	□v	OID [CTED			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC				1 Rents	OMB No. 1545-0115	ı	Miscellaneous
Address Line 1				2 Royalties	20 17	•	Income
City, State 00000				2 Royallies			income
				Φ.	Form 1099-MISC		
(555) 555-5555				\$ 3 Other income	4 Federal income tax	امام ططفان	Copy C
						withheid	
PAYER'S federal identification number RECIPIENT'S identification number				\$ 55-bin - b b b	\$ Fo 6 Medical and health care payments		For Payer
PAYER'S rederal identification number	RECIPIENT S Identification number			5 Fishing boat proceeds	6 Medical and health care payments		
XX-XXXXXX	X-XXXXXXX YY-YYYYY3						
				\$	\$		
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments	in lieu of	- D: A:
Recipient Name					dividends or interest		For Privacy Act
Recipient Name				9,875,383.39			and Paperwork
Street address (including apt. no.)				\$	 \$		Reduction Act Notice, see the
Street Address Line 1				9 Payer made direct sales of	l		2017 General
Line 2				\$5,000 or more of consumer			Instructions for
City or town, state or province, country, and ZIP or foreign postal code				products to a buyer (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 pai	d to an	
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 T	reasury -	Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. OMB No. 1545-0115 Payer Name, LLC **Miscellaneous** Address Line 1 2 Royalties Income City, State 00000 (555) 555-5555 Form 1099-MISC Copy C 3 Other income 4 Federal income tax withheld For Payer PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments XX-XXXXXXX YY-YYYYYY2 RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of For Privacy Act dividends or interest Recipient Name and Paperwork 999.00 **Reduction Act** Street address (including apt. no.) Notice, see the Street Address Line 1 9 Payer made direct sales of 10 Crop insurance proceeds 2017 General \$5,000 or more of consumer Instructions for products to a buyer City or town, state or province, country, and ZIP or foreign postal code Certain (recipient) for resale ▶ Information City, State 11111 Returns. Account number (see instructions) FATCA filing 2nd TIN not. 13 Excess golden parachute 14 Gross proceeds paid to an requirement payments attorney **XXXXX** 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no. 18 State income

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