

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>Payer Name, LLC</b> Address Line 1 City, State 00000 (555) 555-5555		1 Rents	OMB No. 1545-0115  <b>2012</b> Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>
		\$		
		2 Royalties		
		\$		
		3 Other income	4 Federal income tax withheld	<b>Copy B For Recipient</b>
		\$	\$	
PAYER'S federal identification number  XX-XXXXXXX	RECIPIENT'S identification number  YY-YYYYYYY3	5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
RECIPIENT'S name  Recipient Name  Street address (including apt. no.)  Street Address Line 1  City, state, and ZIP code City, State 11111		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. 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.
		\$ 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"/>	10 Crop insurance proceeds	
	\$			
11	12			
Account number (see instructions)  XXXXX		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**

(keep for your records)

Department of the Treasury - Internal Revenue Service

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		\$ 999.00	\$	
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