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☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				1 Rents		OMB No. 1545-0115		<b>Miscellaneous Income</b>
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$		2018		
				2 Royalties				
PAYER'S TIN  XX-XXXXXXX				3 Other income		4 Federal income tax withheld		<b>Copy A For Internal Revenue Service Center</b>
				\$		\$		
RECIPIENT'S TIN  YY-YYYYYYY3				5 Fishing boat proceeds		6 Medical and health care payments		
RECIPIENT'S name				\$		\$		<b>File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.</b>
Street address (see instructions)				7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		
Recipient Name				\$ 9,875,383.39		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				10 Crop insurance proceeds		11		
Account number (see instructions) City, State 11111				12		13 Excess golden parachute payments		
FATCA filing requirement <input type="checkbox"/>				2nd TIN not <input type="checkbox"/>		14 Gross proceeds paid to an attorney		
15a Section 409A amounts				15b Section 409A income		16 State tax withheld		17 State/Payer's state no.
\$				\$		\$		18 State income
\$				\$		\$		\$

Form 1099-MISC

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$		2018		
				2 Royalties				
PAYER'S TIN  XX-XXXXXXX				3 Other income		4 Federal income tax withheld		<b>Copy A For Internal Revenue Service Center</b>
RECIPIENT'S TIN  YY-YYYYYYY2				\$		\$		
RECIPIENT'S name				5 Fishing boat proceeds		6 Medical and health care payments		
Street address (see instructions)				7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		<b>File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.</b>
Recipient Name				\$ 999.00		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code				10 Crop insurance proceeds		11		
Street Address Line 1 City, State 11111				12		13 Excess golden parachute payments		
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