

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 \$		
			3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 577-21-2262		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Yahel Nash-Hubbard			7 Nonemployee compensation 7395	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.) 6400 Gateway Blvd			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 District Heights, MD 20747			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

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 \$ _____ 2 Royalties \$ _____ 3 Other income \$ _____	OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income
PAYER'S TIN 81-0694271	RECIPIENT'S TIN 577-21-2262	4 Federal income tax withheld \$ _____ 5 Fishing boat proceeds \$ _____ 6 Medical and health care payments \$ _____	Form 1099-MISC 4 Federal income tax withheld \$ _____	
RECIPIENT'S name Yahel Nash-Hubbard Street address (including apt. no.) 6400 Gateway Blvd City or town, state or province, country, and ZIP or foreign postal code District Heights, MD 20747		7 Nonemployee compensation 7395 \$ _____ 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 \$ _____ 10 Crop insurance proceeds \$ _____ 11 _____ 12 _____	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.
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		3 Other income	4 Federal income tax withheld	Copy 1 For State Tax Department	
81-0694271		\$	\$		
RECIPIENT'S TIN		5 Fishing boat proceeds	6 Medical and health care payments		
577-21-2262		\$	\$		
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
Yahel Nash-Hubbard		7395			
Street address (including apt. no.)		\$	\$		
6400 Gateway Blvd		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		\$	\$		
District Heights, MD 20747		11	12		
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
	<input type="checkbox"/>	\$	\$		
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income	
\$	\$	\$		\$	
\$	\$	\$		\$	