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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 578-11-5480		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Marc Gibson			7 Nonemployee compensation 13,503	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.) 6102 Breezewood dr Apt 102			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 Greenbelt, MD 20770			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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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 578-11-5480	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____	Copy B For Recipient	
RECIPIENT'S name Marc Gibson		7 Nonemployee compensation 13,503 \$ _____	8 Substitute payments in lieu of dividends or interest \$ _____		
Street address (including apt. no.) 6102 Breezewood dr Apt 102		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 Greenbelt, MD 20770		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

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 Income	
		\$	2018			
		2 Royalties	Form 1099-MISC			
PAYER'S TIN 81-0694271		RECIPIENT'S TIN 578-11-5480		3 Other income	4 Federal income tax withheld	Copy 1 For State Tax Department
		\$	\$			
RECIPIENT'S name Marc Gibson Street address (including apt. no.) 6102 Breezewood dr Apt 102 City or town, state or province, country, and ZIP or foreign postal code Greenbelt, MD 20770		5 Fishing boat proceeds	6 Medical and health care payments			
		\$	\$			
		7 Nonemployee compensation	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		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		
\$	\$	\$		\$		