STATEMENT OF MISCELLANEOUS INCOME

Tax Year: _____

PAYER INFORMATION

Name:

Address:

TIN / EIN:

RECIPIENT INFORMATION

Name:

Address:

TIN / SSN:

INCOME CATEGORY / DESCRIPTION	AMOUNT
Rents	
Royalties	
Other Income	
Federal Income Tax Withheld	
Nonemployee Compensation	
Substitute Payments in Lieu of Dividends or Interest	
Payer Made Direct Sales of $5,000 or More	
Total Miscellaneous Income	

RECIPIENT SIGNATURE

DATE: _____

AUTHORIZED PAYER SIGNATURE

DATE: _____