

☐ 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		OMB No. 1545-0115	
		\$		2018 Form 1099-MISC	
		2 Royalties			
		\$		3 Other income	
		\$		4 Federal income tax withheld	
PAYER'S TIN XX-XXXXXXX		RECIPIENT'S TIN YY-YYYYYYY3		5 Fishing boat proceeds	
				6 Medical and health care payments	
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code City, State 11111		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
		9,875,383.39			
		\$		\$	
				9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
				10 Crop insurance proceeds	
				11	
				12	
Account number (see instructions) XXXXXX		FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments	
				14 Gross proceeds paid to an attorney	
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 your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

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		999.00			
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