		ECTED (if checked)		
or foreign postal code, and telephone	or town, state or province, country, ZIP no.	1 Rents	OMB No. 1545-0115	
Payer Name, LLC		\$	2016	Miscellaneous
Address Line 1		2 Royalties		Income
City, State 00000				
(555) 555-5555		\$	Form 1099-MISC	
(3 Other income	4 Federal income tax withhel	d Copy B
		\$	\$	For Recipient
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care paymen	•
xx-xxxxxx	YY-YYYYYY3			
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu	of This is important tax
Recipient Name			dividends or interest	information and is
· · · · · · · · · · · · · · · · · · ·		9,875,383.39		being furnished to
Street address (including apt. no.)		\$	\$	Service. If you are
Street Address Line 1		9 Payer made direct sales of	10 Crop insurance proceeds	required to file a
Line 2		\$5,000 or more of consumer products to a buyer		return, a negligence penalty or other
City or town, state or province, count	ry, and ZIP or foreign postal code	(recipient) for resale ►	\$	sanction may be
City, State 11111		11	12	imposed on you if this income is
Account number (see instructions)	FATCA filing	13 Excess golden parachute	14 Gross proceeds paid to ar	taxable and the IRS
XXXXX	requirement	payments	attorney	has not been
		\$	\$	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) ww	w.irs.gov/form1099misc	Department of the Treasury	/ - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555			1 Rents \$ 2 Royalties	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income		
(000) 000 0000			3 Other income	4 Federal income tax	withheld	Сору В		
				\$	\$		For Recipient	
PAYER'S federal identification number	RECIPIEN	IT'S identification	on number	5 Fishing boat proceeds	6 Medical and health care	payments		
XX-XXXXXX	YY-`	YYYYYY	2					
				\$	\$			
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		This is important tax		
Recipient Name						information and is		
Troopioni Trainio				999.00			being furnished to	
Street address (including apt. no.)				\$	\$		the Internal Revenue Service. If you are	
Street Address Line 1			9 Payer made direct sales of	10 Crop insurance pro	ceeds	required to file a		
			\$5,000 or more of consumer			return, a negligence		
City or town, state or province, country, and ZIP or foreign postal code			products to a buyer (recipient) for resale ►	\$		penalty or other sanction may be		
City, State 11111			11	12	imposed on you if this income is			
							taxable and the IRS	
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds pa attorney	id to an	determines that it	
l xxxxx		requirement		1 ' '			has not been	
				\$	\$		reported.	
15a Section 409A deferrals	15b Section 409A income		16 State tax withheld	17 State/Payer's state	no.	18 State income		
				\$			\$	