|   | □ V  | OID [                    | CORRE                   | CTED  |   |                               |                          |  |
|---|------|--------------------------|-------------------------|---|---|-------------------------------|--------------------------|--|
| 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<br>Address Line 1   |      |                          |                         | \$ 2 Royalties  | 2021                                      | Miscellaneous<br>Information  |                          |  |
| City, State 00000   |      |                          |                         | <b> </b>  | Form 1099-MISC                            |                               |                          |  |
| (555) 555-5555  |      |                          |                         | 3 Other income  | 4 Federal income tax                      | vithheld Copy C               |                          |  |
| ,   |      |                          |                         | \$  | \$  |                               | For Payer                |  |
| PAYER'S TIN RECIPIENT'S TIN   |      |                          | 5 Fishing boat proceeds | 6 Medical and health care   | 6 Medical and health care payments        |                               |                          |  |
| XX-XXXXXX   | YY-' | YYYYY                    | ′3                      | \$  | \$  |                               |                          |  |
| RECIPIENT'S name  Recipient Name  |      |                          |                         | 7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale | Substitute payments dividends or interest |                               |                          |  |
| Street address (including apt. no.)   |      |                          |                         | 9 Crop insurance proceeds   | 10 Gross proceeds pa                      | id to an                      |                          |  |
| Street Address Line 1 Line 2  |      |                          |                         | \$ 11 Fish purchased for resale   | attorney \$ 12 Section 409A defer         | 2021 General Instructions for |                          |  |
| City or town, state or province, country, and ZIP or foreign postal code  |      |                          |                         | TT FISH purchased for resale  | 12 Section 409A defer                     | rais                          | Information              |  |
| City, State 11111   |      |                          |                         | <b>  \$</b>   | \$  | Returns.                      |                          |  |
| Account number (see instructions)   |      | FATCA filing requirement | 2nd TIN not.            | . 13 Excess golden parachute payments   | 14 Nonqualified deferre compensation      | ed                            |                          |  |
| XXXXX   |      |                          |                         | \$  | \$  |                               |                          |  |
|   |      |                          |                         | 15 State tax withheld   | 16 State/Payer's state                    | no.                           | 17 State income          |  |
| Form <b>1099-MISC</b>   |      |                          | ov/Form1099N            | \$  | Department of the T                       |                               | Internal Revenue Service |  |

|   | □ V       | OID [       | CORRE        | CTED  |                                      |                              |   |  |
|---|-----------|-------------|--------------|---|--------------------------------------|------------------------------|---|--|
| 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 City, State 00000  |           |             |              | \$ 2 Royalties  | 2021                                 | Miscellaneous<br>Information |   |  |
|   |           |             |              | \$  | Form 1099-MISC                       |                              |   |  |
| (555) 555-5555  |           |             |              | 3 Other income  | 4 Federal income tax                 | withheld                     | Copy C<br>For Payer                               |  |
| PAYER'S TIN RECIPIENT'S TIN   |           |             |              | 5 Fishing heat proceeds   | \$ Madical and backb care            | r                            |   |  |
| PAYER'S TIN RECIPIEN  |           | II S IIN    |              | 5 Fishing boat proceeds   | 6 Medical and health care payments   |                              |   |  |
| XX-XXXXXXX  | YY-YYYYY2 |             |              |   |                                      |                              |   |  |
| ,   |           |             |              | \$  | \$                                   |                              |   |  |
| RECIPIENT'S name  |           |             |              | 7 Payer made direct sales   | 8 Substitute payments in lieu of     |                              | For Drivesy Ast                                   |  |
| Recipient Name  |           |             |              | totaling \$5,000 or more of consumer products to recipient for resale | dividends or interest                |                              | For Privacy Act<br>and Paperwork<br>Reduction Act |  |
| Street address (including apt. no.)   |           |             |              | 9 Crop insurance proceeds   | 10 Gross proceeds pa                 |                              |   |  |
| Street Address Line 1   |           |             |              |   | attorney                             |                              |   |  |
|   |           |             |              | \$  | \$                                   |                              | Instructions for                                  |  |
| City or town, state or province, country, and ZIP or foreign postal code  |           |             |              | 11 Fish purchased for resale  | 12 Section 409A deferrals            |                              | Certain   |  |
| City, State 11111   |           |             |              |   |                                      |                              | Information<br>Returns.                           |  |
|   |           | LEATON CU   | lo i Tibi    | \$  | \$                                   |                              | neturns.  |  |
| Account number (see instructions)   |           | requirement | 2nd TIN not. | 13 Excess golden parachute payments                                   | 14 Nonqualified deferre compensation | ea                           |   |  |
| XXXXX   |           |             |              | \$  | \$                                   |                              |   |  |
|   |           |             |              | 15 State tax withheld   | 16 State/Payer's state               | no.                          | 17 State income                                   |  |
|   |           |             |              | \$  |                                      |                              | \$  |  |
|   |           |             |              | T\$   | <b>†</b>                             |                              | \$  |  |