

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555		1 Rents	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
		\$		
		2 Royalties		
PAYER'S federal identification number XX-XXXXXXX		RECIPIENT'S identification number YY-YYYYYYY3		Copy B For Recipient
		5 Fishing boat proceeds		
		6 Medical and health care payments		
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 City or town, province or state, country, and ZIP or foreign postal code City, State 11111		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		\$ 9,875,383.39	\$	
		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	
11 Foreign tax paid	12 Foreign country or U.S. possession			
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** (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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		\$ 999.00	\$	
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