			CORRE	CTED (if checked)			
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		
Payer Name, LLC Address Line 1				\$ 2 Royalties	2018	ļ	Miscellaneous Income
City, State 00000 (555) 555-5555				\$	Form 1099-MISC		
				3 Other income	4 Federal income tax	withheld	Copy 2
PAYER'S TIN XX-XXXXXXX	RECIPIEN	T'S TIN	3	5 Fishing boat proceeds	6 Medical and health care	recipient's state	
RECIPIENT'S name				\$ 7 Nonemployee compensation	\$ 8 Substitute payments	in lieu of	when required.
					dividends or interest		
Recipient Name				9,875,383.39			
Street address (including apt. no.)			\$	\$ 10 Crop insurance proceeds \$			
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 ►	
				11	12		
Account number (see instructions)		FATCA filing requirement		13 Excess golden parachute payments	14 Gross proceeds pai	id to an	
XXXXX				\$	\$		
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

		☐ CORRE	CTED (if checked)				
PAYER'S name, street address, city or foreign postal code, and telephon		e or province, country, ZIP	1 Rents	OMB No. 1545-0115			
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555			\$ 2 Royalties	2018	Miscellaneous Income		
			\$	Form 1099-MISC			
			3 Other income	4 Federal income tax withh	withheld Copy 2		
			\$	\$			
PAYER'S TIN XX-XXXXXXX	RECIPIEN YY-	T'S TIN YYYYY2	5 Fishing boat proceeds	6 Medical and health care paym	recipient's state		
			\$	\$	when required.		
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lie	u of		
Recipient Name			999.00	dividends or interest			
Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 City, State 11111			\$	\$			
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶	10 Crop insurance proceed	s		
			11	12			
Account number (see instructions)		FATCA filing	13 Excess golden parachute	14 Gross proceeds paid to	an		
XXXXX		requirement	payments \$	attorney \$			
15a Section 409A deferrals	15b Section	n 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income		
\$	\$		\$		·		