

VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code The Tobacco Industry Labor Management Committee P. O. Box 65311 Washington, DC 20035		1 Rents \$	OMB No. 1545-0115 1995 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 52-1424634	RECIPIENT'S identification number 23-7451023	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	State Copy or Copy C For Payer For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code Coalition of Labor Union Women 1126 Sixteenth Street, NW Washington, DC 20036		6 Medical and health care payments \$	7 Nonemployee compensation \$ 15,000.00	
		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"/>	
Account number (optional)		10 Crop insurance proceeds \$	11 State income tax withheld \$	
2nd TIN Not <input type="checkbox"/>		12 State/Payer's state number		

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code The Tobacco Industry Labor Management Committee P. O. Box 65311 Washington, DC 20035		1 Rents \$	OMB No. 1545-0115 1995 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 52-1424634	RECIPIENT'S identification number 52-1002207	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	State Copy or Copy C For Payer For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code Labor Council for Latin Am Advanc 815 16th Street, NW, Room 707 Washington, DC 20006		6 Medical and health care payments \$	7 Nonemployee compensation \$ 15,000.00	
		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"/>	
Account number (optional)		10 Crop insurance proceeds \$	11 State income tax withheld \$	
2nd TIN Not <input type="checkbox"/>		12 State/Payer's state number		

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		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 52-1424634	RECIPIENT'S identification number 41-0785271	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	State Copy or Copy C For Payer For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code Minnesota Citizens for Tax Justice 525 Park Street, Suite 110 St. Paul, MN 55103		6 Medical and health care payments \$	7 Nonemployee compensation \$ 15,000.00	
		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"/>	
Account number (optional)		10 Crop insurance proceeds \$	11 State income tax withheld \$	
2nd TIN Not <input type="checkbox"/>		12 State/Payer's state number		

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