				CTED (if checked)				
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 Address Line 1				\$ 2 Royalties	2019	I	Miscellaneous Income	
City, State 00000				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax	L withheld	rithheld	
,				\$	\$		Copy 2	
PAYER'S TIN	RECIPIEN	T'S TIN		5 Fishing boat proceeds	6 Medical and health care	payments To be filed with		
XX-XXXXXX	YY-Y	YYYYY	3				recipient's state income tax return when required	
				\$	\$		<u> </u>	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments dividends or interest			
Recipient Name				9,875,383.39				
Street address (including apt. no.)			\$	\$				
Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code				9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds			
City, State 11111			(recipient) for resale ► ☐	12				
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds parattorney	id to an		
XXXXX				\$	\$			
15a Section 409A deferrals	15b Section	n 409A income	e	16 State tax withheld	17 State/Payer's state	no.	18 State income	
\$	\$			\$			<u>\$</u>   \$	

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

		☐ CORRE	CTED (if checked)				
PAYER'S name, street address, city or foreign postal code, and telephone		e or province, country, ZIP	1 Rents	OMB No. 1545-0115			
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555			\$ 2 Royalties	2019	Miscellaneous Income		
			\$	Form 1099-MISC			
			3 Other income	4 Federal income tax withhe	vithheld		
			\$	\$	Сору		
PAYER'S TIN  XX-XXXXXXX	RECIPIEN  YY-	T'S TIN <b>(YYYYY2</b>	5 Fishing boat proceeds	6 Medical and health care payme	recipient's state		
			\$	\$	when required.		
RECIPIENT'S name			7 Nonemployee compensation	Substitute payments in lieu dividends or interest	ı of		
Recipient Name			999.00	dividends or interest			
Street address (including apt. no.)			\$	\$			
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds			
City or town, state or province, country, and ZIP or foreign postal code			(recipient) for resale ►	\$			
City, State 11111			11	12			
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to a attorney	n		
XXXXX			\$	\$			
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income		
  \$	\$		<del>\$</del>   \$		<del>  \$</del>		