

☐ CORRECTED (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 (555) 555-5555		1 Rents \$		OMB No. 1545-0115 2015 Form 1099-MISC	Miscellaneous Income		
		2 Royalties \$					
		3 Other income \$					
4 Federal income tax withheld \$		5 Fishing boat proceeds \$		6 Medical and health care payments \$			
PAYER'S federal identification number XX-XXXXXXX		RECIPIENT'S identification number YY-YYYYYYY3		Copy 2 To be filed with recipient's state income tax return, when required.			
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code City, State 11111		7 Nonemployee compensation 9,875,383.39 \$				8 Substitute payments in lieu of dividends or interest \$	
		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		12					
Account number (see instructions) XXXXXX		FATCA filing requirement <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**

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 City or town, state or province, country, and ZIP or foreign postal code City, State 11111		7 Nonemployee compensation 999.00 \$				8 Substitute payments in lieu of dividends or interest \$	
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