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☐ VOID☐ CORRECTED

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	Miscellaneous Income
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$	2018	
				2 Royalties		
				\$	Form 1099-MISC	Copy A For Internal Revenue Service Center
				3 Other income	4 Federal income tax withheld	
PAYER'S TIN				5 Fishing boat proceeds	6 Medical and health care payments	
XX-XXXXXXX						
RECIPIENT'S TIN						
YY-YYYYYYY3						
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
Recipient Name				9,875,383.39		
Street address (including apt. no.)				\$	\$	
City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 Line 2 City, State 11111				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	
					\$	
Account number (see instructions)				11	12	
XXXXXX						
FATCA filing requirement <input type="checkbox"/>				13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
2nd TIN not <input type="checkbox"/>						
15a Section 409A deferrals				16 State tax withheld	17 State/Payer's state no.	
15b Section 409A income						
\$				\$	\$	
				\$	\$	

Form 1099-MISC

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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YY-YYYYYYY2						
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