	☐ CORR	ECTED (if checked)			
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					
(333) 333-3333		\$	Form 1099-MISC		
		3 Other income	4 Federal income tax withhel	d Copy B	
		\$	\$	For Recipient	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care paymer		
XX-XXXXXX	YY-YYYYY3	\$	\$		
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is	
Recipient Name Street address (including apt. no.) Street Address Line 1		\$ 9,875,383.39	\$	being furnished to the Internal Revenue Service. If you are	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ►	10 Crop insurance proceeds	required to file a	
			\$	return, a negligence penalty or other sanction may be	
City, state, and ZIP code City, State 11111		11	12	imposed on you if this income is taxable and the IRS	
Account number (see instructions)		13 Excess golden parachute	14 Gross proceeds paid to a	determines that it	
XXXXX		payments	attorney	has not been	
		\$	\$	reported.	
15a Section 400A deferrals	15h Section 400A income	16 State tax withhold	17 State/Payer's state no	18 State income	

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

	☐ CORF	RECTED (if checked)		
PAYER'S name, street address, city	, state, ZIP code, and telephone no.	1 Rents	OMB No. 1545-0115	
Address Line 1		\$		Miscellaneous
City, State 00000		2 Royalties	2012	Income
(555) 555-5555				
,		\$	Form 1099-MISC	
		3 Other income	4 Federal income tax withhe	Copy B
DAVEDIO () I I I I I I I I I	T DECIDIENTIO : L. VIS. VI	\$	\$	For Recipient
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payme	nts
XX-XXXXXX	YY-YYYYY2	\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is
Recipient Name				being furnished to
		\$ 999.00	\$	the Internal Revenue Service. If you are
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	required to file a
Street Address Line 1		products to a buyer (recipient) for resale ►	\$	return, a negligence penalty or other sanction may be
City, state, and ZIP code City, State 11111		11	12	imposed on you if this income is taxable and the IRS
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to a attorney	determines that it
XXXXX		\$	\$	has not been reported.
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
\$	\$	\$		\$