| | ☐ CORRE | CTED (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 | | 1 Rents \$ 2 Royalties | OMB No. 1545-0115 | Ī | Miscellaneous Income |
| (555) 555-5555 | | \$ | Form 1099-MISC | | _ |
| , | | 3 Other income | 4 Federal income tax w | rithheld | Сору В |
| | | \$ | \$ | | For Recipient |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds | 6 Medical and health care page | ayments | |
| XX-XXXXXXX | YY-YYYYYY3 | | | | |
| | | \$ | \$ | | |
| RECIPIENT'S name | | 7 Nonemployee compensation | ' ' | | This is important tax |
| Recipient Name | | 9,875,383.39 | dividends or interest | | information and is being furnished to |
| Street address (including apt. no.) | | \$ | \$ | | the Internal Revenue Service. If you are |
| Street Address Line 1 | | 9 Payer made direct sales of \$5,000 or more of consumer | 10 Crop insurance proce | oceeds required to file a return, a negligence | |
| City or town, state or province, country, and ZIP or foreign postal code | | products to a buyer (recipient) for resale ► | \$ | | penalty or other sanction may be |
| City, State 11111 | | 11 | 12 | | imposed on you if this income is taxable and the IRS |
| Account number (see instructions) | | 13 Excess golden parachute | 14 Gross proceeds paid | l to an | determines that it |
| XXXXX | | payments | attorney | | has not been |
| 70000 | | \$ | \$ | | reported. |
| 15a Section 400A deferrals | 15h Section 400A income | 16 State tay withhold | 17 State/Payer's state n | | 18 State income |

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

| | ☐ CORRE | ECTED (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 | | 1 Rents \$ 2 Royalties | OMB No. 1545-0115 | Miscellaneous Income | |
| (555) 555-5555 | | \$ 3 Other income | Form 1099-MISC 4 Federal income tax withher | d Copy B | |
| | | \$ Other income | \$ | For Recipient | |
| PAYER'S federal identification number | RECIPIENT'S identification number | 5 Fishing boat proceeds | 6 Medical and health care payme | • | |
| XX-XXXXXX | YY-YYYYY2 | | | | |
| | | \$ | \$ | | |
| RECIPIENT'S name | | 7 Nonemployee compensation | 8 Substitute payments in lieu | of This is important tax | |
| Recipient Name | | | dividends or interest | information and is being furnished to | |
| · | | 999.00 | | the Internal Revenue | |
| Street address (including apt. no.) | | \$ | \$ | Service. If you are | |
| Street Address Line 1 | | 9 Payer made direct sales of \$5,000 or more of consumer | 10 Crop insurance proceeds | required to file a return, a negligence | |
| | | products to a buyer | • | penalty or other | |
| City or town, state or province, country, and ZIP or foreign postal code | | (recipient) for resale ► □ | 12 | sanction may be imposed on you if | |
| City, State 11111 | | 11 | 12 | this income is | |
| Account number (see instructions) | | 13 Excess golden parachute | 14 Gross proceeds paid to a | taxable and the IRS | |
| XXXXX | | payments | attorney | determines that it has not been | |
| | | \$ | \$ | reported. | |
| 15a Section 409A deferrals | 15b Section 409A income | 16 State tax withheld | 17 State/Payer's state no. | 18 State income | |
| | | \$ | | \$ | |
| \$ | \$ | \$ | | \$ | |