

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRU DENTAL PC 288 MAIN ST BEACON NY 12508 21941477 (646) 633-4554		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 2015 Form 1099-MISC	Miscellaneous Income Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 11-3563728	RECIPIENT'S identification number 145-15-2131	5 Fishing boat proceeds \$	4 Federal income tax withheld \$ 6 Medical and health care payments \$	
RECIPIENT'S name HASEENA MOHAMED G 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 \$ 500.00 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐ 11 12	8 Substitute payments in lieu of dividends or interest \$ 10 Crop insurance proceeds \$	
Account number (see instructions) 000052 RK/9QD A	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. NY11-3563728	18 State income \$ 500.00

Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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