

Form 1099-MISC

Please attach all 1099-M(s)

Name: _____ **SSN:** _____

TS For Payer's Federal ID number: _____

Payer's name: _____

Address: _____

City: _____

U.S. Only State, ZIP: _____

Foreign Only Province/State, Country, Postal Code: _____

	2014	2013		2014	2013
Rents			State <input type="checkbox"/>	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 and health care payments			State <input type="checkbox"/>	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					
Taxable Proceeds					
Section 409A deferrals					
Section 409A income					

Social Security Benefit Statement

	2014	2013		2014	2013
Net benefits			TS <input type="checkbox"/>	Net benefits	
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		