

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Payer Name, LLC</b> <b>Address Line 1</b> <b>City, State 00000</b> <b>(555) 555-5555</b>		1 Rents	OMB No. 1545-0115  <b>2014</b>  Form <b>1099-MISC</b>		<b>Miscellaneous Income</b>
		\$			
		2 Royalties			
		\$			<b>Copy C</b> <b>For Payer</b>
		3 Other income	4 Federal income tax withheld		
		\$	\$		
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments		For Privacy Act and Paperwork Reduction Act Notice, see the <b>2014 General Instructions for Certain Information Returns.</b>
XX-XXXXXXX	YY-YYYYYYY3	\$	\$		
RECIPIENT'S name <b>Recipient Name</b> Street address (including apt. no.) <b>Street Address Line 1</b> <b>Line 2</b> City or town, state or province, country, and ZIP or foreign postal code <b>City, State 11111</b>		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		
		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**

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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