

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555		1 Rents \$	OMB No. 1545-0115 2012 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S federal identification number XX-XXXXXXX	RECIPIENT'S identification number YY-YYYYYYY3	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy 1 For State Tax Department
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 \$ 9,875,383.39	8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions) XXXXX		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		
		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**

Department of the Treasury - Internal Revenue Service

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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 \$ 999.00	8 Substitute payments in lieu of dividends or interest \$		
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