

9595

☐ VOID☐ CORRECTED

| | | | | | |
|---|--------------------------------------|--|--|--|--|
| 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 (555) 555-5555 | | \$ | | 2014 Form 1099-MISC | |
| | | 2 Royalties | | | |
| | | \$ | | | |
| 3 Other income | | 4 Federal income tax withheld | | Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns. | |
| \$ | | \$ | | | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds | 6 Medical and health care payments | | |
| XX-XXXXXXX | YY-YYYYYYY3 | \$ | \$ | | |
| RECIPIENT'S name | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | | |
| Recipient Name | | \$ 9,875,383.39 | \$ | | |
| Street address (including apt. no.) Street Address Line 1 Line 2 | | 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 | | |
| City or town, state or province, country, and ZIP or foreign postal code City, State 11111 | | 11 | 12 | | |
| Account number (see instructions) XXXXXX | 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

Cat. No. 14425J

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds | 6 Medical and health care payments | | |
| XX-XXXXXXX | YY-YYYYYYY2 | \$ | \$ | | |
| RECIPIENT'S name | | 7 Nonemployee compensation | 8 Substitute payments in lieu of dividends or interest | | |
| Recipient Name | | \$ 999.00 | \$ | | |
| Street address (including apt. no.) Street Address Line 1 | | 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 | | |
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