

[illegible]

Business Name _____
 Business Address _____
 City/State/Zip _____
 EIN# or SS# _____

[illegible]

Payer>>JOHN DOE
: 42-0000000

JOHN DOE INC

12345 LANE
ANYWHERE, IA 50401

✱ **1099-MISC KEY** ✱

RENTS = Rent Paid

MED CARE = Veterinary Payments

Name 1 : JOHN DOE SSN/EIN : 00000000000
Name 2 :
Address : 12345 LANE
CityZIP : ANYWHERE, IA 50401
Rents : 50000.00 50,000- Med Care : 0.00

Name 1 : ANYWHERE VETERINARY SERVICE SSN/EIN : 00000000000
Name 2 :
Address : 74123 STREET
CityZIP : ANYWHERE, IA 50401
Rents : 0.00 0.00 Veterinary Med Care : 3500.00 2800-

↑
Prior Year

↑
Current Year

↑
Prior Year

↑
Current Year

✱ **1099-NEC KEY** ✱

Payer>>JOHN DOE
: 42-0000000
JOHN DOE INC

12345 LANE
ANYWHERE, IA 50401

**NON-EMPLOY = Custom Work, Machine Hire, Etc
= Lawyer/Legal Fees**

Name 1 : JAMES DOE SSN/EIN : 00000000000
Name 2 :
Address : 12345 LANE
CityZIP : ANYWHERE, IA 50401
Non-Employ : 10000.00 12,000-

Name 1 : LEE GAL LAW OFFICE SSN/EIN : 00000000000
Name 2 :
Address : 74123 BLVD
CityZIP : ANYWHERE, IA 50401
Non-Employ : 5000.00 0

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Prior Year

↑
Current Year