

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 \$		4 Federal income tax withheld \$		
		3 Other income \$		4 Federal income tax withheld \$		
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 223-65-7791	5 Fishing boat proceeds \$		6 Medical and health care payments \$		Copy A For Internal Revenue Service Center
RECIPIENT'S name Mani, Paulmani Selvi		7 Nonemployee compensation 800.00		8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.) 503 E. Melbourne Avenue		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 \$		File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.
City or town, state or province, country, and ZIP or foreign postal code Silver Spring, MD 20901		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 223-65-7791	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy 1 For State Tax Department
RECIPIENT'S name Mani, Paulmani Selvi		7 Nonemployee compensation 800.00 \$	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.) 503 E. Melbourne Avenue		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 Silver Spring, MD 20901		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 223-65-7791	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____	
RECIPIENT'S name Mani, Paulmani Selvii		7 Nonemployee compensation 800.00	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.) 503 E. Melbourne Avenue		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 800.00	10 Crop insurance proceeds \$ _____	
City or town, state or province, country, and ZIP or foreign postal code Silver Spring, MD 20901		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