	☐ CORRE	CTED (if checked)		
PAYER'S name, street address, city, state, ZIP code, and telephone no. Payer Name, LLC		1 Rents	OMB No. 1545-0115	
Address Line 1		\$	2012	Miscellaneous
City, State 00000		2 Royalties		Income
(555) 555-5555				
(000) 000 0000		\$	Form 1099-MISC	
		3 Other income	4 Federal income tax withheld	
		\$	\$	
PAYER'S federal identification	RECIPIENT'S identification	5 Fishing boat proceeds	6 Medical and health care payments	
number	number			Copy 2
XX-XXXXXXX	YY-YYYYY3			To be filed
		\$	\$	with
RECIPIENT'S name		7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	recipient's state income
			or dividends of litterest	tax return
Recipient Name		* 0.07F 000 00		when
		\$ 9,875,383.39	\$	required
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	
Street Address Line 1		products to a buyer	 	
City state and ZID and		(recipient) for resale ► □	12	
City, state, and ZIP code City, State 11111		11	12	
Account number (see instructions)		13 Excess golden parachute	14 Gross proceeds paid to an	-
,		payments	attorney	
XXXXX		\$	\$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
XXXXX 15a Section 409A deferrals	15b Section 409A income	\$	\$	18 State income

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)						
PAYER'S name, street address, city, state, ZIP code, and telephone no. Payer Name, LLC		1 Rents	OMB No. 1545-0115			
Address Line 1		\$		Miscellaneous		
City, State 00000		2 Royalties	2012	Income		
(555) 555-5555						
		\$	Form 1099-MISC			
		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		
XX-XXXXXX	YY-YYYYY2	\$	\$	To be filed with		
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	recipient's state income		
Recipient Name		\$ 999.00	 \$	tax return, when required.		
Street address (including apt. no.)		9 Payer made direct sales of	10 Crop insurance proceeds	1		
Street Address Line 1		\$5,000 or more of consumer products to a buyer (recipient) for resale	\$			
City, State, and ZIP code City, State 11111		11	12			
Account number (see instructions)		13 Excess golden parachute	14 Gross proceeds paid to an			
XXXXX		payments \$	attorney \$			
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income		
		\$		\$		
\$	\$	\$		\$		