	□ 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				\$	9045	Miscellaneous
Address Line 1				2 Royalties	2015	Income
City, State 00000						
(555) 555-5555				\$	Form 1099-MISC	
(,				3 Other income	4 Federal income tax withhe	ld Copy C
				\$	\$	For Payer
PAYER'S federal identification number	YER'S federal identification number RECIPIENT'S identification number				6 Medical and health care payme	
XX-XXXXXXX YY-YYYYY3						
				\$	\$	
RECIPIENT'S name				7 Nonemployee compensation	' '	of Far Drive av Aat
Recipient Name				dividends or interest	For Privacy Act and Paperwork	
rtooipiont rtamo				9,875,383.39		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	2015 General
Line 2 City or town, state or province, country, and ZIP or foreign postal code				products to a buyer	\$	Instructions for Certain
				(recipient) for resale ► □	12	Information
City, State 11111				'	12	Returns.
Account number (see instructions)		FATCA filing	2nd TIN not.	13 Excess golden parachute	14 Gross proceeds paid to a	n
XXXXX		requirement		payments	attorney	
700000				\$	\$	
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.g	ov/form1099n	nisc	Department of the Treasur	y - Internal Revenue Service

	V	OID [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				\$		l	Miscellaneous	
Address Line 1				2 Royalties	2015	الا 15 ا		
City, State 00000							Income	
(555) 555-5555			\$	Form 1099-MISC				
				3 Other income	4 Federal income tax	withheld	Copy C	
				\$	\$		For Payer	
PAYER'S federal identification number	RECIPIEN	T'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care	payments		
XX-XXXXXX	YY-Y	/YYYYY	′ 2					
				\$	\$			
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments		For Privacy Act	
Recipient Name					dividends or interest		and Paperwork	
'				999.00			Reduction Act	
Street address (including apt. no.)				\$	\$	Notice, see the		
Street Address Line 1				9 Payer made direct sales of	Payer made direct sales of \$5,000 or more of consumer 10 Crop insurance proceed		2015 General	
				products to a buyer			Instructions for	
City or town, state or province, country, and ZIP or foreign postal code				(recipient) for resale ► □	\$		Certain	
City, State 11111				11	12		Information Returns.	
Account number (see instructions)		FATCA filing	2nd TIN not	. 13 Excess golden parachute	14 Gross proceeds pa	id to an		
XXXXX		requirement		payments	attorney			
				\$	\$			
15a Section 409A deferrals 15b		n 409A incom	ne	16 State tax withheld	17 State/Payer's state	no.	18 State income	
				\$			\$	
l ¢	1 ¢			l ¢			T &	