	ΠV	OID [		CTED				
PAYER'S name, street address, city o	r town, stat			1 Rents	OMB No. 1545-0115	]		
or foreign postal code, and telephone no. Payer Name, LLC				\$	2016	Miscellaneous		
Address Line 1				2 Royalties			Income	
City, State 00000					- 4000 MICO			
(555) 555-5555				\$ Other in a reserve	Form 1099-MISC		0	
				3 Other income	4 Federal income tax	withheid	Copy C	
PAYER'S federal identification number	DECIDIEN	IT'S identificat	ion number	S Fishing boat proceeds	\$ 6 Medical and health care	navmonte	For Payer	
				5 Fishing boat proceeds	• Medical and health care	раутнения		
XX-XXXXXX	YY-\	YYYYYY	′3					
				<b> </b>	\$			
RECIPIENT'S name	ı			7 Nonemployee compensation		s in lieu of	F D At	
Recipient Name					dividends or interest	t	For Privacy Act and Paperwork	
rtooipiont rtaine				9,875,383.39			Reduction Act	
Street address (including apt. no.)				\$	\$		Notice, see the	
Street Address Line 1				9 Payer made direct sales of	10 Crop insurance pro	ceeds	2016 General	
Line 2				\$5,000 or more of consumer products to a buyer			Instructions for	
City or town, state or province, country, and ZIP or foreign postal code				(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 pa	id to an		
XXXXX		requirement		payments	attorney			
				\$	\$			
15a Section 409A deferrals	15b Section 409A income			16 State tax withheld	17 State/Payer's state	no.	18 State income	
\$	\$			\$			\$	
Form <b>1099-MISC</b>		www.irs.g	ov/form1099n	nisc	Department of the Treasury - Internal Revenue Service			
	□v	OID [		CTED				

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				1 Rents	OMB No. 1545-0115		
Payer Name, LLC				\$		l i	Miscellaneous
Address Line 1				2 Royalties	2016		Income
City, State 00000				Ziloyamoo			income
(555) 555-5555				\$	Form 1099-MISC		
(000) 000 0000				3 Other income	4 Federal income tax	ax withheld Co	
				\$	\$		For Payer
PAYER'S federal identification number	YER'S federal identification number RECIPIENT'S identification number			5 Fishing boat proceeds	6 Medical and health care payments		1 0. 1 0.70.
XX-XXXXXXX	YY-\	YYYYYY	2				
				\$	\$		
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Recipient Name				dividends or interest		For Privacy Act 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		2016 General
				\$5,000 or more of consumer products to a buyer			Instructions for
City or town, state or province, country, and ZIP or foreign postal code				(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 pa	id to an	i i i i i i i i i i i i i i i i i i i
` '		requirement		payments	attorney		
XXXXX				\$	\$		
15a Section 409A deferrals 15b Section 409A income		e	16 State tax withheld	17 State/Payer's state	no.	18 State income	
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