PAYER'S name, street address, city or or foreign postal code, and telephone in					
I		1 Rents	OMB No. 1545-0115		
Payer Name, LLC		\$		Miscellaneous	
Address Line 1		2 Royalties	20 <b>16</b> Miscellaneou		
City, State 00000					
(555) 555-5555		\$	Form 1099-MISC		
(000) 000 000		3 Other income	4 Federal income tax w	3397	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care p	For payments Internal Revenue	
				Service Center	
XX-XXXXXXX	YY-YYYYY1				
RECIPIENT'S name		<ul><li>\$</li><li>7 Nonemployee compensation</li></ul>	\$ Substitute payments	File with Form 1096.	
RECIFICINI STIAITIE		7 Notiemployee compensation	dividends or interest	in lieu of For Privacy Act and Paperwork	
A Very Long Recipier	nt Name To Test Width	1 224 56		Reduction Act	
Street address (including apt. no.)		\$ 1,234.56	\$	Notice, see the	
Street Address Line 1 Line 2		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance prod	2016 General Instructions for	
City or town, state or province, country	, and 7IP or foreign postal code	products to a buyer	\$	Certain	
Long Name for a City		(recipient) for resale ► ☐	Ψ 12	Information	
	, Clair IIII			Returns.	
Account number (see instructions)		t. 13 Excess golden parachute	14 Gross proceeds paid	d to an	
XXXXX	requirement	payments	attorney		
15a Section 409A deferrals	15b Section 409A income	\$ 16 State tax withheld	\$ 17 State/Payer's state r	no. <b>18</b> State income	
13a Section 403A deternais	TOD Geotion 400A income	\$	17 State/Fayer's state i	\$	
\$	\$	\$		***************************************	
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9595 PAYER'S name, street address, city or	VOID CORRE	ECTED	OMB No. 1545-0115	orms on This Page	
9595 PAYER'S name, street address, city or or foreign postal code, and telephone recognitions.	VOID CORRE	ECTED			
9595  PAYER'S name, street address, city or or foreign postal code, and telephone representation. Payer Name, LLC	VOID CORRE	ECTED  1 Rents  \$		Miscellaneous	
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PAYER'S name, street address, city or or foreign postal code, and telephone in Payer Name, LLC Address Line 1 City, State 00000 (555) 555-555	VOID CORRECTION CONTROL COUNTRY, ZIP NO.	\$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115  2016  Form 1099-MISC  4 Federal income tax w	Miscellaneous Income	
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PAYER'S name, street address, city or or foreign postal code, and telephone or Payer Name, LLC Address Line 1 City, State 00000 (555) 555-555  PAYER'S federal identification number XX-XXXXXXX  RECIPIENT'S name Recipient Name that is even Street address (including apt. no.) Street Address Line 1  City or town, state or province, country City, State 11111	Town, state or province, country, ZIP no.  RECIPIENT'S identification number  YY-YYYYY2  Ten longer than the previou	Security 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OMB No. 1545-0115  2016  Form 1099-MISC  4 Federal income tax w \$ 6 Medical and health care p  \$ 8 Substitute payments dividends or interest  \$ 10 Crop insurance proc \$	Miscellaneous Income  vithheld Copy A For Internal Revenue Service Center  File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2016 General Instructions for Certain Information Returns.	
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16 State tax withheld

17 State/Payer's state no.

18 State income

15b Section 409A income

15a Section 409A deferrals

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PAYER'S name, street address, city or foreign postal code, and telephone		te or province,	, country, ZIP	1 Rents	OMB No. 1545-0115			
				¢.			Miscellaneous	
Payer Name, LLC				\$ 2 Royalties			Income	
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RECIPIENT'S name				<ul><li>\$</li><li>7 Nonemployee compensation</li></ul>	\$ 8 Substitute payments	in lieu of	File with Form 1096.	
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Street Address Line 1				9 Payer made direct sales of	10 Crop insurance proceeds		2016 General	
				\$5,000 or more of consumer products to a buyer			Instructions for	
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XXXXX	requirement 2nd filt in			payments	14 Gross proceeds paid to an attorney			
				\$	\$			
15a Section 409A deferrals	15b Section	on 409A incom	ne	16 State tax withheld	17 State/Payer's state no.		18 State income	
			\$			\$		
\$	\$			\$			\$	
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or foreign postal code, and telephone	no.	•	•					
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			3 Other income	4 Federal income tax withheld \$		Copy A		
			5 Fishing boat proceeds	6 Medical and health care payments		For Internal Revenue		
				a committee of the control of the co		,	Service Center	
				\$	\$		File with Form 1096.	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu of		For Privacy Act	
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Street address (including apt. no.)							Reduction Act	
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				<b>9</b> Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	Instructions for	
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16 State tax withheld

17 State/Payer's state no.

**18** State income

15b Section 409A income

**15a** Section 409A deferrals