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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. PROFESSIONAL HEALTH AND SAFETY INSTITUTE, LLC 10104 SENATE DR STE 202 LANHAM, MD 20706			1 Rents \$	OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income
			2 Royalties \$		
			3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 101-48-4993		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Cynthia Lightfoot			7 Nonemployee compensation 750.00	8 Substitute payments in lieu of dividends or interest \$	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.
Street address (including apt. no.) 1609 Kalmia Rd NW			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 \$	
City or town, state or province, country, and ZIP or foreign postal code Washington DC 20012			11	12	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form **1099-MISC**

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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		2 Royalties \$ _____	3 Other income \$ _____	4 Federal income tax withheld \$ _____	
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 101-48-4993	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____		Copy B For Recipient
RECIPIENT'S name Cynthia Lightfoot		7 Nonemployee compensation 750.00 \$ _____	8 Substitute payments in lieu of dividends or interest \$ _____		
Street address (including apt. no.) 1609 Kalmia Rd NW		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 \$ _____		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
City or town, state or province, country, and ZIP or foreign postal code Washington DC 20012		11 _____	12 _____		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments \$ _____	14 Gross proceeds paid to an attorney \$ _____		
15a Section 409A deferrals \$ _____	15b Section 409A income \$ _____	16 State tax withheld \$ _____	17 State/Payer's state no.	18 State income \$ _____	

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(keep for your records)

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PAYER'S TIN 81-0694271	RECIPIENT'S TIN 101-48-4993	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____	Copy 1 For State Tax Department	
RECIPIENT'S name Cynthia Lightfoot Street address (including apt. no.) 1609 Kalmia Rd NW City or town, state or province, country, and ZIP or foreign postal code Washington DC 20012		7 Nonemployee compensation 750.00 \$ _____	8 Substitute payments in lieu of dividends or interest \$ _____		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	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 \$ _____	11	12
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