		CTED (if checked)	•		
PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115		
Performing Animal Welfare Society 11435 Simmerhorn Road Galt, CA 95632		\$			
		2 Royatties	2000	Miscellaneous	
		\$		Income	
		3 Other income			
		\$	Form 1099-MISC		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld	5 Fishing boat procee	eds Copy B	
94-3005157	337-46-2548	\$	\$	For Recipient	
RECIPIENT S name, street address (including apt. no.), city, state, and ZIP code		6 Medical and health care payment	S / Nonemployee compensation		
Tom Rider		\$	\$ 2691		
		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 Service. If you		
11435 Simmerhorn		\$	(recipient) for resale	required to file a return, a negligence penalty or	
		10 Crop insurance proceeds	11 State income tax withheld other sanction may be		
Galt CA 95632		\$	\$	imposed on you if this income is taxable and	
Account number (optional)		12 State/Payer's state number	13	the IRS determines that	
			\$	it has not been reported.	
1000 MISC					

Form 1099-MISC

(Keep for your records.)

Department of the Treasury - Internal Revenue Service



TR 00613