9595	☐ VOID ☐	CORRE	CTED			
PAYER'S name, street address, city, state, ZIP code, and telephone no. Payer Name, LLC			1 Rents	OMB No. 1545-0115		
Address Line 1			\$	2012	Miscellaneous	
City, State 00000			2 Royalties		Income	
(555) 555-5555						
(000) 000 0000			\$	Form 1099-MISC		
			3 Other income	4 Federal income tax withheld	Copy A	
			\$	\$	For	
PAYER'S federal identification number	RECIPIENT'S identificat	ion	5 Fishing boat proceeds	6 Medical and health care payments		
Tiumber	Humber				Service Center	
XX-XXXXXX	YY-YYYYYY3	3				
			\$	\$	File with Form 1096.	
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	For Privacy Act	
Desimient Name					and Paperwork	
Recipient Name			\$ 9,875,383.39	\$	Reduction Act	
Street address (including apt. no.)			9 Payer made direct sales of	10 Crop insurance proceeds	Notice, see the	
			\$5,000 or more of consumer	To Grop insurance proceeds	2012 General Instructions for	
Street Address Line 1			products to a buyer (recipient) for resale ►	\$	Certain	
City, state, and ZIP code			11	12	Information	
City, State 11111					Returns.	
Account number (see instructions)		2nd TIN not	13 Excess golden parachute	14 Gross proceeds paid to an		
XXXXX			payments	attorney		
^^^^			\$	\$		
15a Section 409A deferrals	15b Section 409A incom	ie	16 State tax withheld	17 State/Payer's state no.	18 State income	
			\$		\$	
\$	\$		\$		\$	
Form 1099-MISC	Cot	No. 1440E I		Department of the Treesum.	Internal Devenue Comice	

Form 1099-MISC

Cat. No. 14425J

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9595 VOID CORRECTED								
PAYER'S name, street address, city, state, ZIP code, and telephone no.			1 Rents	OMB No. 1545-0115				
Payer Name, LLC			•		Miscellaneous			
Address Line 1			\$ 2 Royalties	2012	Income			
City, State 00000			2 noyalties		income			
(555) 555-5555			\$	Form 1099-MISC				
			3 Other income	4 Federal income tax withheld	Copy A			
			\$	\$	For			
PAYER'S federal identification	RECIPIENT'S identificat	tion	5 Fishing boat proceeds	6 Medical and health care payments				
number	number				Service Center			
XX-XXXXXX	YY-YYYYYY2	<u>-</u>	Φ.	Φ.				
RECIPIENT'S name			7 Nonemployee compensation	\$ 8 Substitute payments in lieu of	File with Form 1096.			
RECIPIENT S name			7 Nonemployee compensation	dividends or interest	For Privacy Act			
Recipient Name					and Paperwork			
			\$ 999.00	\$	Reduction Act Notice, see the			
Street address (including apt. no.)			9 Payer made direct sales of	10 Crop insurance proceeds	2012 General			
Street Address Line 1			\$5,000 or more of consumer products to a buyer		Instructions for Certain			
			(recipient) for resale ►	\$				
City, state, and ZIP code City, State 11111			11	12	Information Returns.			
Account number (see instructions)		Ond TIN not	42 Evenes golden negsebute	44 Cress presents poid to an	neturns.			
, ,		2nd Tilv not	. 13 Excess golden parachute payments	14 Gross proceeds paid to an attorney				
XXXXX			\$	\$				
15a Section 409A deferrals	15b Section 409A incom	<u> </u>	16 State tax withheld	17 State/Payer's state no.	18 State income			
			\$		\$			
\$	\$		\$		\$			