	☐ VOID ☐ C	ORRECT	ED					
PAYER'S name, street address, city or foreign postal code, and telephone		1 Rents	OMB No. 1545-0115					
Payer Name, LLC			\$		ı	Miscellaneous		
Address Line 1			2 Royalties	2014		Income		
City, State 00000								
(555) 555-5555			\$	Form 1099-MISC				
` '			3 Other income	4 Federal income tax	withheld	Copy C		
			\$	\$		For Payer		
PAYER'S federal identification number	RECIPIENT'S identificat	tion number	5 Fishing boat proceeds	6 Medical and health care payments				
XX-XXXXXX	YY-YYYYYY	′ 3						
			\$	\$				
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments				
Recipient Name				dividends or interest		and Paperwork		
			9,875,383.39			Reduction Act		
Street address (including apt. no.)			\$	\$		Notice, see the		
Street Address Line 1 Line 2			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds		2014 General Instructions for		
City or town, state or province, country, and ZIP or foreign postal code			products to a buyer (recipient) for resale ►	\$		Certain		
City, State 11111			11	12		Information Returns.		
Account number (see instructions)		2nd TIN not.	13 Excess golden parachute	14 Gross proceeds pa	id to an			
XXXXX			payments	attorney				
70000			\$	\$				
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								

	☐ VOID ☐ C	ORRECT	ED				
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 \$ 2 Royalties	OMB No. 1545-0115 20 1 4 Form 1099-MISC	Miscellaneous Income		
			3 Other income	4 Federal income tax with	hheld	Copy C	
			\$	\$		For Payer	
PAYER'S federal identification number	RECIPIENT'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care payments			
XX-XXXXXX	YY-YYYYYY2						
			\$	\$			
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in	lieu of	For Privacy Act	
Recipient Name			999.00	dividends or interest		and Paperwork Reduction Act	
Street address (including apt. no.)			\$	\$		Notice, see the	
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds 2014		2014 General Instructions for	
City or town, state or province, count	ry, and ZIP or foreign pos	tal code	(recipient) for resale ►	\$		Certain	
City, State 11111			11	12		Information Returns.	
Account number (see instructions)		2nd TIN not	. 13 Excess golden parachute	14 Gross proceeds paid t	o an		
XXXXX			payments \$	attorney \$			
15a Section 409A deferrals	15b Section 409A income		16 State tax withheld	17 State/Payer's state no	l .		
\$	 		\P	l		. <u>\$</u> 	