9595	□ VC	DID [CORRE	CTED			
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	Miscellaneous	
				2 Royalties	4010	Income	
					Form 1099-MISC		
				3 Other income \$	4 Federal income tax withhel	Copy A	
PAYER'S TIN	RECIPIENT	T'S TIN		5 Fishing boat proceeds	6 Medical and health care paymen	The second secon	
81-0694271	101-48	8-4993				Service Cente	
				\$	\$	File with Form 1096	
RECIPIENT'S name Cynthia Lightfoot			7 Nonemployee compensation 750.00	8 Substitute payments in lieu dividends or interest	and Paperwork Reduction Act Notice, see the 2018 General Instructions for		
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		of consumer	
City or town, state or province, coun	try, and ZIP or	r foreign pos	tal code	(recipient) for resale ►	\$	Certain	
Washington DC 20012				11	12	Returns	
Account number (see instructions)		FATCA filing requirement	2nd TIN not	.13 Excess golden parachute payments	14 Gross proceeds paid to ar attorney		
5a Section 409A deferrals 15b Section 409A income			16 State tax withheld \$	17 State/Payer's state no.	18 State income \$		
\$ form 1099-MISC Cat	\$			\$		\$	

		CTED (if checked)	CORRE			
	OMB No. 1545-0115	1 Rents	PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			
liscellaneous	2018 N	\$	PROFESSIONAL HEALTH AND SAFETY INSTITUTE, LLC 10104 SENATE DR STE 202			
Income	2010	2 Royalties				
	Form 1099-MISC	\$				
Copy B	4 Federal income tax withheld	3 Other income		LANHAM, MD 20706		
For Recipient	\$	\$				
	6 Medical and health care payments	5 Fishing boat proceeds	NT'S TIN	RECIPIEN	PAYER'S TIN	
			101-48-4993		81-0694271	
	\$	\$				
This is important tax information and is being furnished to the IRS. If you are	8 Substitute payments in lieu of	7 Nonemployee compensation		'	RECIPIENT'S name	
	dividends or interest	750.00		Cynthia Lightfoot		
	\$	\$.)	Street address (including apt. no.	
required to file a return, a negligence penalty or other	10 Crop insurance proceeds	Payer made direct sales of \$5,000 or more of consumer products to a buyer		1609 Kalmia Rd NW City or town, state or province, country, and ZIP or foreign postal code		
sanction may be	\$	(recipient) for resale ▶	or foreign postal code			
imposed on you if this income is taxable and the IRS determines that it has not been reported.	12	11		Washington DC 20012		
	14 Gross proceeds paid to an attorney	13 Excess golden parachute payments	Account number (see instructions) FATCA filing requirement			
18 State income	T	7	on 409A income	a Section 409A deferrals 15b Section 409A income		
\$	Tr States ayar a diatorio.	\$			Total Goodon 4007 deleti alla	
\$		\$		s		

	L VC		-CTED			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Rents	OMB No. 1545-0115		
PROFESSIONAL HEALTH AND SAFETY INSTITUTE, LLC 10104 SENATE DR STE 202 LANHAM, MD 20706			\$	2018	Miscellaneous	
			2 Royalties		Income	
			\$	Form 1099-MISC	Copy 1	
			3 Other income	4 Federal income tax withheld		
			\$	\$		
PAYER'S TIN	RECIPIENT	'S TIN	5 Fishing boat proceeds	6 Medical and health care payments	For State Tax	
81-0694271	101-4	8-4993			Department	
			\$	\$		
RECIPIENT'S name	RECIPIENT'S name			8 Substitute payments in lieu of		
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			750.00	dividends or interest		
			\$	\$		
			Payer made direct sales of \$5,000 or more of consumer products to a buyer 10 Crop insurance proceeds			
			(recipient) for resale ►	\$		
			11	12		
Washington DC 2001				2		
		FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
			\$	\$		
15a Section 409A deferrals	s 15b Section 409A income		16 State tax withheld	17 State/Payer's state no.	18 State income	
AND CONTRACTOR OF A CONTRACTOR			\$		\$	
\$			\$		\$	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service