

☐ 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>Miscellaneous Income</b>			
		\$		<b>2015</b> Form <b>1099-MISC</b>					
		2 Royalties							
PAYER'S federal identification number <b>XX-XXXXXXX</b>		RECIPIENT'S identification number <b>YY-YYYYYYY3</b>		3 Other income		4 Federal income tax withheld		<b>Copy C For Payer</b>	
				\$		\$			
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  <b>9,875,383.39</b> \$		8 Substitute payments in lieu of dividends or interest		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.</b>			
				\$					
				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	
				\$				\$	
Account number (see instructions) <b>XXXXX</b>		FATCA filing requirement <input type="checkbox"/>	2nd TIN not. <input type="checkbox"/>	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

☐ 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>Miscellaneous Income</b>			
		\$		<b>2015</b> Form <b>1099-MISC</b>					
		2 Royalties							
PAYER'S federal identification number <b>XX-XXXXXXX</b>		RECIPIENT'S identification number <b>YY-YYYYYYY2</b>		3 Other income		4 Federal income tax withheld		<b>Copy C For Payer</b>	
				\$		\$			
RECIPIENT'S name <b>Recipient Name</b> Street address (including apt. no.) <b>Street Address Line 1</b> City or town, state or province, country, and ZIP or foreign postal code <b>City, State 11111</b>		7 Nonemployee compensation  <b>999.00</b> \$		8 Substitute payments in lieu of dividends or interest		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.</b>			
				\$					
				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	
				\$				\$	
Account number (see instructions) <b>XXXXX</b>		FATCA filing requirement <input type="checkbox"/>	2nd TIN not. <input type="checkbox"/>	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