			CORRE	CTED (if checked)				
PAYER'S name, street address, city o or foreign postal code, and telephone		e or province,	country, ZIP	1 Rents	OMB No. 1545-0115			
Payer Name, LLC	110.			•			Miscellaneous	
Address Line 1				\$ Payalting	2016		Income	
City, State 00000				2 Royalties			income	
(555) 555-5555				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax	withheld		
				\$	\$		Copy 2	
PAYER'S federal identification number	RECIPIENT'S identification number			5 Fishing boat proceeds	6 Medical and health care	payments	To be filed with	
XX-XXXXXX	YY-Y	YYYYY:	3				recipient's state income tax return	
				\$	\$		when required.	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu of			
Recipient Name					dividends or interest			
•				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	10 Crop insurance proceeds			
City or town, state or province, country, and ZIP or foreign postal code				(recipient) for resale ►	\$			
City, State 11111				11	12			
Account number (see instructions)		FATCA filing		13 Excess golden parachute	14 Gross proceeds pa	id to an		
XXXXX		requirement		payments	attorney			
				\$	\$		18 State income	
15a Section 409A deferrals 15b Section 409A income		9	16 State tax withheld	17 State/Payer's state	17 State/Payer's state no.			
				<u> \$</u>			\$	
\$	\$			\$			\$	

Form 1099-MISC

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

			CTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000			1 Rents \$ 2 Royalties	OMB No. 1545-0115	Miscellaneous Income	
(555) 555-5555			\$	Form 1099-MISC		T
			3 Other income	4 Federal income tax with	held	Comy
PAYER'S federal identification number		T'S identification number	5 Fishing boat proceeds	6 Medical and health care payn	ments	Copy 2 To be filed with recipient's state income tax return,
			\$	\$		when required.
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lieu of		
Recipient Name			999.00	dividends or interest		
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	10 Crop insurance proceeds		
City or town, state or province, country, and ZIP or foreign postal code			(recipient) for resale ►	\$		
City, State 11111			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 409A income		16 State tax withheld	17 State/Payer's state no.		18 State income
1.			\$			\$
l \$	l \$		1.\$			l \$