

9595

 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 \$	
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 482-88-3071	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy A For Internal Revenue Service Center
RECIPIENT'S name Kinnard, Wendy		7 Nonemployee compensation 1900.00	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apt. no.) 4120 Shallow Brook Ln		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 Olney, MD 20832		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

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

VOID CORRECTED

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		Miscellaneous Income
PROFESSIONAL HEALTH AND SAFETY INSTITUTE, LLC 10104 SENATE DR STE 202 LANHAM, MD 20706		2 Royalties \$ _____	2018 Form 1099-MISC		
		3 Other income \$ _____			4 Federal income tax withheld \$ _____
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 482-88-3071	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____		Copy 1 For State Tax Department
RECIPIENT'S name Kinard, Wendy		7 Nonemployee compensation 1900.00 \$ _____	8 Substitute payments in lieu of dividends or interest \$ _____		
Street address (including apt. no.) 4120 Shallow Brook Ln		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 Oney, MD 20832		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 \$ _____	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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	Miscellaneous Income
		2 Royalties \$ _____	Form 1099-MISC	
		3 Other income \$ _____	4 Federal income tax withheld \$ _____	Copy B For Recipient
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 482-88-3071	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____	
RECIPIENT'S name Kinard, Wendy		7 Nonemployee compensation 1900.00	8 Substitute payments in lieu of dividends or interest \$ _____	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.
Street address (including apt. no.) 4120 Shallow Brook Ln		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 Olney, MD 20832		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 \$ _____

Form **1099-MISC**

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service