

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL, LA 704582923 985-649-5832		1 Rents	OMB No. 1545-0115 2019 Form 1099-MISC	Miscellaneous Income Copy B For Recipient
		\$		
		2 Royalties	\$	
PAYER'S TIN	RECIPIENT'S TIN	3 Other income	4 Federal income tax withheld	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.
72-1075648	20-3016637	\$	\$	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Winsor and Associates, Inc. 35621 Garden Drive Slidell LA 70460		5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals	15b Section 409A income	11	12	10 Crop insurance proceeds \$ 16 State tax withheld \$ 17 State/Payer's state no. \$
\$	\$			
Form 1099-MISC (keep for your records)		www.irs.gov/Form1099MISC		Department of the Treasury - Internal Revenue Service

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		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S TIN 72-1075648	RECIPIENT'S TIN 438-15-6236	5 Fishing boat proceeds \$	6 Medical and health care payments \$	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.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Anthony Poncetti 225 Blue Crane No. 1 Slidell LA 70461		7 Nonemployee compensation \$ 2760.00	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	
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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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL, LA 704582923 985-649-5832		1 Rents	OMB No. 1545-0115 2019 Form 1099-MISC		Miscellaneous Income Copy C For Payer or State Copy or Copy 2 For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.
		\$			
		2 Royalties			
\$					
3 Other income	4 Federal income tax withheld				
\$	\$				
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments		
72-1075648	284-84-3057	\$	\$		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code Brandon Nowakowski - Vendor 13411 Savannah Drive Walker LA 70785		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
		\$ 1750.34	\$		
		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
\$	\$	\$			\$
		\$			\$