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VOID

CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CITY OF BREVARD 95 WEST MAIN ST BREVARD NC 28712-3635 (828) 885-5600			1 Rents S	OMB No. 1545-0115 2019 Form 1099-MISC	Miscellaneous Income
PAYER'S TIN _____			2 Royalties S	Copy A For Internal Revenue Service Center File with Form 1099	
RECIPIENT'S name HUMPHREYS, TRENT			3 Other income S		4 Federal income tax withheld S
Street address (including apt. no.) _____			5 Fishing boat proceeds S	6 Medical and health care payments S	
City or town, state or province, country, and ZIP or foreign postal code BREVARD NC 28712			7 Nonemployee compensation S 33,981.00	8 Substantiated payments in lieu of dividends or interest S	
Account number (see instructions) _____			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 S	
11 _____		12 _____		13 Excess golden parachute payments S	14 Gross proceeds paid to an attorney S
15a Section 409A deferrals S	15b Section 409A income S		16 State tax withheld S	17 State/Payer's state no. _____	18 State income S

Form 1099-MISC

36-1064130

www.irs.gov/Form1099-MISC

Department of the Treasury - Internal Revenue Service

DETACH BEF

FORM # 1099-MISC