9595		OID [CTED				
PAYER'S name, street address, city or town, state or province, country, ZIP				1 Rents	OMB No. 1545-0115	1		
or foreign postal code, and telephone no. Payer Name, LLC Address Line 1				\$ 2 Royalties	2018	Miscellaneous Income		
City, State 00000 (555) 555-5555			\$	Form 1099-MISC		withheld Copy A		
			3 Other income	4 Federal income tax	withheld			
			\$	\$		For		
PAYER'S TIN	RECIPIENT'S TIN			5 Fishing boat proceeds	6 Medical and health care payments		Internal Revenue	
XX-XXXXXX	YY-'	YYYYYY	′ 3			Service Center		
				\$	\$		File with Form 1096.	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments dividends or interest		TOLLINACY ACE	
Recipient Name				9,875,383.39	dividends of interest		and Paperwork Reduction Act	
Street address (including apt. no.)				\$	\$	Notice, see the		
				9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds		2018 General Instructions for	
City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 Line 2 City, State 11111				(recipient) for resale ► 11	12	Certain Information Returns.		
Account number (see instructions)		FATCA filing	2nd TIN not	. 13 Excess golden parachute	14 Gross proceeds pa	id to an		
XXXXX		requirement		payments \$	attorney			
15a Section 409A deferrals	15b Section	n 409A incom	ne	16 State tax withheld	17 State/Payer's state no.		18 State income	
			\$			\$		
\$				\$			\$	
Form 1099-MISC Cat. Do Not Cut or Separa	No. 14425. te For			v.irs.gov/Form1099MISC ge — Do Not Cut o			Internal Revenue Service on This Page	
9595	□ 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			

9595	□ V	OID [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				\$	20 18 ^N		Miscellaneous	
				2 Royalties			Income	
City, State 00000				\$	Form 1099-MISC			
(555) 555-5555			3 Other income	4 Federal income tax	withheld	vithheld Copy A		
	_			\$	\$		For	
PAYER'S TIN	RECIPIEN	NT'S TIN		5 Fishing boat proceeds	6 Medical and health care payments		Internal Revenue Service Center	
XX-XXXXXXX	YY-	YYYYYY	2					
				\$	\$		File with Form 1096	
RECIPIENT'S name Recipient Name			7 Nonemployee compensation	8 Substitute payments dividends or interest		For Privacy Act		
			999.00	dividends of interest		and Paperwork		
							Reduction Act	
Street address (including apt. no.)				\$	\$		Notice, see the	
				9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds		Instructions for	
City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 City, State 11111				products to a buyer (recipient) for resale ▶	\$		Certain	
				11	12		Information Returns	
		T = 4 = 0.4 = 111		40.5	110			
Account number (see instructions)		FATCA filing requirement	2nd TIN not	. 13 Excess golden parachute payments	14 Gross proceeds pa attorney	id to an		
XXXXX				\$	\$			
15a Section 409A deferrals 15b Section 409A income		е	16 State tax withheld	17 State/Payer's state no.		18 State income		
				\$			\$	
\$	\$			\$			\$	