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☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				1 Rents		OMB No. 1545-0115		Miscellaneous Income
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$		2015		
				2 Royalties				
PAYER'S federal identification number				\$		Form 1099-MISC		Copy A For Internal Revenue Service Center
				RECIPIENT'S identification number				
XX-XXXXXXX				YY-YYYYYYY3		\$		
RECIPIENT'S name				5 Fishing boat proceeds		6 Medical and health care payments		
Street address (including apt. no.)				\$		\$		
Recipient Name				7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest		
Street Address Line 1				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		
Line 2				9,875,383.39		\$		
City, State 11111				11		12		
Account number (see instructions)		FATCA filing requirement	2nd TIN not.	13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		
XXXXX		<input type="checkbox"/>	<input type="checkbox"/>	\$		\$		
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income
\$		\$		\$		\$		\$

Form 1099-MISC

Cat. No. 14425J

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				\$		2015			
				2 Royalties					
PAYER'S federal identification number				3 Other income		4 Federal income tax withheld		Copy A For Internal Revenue Service Center	
RECIPIENT'S identification number				5 Fishing boat proceeds		6 Medical and health care payments			
XX-XXXXXXX				YY-YYYYYYY2		\$			File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.
RECIPIENT'S name				7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest			
Street address (including apt. no.)				\$		\$			
Recipient Name				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			
Street Address Line 1				999.00		\$			
City, State 11111				11		12			
Account number (see instructions)		FATCA filing requirement	2nd TIN not.	13 Excess golden parachute payments		14 Gross proceeds paid to an attorney			
XXXXX		<input type="checkbox"/>	<input type="checkbox"/>	\$		\$			
15a Section 409A deferrals		15b Section 409A income		16 State tax withheld		17 State/Payer's state no.		18 State income	
\$		\$		\$		\$		\$	

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