9595	□ v	OID 🗆	CORRE	CTED		
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. Payer Name, LLC				\$	904 6	Miscellaneous
Address Line 1				2 Royalties	2016	Income
City, State 00000						
(555) 555-5555				\$	Form 1099-MISC	
(655) 555 555			3 Other income	4 Federal income tax withheld \$	Copy	
PAYER'S federal identification number	YER'S federal identification number RECIPIENT'S identification number			5 Fishing boat proceeds	6 Medical and health care payments	For Internal Revenue
				a reasons		Service Center
XX-XXXXXX	YY-\	YYYYYY	3			
				\$	\$	File with Form 1096.
RECIPIENT'S name	RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	I TOTT TIVACY ACT
Recipient Name					dividends of litterest	and Paperwork
Street address (including apt. no.)				\$ 9,875,383.39	\$	Reduction Act Notice, see the
Street Address Line 1				9 Payer made direct sales of	10 Crop insurance proceeds	2016 General
Line 2				\$5,000 or more of consumer		Instructions for
City or town, state or province, country, and ZIP or foreign postal code				products to a buyer (recipient) for resale ►	\$	Certain
City, State 11111				11	12	Information Returns.
						netaris.
Account number (see instructions)		FATCA filing requirement	2nd TIN not	. 13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
XXXXX				\$	e	
15a Section 409A deferrals	15b Sectio	n 409A income		16 State tax withheld	17 State/Payer's state no.	18 State income
				\$,	\$
\$				\$		\$
				w.irs.gov/form1099misc	Department of the Treasury	
Do Not Cut or Separa	_	MS ON II	nis Pag			on Inis Page
PAYER'S name, street address, city or foreign postal code, and telephone		e or province, o	country, ZIP	1 Rents	OMB No. 1545-0115	
				Φ.		Miscellaneous
Payer Name, LLC				\$ 2 Royalties	2016	Income
Address Line 1				Zitoyanies		IIICOIIIE
City, State 00000 (555) 555-5555				\$	Form 1099-MISC	
				3 Other income	4 Federal income tax withheld	Copy A
				\$	\$	For
PAYER'S federal identification number	RECIPIENT'S identification number			5 Fishing boat proceeds	6 Medical and health care payments	
XX-XXXXXX	YY-YYYYYY2					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 Recipient Name **Reduction Act** 999.00 Notice, see the Street address (including apt. no.) Street Address Line 1 2016 General 10 Crop insurance proceeds 9 Payer made direct sales of \$5,000 or more of consumer **Instructions for** products to a buyer Certain City or town, state or province, country, and ZIP or foreign postal code (recipient) for resale ▶ Information City, State 11111 11 12 Returns. Account number (see instructions) FATCA filing 2nd TIN not. 13 Excess golden parachute 14 Gross proceeds paid to an requirement XXXXX 16 State tax withheld 15a Section 409A deferrals 15b Section 409A income 17 State/Payer's state no. 18 State income