	☐ CORR	ECTED (if checked)			
PAYER'S name, street address, city or foreign postal code, and telephone		1 Rents	OMB No. 1545-0115		
Payer Name, LLC		\$	2019	Miscellaneous	
Address Line 1		2 Royalties		Income	
City, State 00000		\$	Form 1099-MISC	-	
(555) 555-5555		3 Other income	4 Federal income tax withheld	Copy B	
		\$	\$	For Recipient	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments		
XX-XXXXXX	YY-YYYYYY3				
		\$	\$		
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu o dividends or interest	This is important tax	
Recipient Name		9,875,383.39		information and is being furnished to	
Street address (including apt. no.)		\$	\$	the IRS. If you are	
Street Address Line 1		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a return, a negligence	
Line 2 City or town, state or province, count	ry, and ZIP or foreign postal code	products to a buyer (recipient) for resale ▶	\$	penalty or othe sanction may be imposed on you i	
City, State 11111		11	12	this income is	
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	has not been	
XXXXX		\$	\$	reported	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income	
		\$		\$	
\$	\$	\$		\$	
Form 1099-MISC (keep for	or your records) wv	vw.irs.gov/Form1099MISC	Department of the Treasury	- Internal Revenue Service	

CORRECTED (if checked)

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PAYER'S name, street address, city or town, state or province, country, ZIF or foreign postal code, and telephone no.				1 Rents	OMB No. 1545-0115		
Payer Name, LLC Address Line 1				\$ 2 Royalties	2019		Miscellaneous Income
City, State 00000				\$	Form 1099-MISC		
(555) 555-5555				3 Other income	4 Federal income tax	<u>l</u> withheld	Сору В
(000) 000 0000				\$	\$		For Recipient
PAYER'S TIN	RECIPIEN	IT'S TIN		5 Fishing boat proceeds	6 Medical and health care payments		For Necipient
XX-XXXXXX	YY-Y	YYYYYY	2				
				\$	\$		
RECIPIENT'S name				7 Nonemployee compensation	Substitute payments in lieu of dividends or interest		f This is important tax
Recipient Name				999.00	dividends or interest	<u>.</u>	information and is being furnished to
Street address (including apt. no.)				\$	\$ 10 Crop insurance proceeds \$		the IRS. If you are required to file a return, a negligence penalty or other
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer				
City or town, state or province, country, and ZIP or foreign postal code				(recipient) for resale ►			sanction may be
City, State 11111			11	12	imposed on you this income taxable and the II		
		FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		determines that it has not been	
XXXXX				\$	\$		reported.
15a Section 409A deferrals	15b Section	15b Section 409A income		16 State tax withheld	17 State/Payer's state	no.	18 State income
				\$			\$
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