

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ELITE DENTAL GROUP, PC 2507 SOUTH ROAD SUITE 105 POUGHKEEPSIE NY 12601 845-471-5400		1 Rents \$	OMB No. 1545-0115 2015 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient	
PAYER'S federal identification number 46-5302757	RECIPIENT'S identification number 145-15-2131	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name HASEENA MOHAMED GHOUSE MOHIDEEN Street address (including apt. no.) 34 PASTURE LANE City or town, state or province, country, and ZIP or foreign postal code POUGHKEEPSIE NY 12603		7 Nonemployee compensation \$ 90502.89	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. 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.	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds \$		
		11	12		
Account number (see instructions)	FATCA filing requirement ☐	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

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