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PAYER'S name, street address, city.	state, ZIP code, and tele	phone no.	1 Rents	OMB No. 1545-0115		
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PAYER'S Federal identification number	RECIPIENT'S Identifica	tion number	4 Federal income tax withheld	6 Fishing boat proceeds	Copy A	
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RECIPIENT'S name			6 Medical and health care payment \$	Nonemployee compensation S.	Internal Revenue Service Center	
			8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$6,000 or more of consumer	File with Form 1096.	
Street address (including apt. no.)			dworns or sterest	products to a buyer	For Paperwork Reduction Act Notice	
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Form 1099-MISC			at. No. 14425J	Department of the Treasury	•	
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