  |
|  |                                   | \$   | \$   |                            |  |
| PAYER'S federal identification number  | RECIPIENT'S identification number | 5 Fishing boat proceeds  | 6 Medical and health care payments                     |                            | <b>For Privacy Act<br/>and Paperwork<br/>Reduction Act<br/>Notice, see the<br/>2006 General<br/>Instructions for<br/>Forms 1099,<br/>1098, 5498,<br/>and W-2G.</b> |
| RECIPIENT'S name<br><br>Street address (including apt. no.)<br><br>City, state, and ZIP code |                                   | \$   | \$   |                            |  |
|  |                                   | 7 Nonemployee compensation   | 8 Substitute payments in lieu of dividends or interest |                            |  |
|  |                                   | \$   | \$   |                            |  |
| Account number (see instructions)      2nd TIN not. <input type="checkbox"/>                 |                                   | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> | 10 Crop insurance proceeds                             |                            |  |
|  |                                   | \$   | \$   |                            |  |
|  |                                   | 11   | 12   |                            |  |
| 15a Section 409A deferrals   |                                   | 15b Section 409A income  |  | 16 State tax withheld      |  |
| \$   |                                   | \$   |  | \$                         |  |
|  |                                   |  |  | 17 State/Payer's state no. |  |
|  |                                   |  |  | \$                         |  |
|  |                                   |  |  | 18 State income            |  |
|  |                                   |  |  | \$                         |  |

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service

# 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 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G and the 2006 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, 2007.

File Copy A of this form with the IRS by February 28, 2007. If you file electronically, the due date is April 2, 2007. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically. IRS does not provide a fill-in form option.



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