		ECTED (if checked)			
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state or province, country, ZIP e no.	1 Rents	OMB No. 1545-0115		
Payer Name, LLC		\$	2021	Miscellaneous	
Address Line 1		2 Royalties		Information	
City, State 00000		 	Form 1099-MISC		
(555) 555-5555		3 Other income	4 Federal income tax wit	hheld Copy E	
(555) 555 555		\$	\$	For Recipien	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care pay		
XX-XXXXXX	YY-YYYYYY3				
	11-1111113	\ \$	 \$		
RECIPIENT'S name	1	7 Payer made direct sales	8 Substitute payments in I	ieu of This is important ta	
Recipient Name		totaling \$5,000 or more of consumer products to	dividends or interest	information and is	
Street address (including apt. no.)		recipient for resale 9 Crop insurance proceeds	\$ 10 Gross proceeds paid to	being furnished to	
Street Address Line 1		orop insurance proceeds	attorney	required to file a	
Line 2		\$	\$	return, a negligence penalty or othe	
City or town, state or province, count	try, and ZIP or foreign postal code	11 Fish purchased for resale	12 Section 409A deferrals	sanction may be	
City, State 11111				imposed on you i this income is	
		\$	\$	taxable and the I	
Account number (see instructions)	FATCA filing requirement	13 Excess golden parachute payments	14 Nonqualified deferred compensation	determines that i has not beer	
XXXXX	requirement	payments	φ compensation	reported	
, , , , , , , , , , , , , , , , , , , ,		15 State tax withheld	↑ 16 State/Payer's state no.	17 State income	
		\$	Journal of Ayer 3 State 110.	\$	
		T-\$	+	 \$	
Form 1099-MISC (keep for	or your records) www	w.irs.gov/Form1099MISC	Department of the Trea	surv - Internal Revenue Service	

www.irs.gov/Form1099MISC

(keep for your records)

			CORRE	CTED (if checked)				
PAYER'S name, street address, city or town, state or province, country, ZI or foreign postal code, and telephone no.			country, ZIP	1 Rents	OMB No. 1545-0115			
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$ 2 Royalties	2021	Miscellaneous Information		
				\$	Form 1099-MISC			
				3 Other income	4 Federal income tax	withheld	vithheld Copy B	
				\$	\$		For Recipient	
PAYER'S TIN	RECIPIEN	T'S TIN		5 Fishing boat proceeds	6 Medical and health care	payments		
XX-XXXXXX	YY-YYYYYY2							
				\$	\$			
RECIPIENT'S name Recipient Name				7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	Substitute payments in lieu of dividends or interest		This is important tax information and is being furnished to	
Street address (including apt. no.)				9 Crop insurance proceeds	10 Gross proceeds paid to an		the IRS. If you are	
Street Address Line 1					attorney		required to file a	
Officer Address Ellie 1				\$	\$		return, a negligence penalty or other	
City or town, state or province, country, and ZIP or foreign postal code			al code	11 Fish purchased for resale	12 Section 409A deferrals		sanction may be	
City, State 11111							imposed on you if this income is	
				\$	\$	taxable and the IRS		
Account number (see instructions)		FATCA filing		13 Excess golden parachute	14 Nonqualified deferr	ed	determines that it has not been	
XXXXX		requirement		payments	compensation		reported.	
				15 State tax withheld	16 State/Payer's state	no.	17 State income	
				S	Sizing Capting State		\$	
				}- &	+		<u> </u>	

Department of the Treasury - Internal Revenue Service