	☐ VOID ☐ CORRE	CTED			
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state or province, country, ZIP no.	1 Rents	OMB No. 1545-0115		
Payer Name, LLC		\$		Miscellaneous	
Address Line 1		2 Royalties	2016 '	Income	
City, State 00000				moomo	
(555) 555-5555		\$	Form 1099-MISC		
(555) 555 555		3 Other income	4 Federal income tax withheld		
		\$	\$	Copy 1	
PAYER'S federal identification number RECIPIENT'S identification number		5 Fishing boat proceeds	6 Medical and health care payments	For State Tax	
XX-XXXXXXX	YY-YYYYYY3			Department	
		\$	\$		
RECIPIENT'S name	1	7 Nonemployee compensation	8 Substitute payments in lieu of		
Recipient Name			dividends or interest		
r too.p.o.n. r tamo		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	10 Crop insurance proceeds		
City or town, state or province, country	ry, and ZIP or foreign postal code	products to a buyer (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	
		\$		\$	
\$	\$	\$		\$	
Form 1099-MISC	www.irs.gov/form1099r	misc	Department of the Treasury -	Internal Revenue Service	

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PAYER'S name, street address, city or town, state or province, country, ZIP			1 Rents	OMB No. 1545-0115		
or foreign postal code, and telephone	no.				١.	
Payer Name, LLC			\$	2016		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 1
PAYER'S federal identification number	RECIPIEN	T'S identification number	5 Fishing boat proceeds	6 Medical and health care payments		For State Tax
XX-XXXXXXX	YY-Y	YYYYY2				Department
			\$	\$		
RECIPIENT'S name			7 Nonemployee compensation			
Recipient Name				dividends or interest		
Recipient Name			999.00			
Street address (including apt. no.)			\$	\$		
Street Address Line 1			9 Payer made direct sales of	10 Crop insurance proceeds		
			\$5,000 or more of consumer			
City or town, state or province, country, and ZIP or foreign postal code			products to a buyer (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	
, , , , , , , , , , , , , , , , , , , ,		requirement	payments	attorney	iu to an	
XXXXX			\$	\$		
15a Section 409A deferrals	5a Section 409A deferrals 15b Section 409A income		16 State tax withheld	17 State/Payer's state	no.	18 State income
			\$			\$
\$	\$		\$			\$