

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555		1 Rents	OMB No. 1545-0115 2012 Form 1099-MISC		Miscellaneous Income
		\$			
		2 Royalties			
\$	3 Other income	4 Federal income tax withheld			
\$	\$	\$			
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	Copy 2 To be filed with recipient's state income tax return, when required.	
XX-XXXXXXX	YY-YYYYYYY3	\$	\$		
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
Recipient Name Street address (including apt. no.) Street Address Line 1 City, state, and ZIP code City, State 11111		\$ 9,875,383.39	\$		
		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		
		\$	\$		
Account number (see instructions)		11	12		
XXXXX		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**

Department of the Treasury - Internal Revenue Service

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