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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. <b>PROFESSIONAL HEALTH AND SAFETY INSTITUTE, LLC 10104 SENATE DR STE 202 LANHAM, MD 20706</b>				1 Rents \$	OMB No. 1545-0115 <b>2018</b> Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>
				2 Royalties \$		
				3 Other income \$	4 Federal income tax withheld \$	
PAYER'S TIN <b>81-0694271</b>	RECIPIENT'S TIN <b>230-60-7297</b>		5 Fishing boat proceeds \$		6 Medical and health care payments \$	<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  <b>For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.</b>
RECIPIENT'S name <b>Moreau, Marjorie</b>			7 Nonemployee compensation <b>19,036.00</b>	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.) <b>644 South Illinois Street</b>			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 <b>Arlington, Va 22204</b>			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](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service

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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		<b>Miscellaneous Income</b>
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  230-60-7297	5 Fishing boat proceeds \$ _____	6 Medical and health care payments \$ _____		<b>Copy 1 For State Tax Department</b>
RECIPIENT'S name <b>Moreau, Marjorie</b>		7 Nonemployee compensation 19,036.00 \$ _____	8 Substitute payments in lieu of dividends or interest \$ _____		
Street address (including apt. no.) 644 South Illinois Street		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 Arlington, Va 22204		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

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Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>PROFESSIONAL HEALTH AND SAFETY INSTITUTE, LLC 10104 SENATE DR STE 202 LANHAM, MD 20706</b>		1 Rents \$ _____ 2 Royalties \$ _____ 3 Other income \$ _____	OMB No. 1545-0115  <b>2018</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>
PAYER'S TIN <b>81-0694271</b>	RECIPIENT'S TIN <b>230-60-7297</b>	4 Federal income tax withheld \$ _____	<b>Copy B For Recipient</b>	
RECIPIENT'S name <b>Moreau, Marjorie</b>  Street address (including apt. no.) <b>644 South Illinois Street</b>  City or town, state or province, country, and ZIP or foreign postal code <b>Arlington, Va 22204</b>		5 Fishing boat proceeds \$ _____		6 Medical and health care payments \$ _____
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	7 Nonemployee compensation <b>19,036.00</b> \$ _____	
15a Section 409A deferrals \$ _____		15b Section 409A income \$ _____		
16 State tax withheld \$ _____		17 State/Payer's state no. \$ _____		
18 State income \$ _____		18 State income \$ _____		

Form **1099-MISC**

(keep for your records)

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