PAYER'S name, street address, city or town, province or state, country, ZIP			1 Rents	OMB No. 1545-0115		
or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000			\$ 2 Royalties	2013	Miscellaneous Income	
(555) 555-5555			\$	Form <b>1099-MISC</b>		
			3 Other income	4 Federal income tax withheld	Copy A For	
			\$	\$		
PAYER'S federal identification number	/ER'S federal identification number RECIPIENT'S identification number		5 Fishing boat proceeds	6 Medical and health care payments		
XX-XXXXXX	YY-YYYYYY3	3			Service Center	
			\$	\$	File with Form 1096.	
RECIPIENT'S name			7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.	
Recipient Name			9,875,383.39	dividends of interest		
Street address (including apt. no.)			\$	\$		
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds		
City or town, province or state, country, and ZIP or foreign postal code			products to a buyer (recipient) for resale ►	\$		
City, State 11111			11 Foreign tax paid \$	12 Foreign country or U.S. possession		
Account number (see instructions)		2nd TIN not.	13 Excess golden parachute	14 Gross proceeds paid to an	1	
XXXXX			payments \$	attorney \$		
15a Section 409A deferrals	15b Section 409A incom	е	16 State tax withheld	17 State/Payer's state no.	18 State income	
			\$		\$	
\$	\$ <b>99-MISC</b>		\$		\$	

9595 ☐ CORRECTED ☐ VOID PAYER'S name, street address, city or town, province or state, country, ZIP OMB No. 1545-0115 or foreign postal code, and telephone no. Payer Name, LLC **Miscellaneous** Address Line 1 2 Royalties **Income** City, State 00000 (555) 555-5555 Form 1099-MISC 3 Other income 4 Federal income tax withheld Copy A PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments **Internal Revenue Service Center** YY-YYYYYY2 XX-XXXXXXX File with Form 1096. RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of For Privacy Act dividends or interest Recipient Name and Paperwork 999.00 **Reduction Act** Street address (including apt. no.) Notice, see the Street Address Line 1 9 Payer made direct sales of 10 Crop insurance proceeds 2013 General \$5,000 or more of consumer **Instructions for** products to a buyer City or town, province or state, country, and ZIP or foreign postal code Certain (recipient) for resale ▶ 11 Foreign tax paid Information 12 Foreign country or U.S. possession City, State 11111 Returns. 2nd TIN not. 13 Excess golden parachute Account number (see instructions) 14 Gross proceeds paid to an attornev payments XXXXX 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no. 18 State income