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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 219-45-4424		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center
RECIPIENT'S name Xiomara Larios				5 Fishing boat proceeds \$	6 Medical and health care payments \$	
Street address (including apt. no.) 17 Baileys Ct				7 Nonemployee compensation 2499	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.
City or town, state or province, country, and ZIP or foreign postal code Silver Spring, MD 20906				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 \$	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	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 \$

Form **1099-MISC**

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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PAYER'S TIN 81-0694271	RECIPIENT'S TIN 219-45-4424	4 Federal income tax withheld \$ _____ 5 Fishing boat proceeds \$ _____ 6 Medical and health care payments \$ _____	7 Nonemployee compensation 2499 \$ _____ 8 Substitute payments in lieu of dividends or interest \$ _____ 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 _____	
RECIPIENT'S name Xiomara Larios Street address (including apt. no.) 17 Baileys Ct City or town, state or province, country, and ZIP or foreign postal code Silver Spring, MD 20906	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 \$ _____	

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(keep for your records)

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		2 Royalties \$	3 Other income \$	
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 219-45-4424	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy 1 For State Tax Department
RECIPIENT'S name Xiomara Larios Street address (including apt. no.) 17 Baileys Ct City or town, state or province, country, and ZIP or foreign postal code Silver Spring, MD 20906		6 Medical and health care payments \$	7 Nonemployee compensation 2499 \$	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$	
		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 \$	
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