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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 \$		
PAYER'S TIN 81-0694271			RECIPIENT'S TIN 578-92-7074		Copy A For Internal Revenue Service Center
RECIPIENT'S name Lisa Brown-Hoff			3 Other income \$	4 Federal income tax withheld \$	
Street address (including apt. no.) 1820 Goldsborough Ln			5 Fishing boat proceeds \$	6 Medical and health care payments \$	File with Form 1096.
City or town, state or province, country, and ZIP or foreign postal code Odenton Md 21113			7 Nonemployee compensation 8700	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)			FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.
15a Section 409A deferrals \$			13 Excess golden parachute payments \$		
15b Section 409A income \$			14 Gross proceeds paid to an attorney \$		
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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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 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$ _____	3 Other income \$ _____	4 Federal income tax withheld \$ _____	
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 578-92-7074	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____	Copy B For Recipient	
RECIPIENT'S name Lisa Brown-Hoff		7 Nonemployee compensation 8700 \$ _____	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.) 1820 Goldsborough 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 Odenton Md 21113		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)

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Department of the Treasury - Internal Revenue Service

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 \$ _____		
PAYER'S TIN 81-0694271		RECIPIENT'S TIN 578-92-7074		4 Federal income tax withheld \$ _____	Copy 1 For State Tax Department
				5 Fishing boat proceeds \$ _____	
RECIPIENT'S name Lisa Brown-Hoff		7 Nonemployee compensation 8700 \$ _____		6 Medical and health care payments \$ _____	
Street address (including apt. no.) 1820 Goldsborough Ln		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ _____		8 Substitute payments in lieu of dividends or interest \$ _____	
City or town, state or province, country, and ZIP or foreign postal code Odenton Md 21113		10 Crop insurance proceeds \$ _____		11 \$ _____	
Account number (see instructions) _____		FATCA filing requirement <input type="checkbox"/>		12 \$ _____	
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 \$ _____	