9595	ΠV	OID [CTED				
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			
Payer Name, LLC				\$ 2 Royalties	2018	Miscellaneous Income		
Address Line 1 City, State 00000					Form 1099-MISC		moonie	
(555) 555-5555				\$ 3 Other income	4 Federal income tax	withheld	Copy A	
				\$	\$		For	
PAYER'S TIN	RECIPIENT'S TIN			5 Fishing boat proceeds	6 Medical and health care	1.7		
XX-XXXXXXX	YY-	YYYYY	′ 3			Service Center		
				\$	\$		File with Form 1096.	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments	I I UI FIIVACV AC		
Recipient Name				9,875,383.39	dividends or interest		and Paperwork Reduction Act	
Street address (including apt. no.)				\$	\$		Notice, see the	
Street Address Line 1 Line 2				9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance pro	ceeds	2018 General Instructions for	
City or town, state or province, country, and ZIP or foreign postal code				(recipient) for resale ►	\$		Certain Information	
City, State 11111				11	12		Returns.	
Account number (see instructions)		FATCA filing requirement	2nd TIN not	. 13 Excess golden parachute payments	14 Gross proceeds pa attorney	id to an		
XXXXX				\$	\$			
15a Section 409A deferrals	15b Section 409A income			16 State tax withheld	17 State/Payer's state	no.	18 State income	
\$	\$			\$			\$	
Form 1099-MISC Cat Do Not Cut or Separa	. No. 14425 ate For			v.irs.gov/Form1099MISC ge — Do Not Cut o	Department of the Tor Separate F	reasury -	Internal Revenue Service on This Page	
9595	□ V	OID		CTED				

9595	□ VOID		ECTED			
PAYER'S name, street address, city or foreign postal code, and telephone		vince, country, ZIP	1 Rents	OMB No. 1545-0115		
Payer Name, LLC			\$ 2 Royalties	2018	Miscellaneous Income	
Address Line 1 City, State 00000			Zinoyanies		income	
(555) 555-5555			\$	Form 1099-MISC		
(333) 333-3333			3 Other income	4 Federal income tax withhel	vithheld Copy A	
			\$	\$	For	
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds	6 Medical and health care paymen		
XX-XXXXXXX	YY-YYY	YYY2			Service Center	
			\$	\$	File with Form 1096.	
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lieu	of For Privacy Act	
Recipient Name			999.00	dividends or interest	and Paperwork	
r tooipioni r tamo			000.00		Reduction Act	
Street address (including apt. no.)			\$	\$	Notice, see the	
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	2018 General	
			products to a buyer		Instructions for Certain	
City or town, state or province, count	ry, and ZIP or foreig	n postal code	(recipient) for resale ▶	\$	Information	
City, State 11111			11	12	Returns.	
Account number (see instructions)	FATCA		t. 13 Excess golden parachute	14 Gross proceeds paid to an	1	
XXXXX	require		payments	attorney		
15a Section 409A deferrals 15b Section 409A income		16 State tax withheld	17 State/Payer's state no.	18 State income		
			\$		\$	
\$	\$				\$	