

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555		1 Rents \$		OMB No. 1545-0115 2019 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$			
		3 Other income \$			
PAYER'S TIN XX-XXXXXXX		RECIPIENT'S TIN YY-YYYYYYY3		4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code City, State 11111		5 Fishing boat proceeds \$		6 Medical and health care payments \$	
		7 Nonemployee compensation 9,875,383.39 \$		8 Substitute payments in lieu of dividends or interest \$	
		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) XXXXXX		FATCA filing requirement <input type="checkbox"/>	11	12	
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**

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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		7 Nonemployee compensation 999.00 \$		8 Substitute payments in lieu of dividends or interest \$	
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Account number (see instructions) XXXXXX		FATCA filing requirement <input type="checkbox"/>	11	12	
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