	□ V	OID 🗌 CORRE	ECTED				
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			\$ 2 Royalties	2018	Miscellaneous Income		
City, State 00000			\$	Form 1099-MISC			
(555) 555-5555			3 Other income	4 Federal income tax v			
			\$	\$		Copy 1	
PAYER'S TIN XX-XXXXXXX	RECIPIEN	T'S TIN YYYYYY3	5 Fishing boat proceeds	6 Medical and health care	ral and health care payments Fo		
	11-1111113		\$	\$			
RECIPIENT'S name			7 Nonemployee compensation	Substitute payments in lieu of dividends or interest			
Recipient Name			9,875,383.39				
Street address (including apt. no.)			\$	\$			
City or town, state or province, count Street Address Line 1	ry, and ZIP	or foreign postal code	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ►	10 Crop insurance proceeds			
Line 2 City, State 11111			11	12			
Account number (see instructions)			13 Excess golden parachute payments	14 Gross proceeds paid to an attorney			
XXXXX		requirement	\$	\$			
15a Section 409A deferrals 15b Section 409A income		16 State tax withheld	17 State/Payer's state no.		18 State income		
			\$			\$	
\$	\$		\$			\$	
Form 1099-MISC		www.irs.gov/Form1099	MISC	Department of the To	reasury -	Internal Revenue Service	

	□ V	OID [CORRE	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 Address Line 1 City, State 00000				\$ 2 Royalties	2018	Miscellaneous Income		
				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax			
	_			\$	\$		Copy 1	
PAYER'S TIN XX-XXXXXXX	YY-YYYYYY2			5 Fishing boat proceeds	6 Medical and health care	payments	For State Tax Department	
70000000				\$	\$			
RECIPIENT'S name			7 Nonemployee compensation	Substitute payments in lieu of dividends or interest				
Recipient Name				999.00		•		
Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 City, State 11111				\$	\$			
				9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds			
				(recipient) for resale ► ☐	12			
Account number (see instructions) XXXXX		FATCA filing requirement		13 Excess golden parachute	14 Gross proceeds paid to an attorney			
				payments \$				
15a Section 409A deferrals	15b Section 409A income		e	16 State tax withheld	17 State/Payer's state no.		18 State income	
				\$			\$	
l ¢	4			C	T		T &	