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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				\$	2015	
				2 Royalties		
PAYER'S federal identification number XX-XXXXXXX				\$	Form 1099-MISC	Copy A For Internal Revenue Service Center
				RECIPIENT'S identification number YY-YYYYYYY1		
RECIPIENT'S name A Very Long Recipient Name To Test Width				3 Other income	4 Federal income tax withheld	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.
Street address (including apt. no.) Street Address Line 1 Line 2				5 Fishing boat proceeds	6 Medical and health care payments	
City or town, state or province, country, and ZIP or foreign postal code Long Name for a City, State 11111-1111				\$	\$	
Account number (see instructions) XXXXXX				7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
FATCA filing requirement <input type="checkbox"/> 2nd TIN not. <input type="checkbox"/>				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		
13 Excess golden parachute payments				14 Gross proceeds paid to an attorney		
15a Section 409A deferrals				16 State tax withheld	17 State/Payer's state no.	
15b Section 409A income				18 State income		
\$				\$	\$	

Form 1099-MISC

Cat. No. 14425J

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$	2015	
				2 Royalties		
PAYER'S federal identification number XX-XXXXXXX				3 Other income	4 Federal income tax withheld	Copy A For Internal Revenue Service Center
RECIPIENT'S identification number YY-YYYYYYY2				5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name Recipient Name that is even longer than the previous				\$	\$	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.
Street address (including apt. no.) Street Address Line 1				7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
City or town, state or province, country, and ZIP or foreign postal code 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) XXXXXX				11	12	
FATCA filing requirement <input type="checkbox"/> 2nd TIN not. <input type="checkbox"/>				13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals				16 State tax withheld	17 State/Payer's state no.	
15b Section 409A income				18 State income		
\$				\$	\$	
\$				\$	\$	

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Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$		2015		
				2 Royalties				
				\$		Form 1099-MISC		
				3 Other income		4 Federal income tax withheld		Copy A For Internal Revenue Service Center
5 Fishing boat proceeds		6 Medical and health care payments						
PAYER'S federal identification number		RECIPIENT'S identification number		File with Form 1096.				
XX-XXXXXXX		YY-YYYYYYY3		For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.				
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.)		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				
Street Address Line 1								
City or town, state or province, country, and ZIP or foreign postal code		11		12				
City, State 11111								
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments				
XXXXXX		<input type="checkbox"/>		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				
				\$				

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				\$		2015		
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5 Fishing boat proceeds		6 Medical and health care payments						
PAYER'S federal identification number		RECIPIENT'S identification number		File with Form 1096.				
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RECIPIENT'S name		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest				
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City or town, state or province, country, and ZIP or foreign postal code		11		12				
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments				
		<input type="checkbox"/>		14 Gross proceeds paid to an attorney				
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\$		\$		17 State/Payer's state no.				
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				\$				

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