9595		OID [		CTED				
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			
Payer Name, LLC				\$	2019		Miscellaneous	
Address Line 1 City, State 00000				2 Royalties			Income	
(555) 555-5555				\$ 3 Other income	Form 1099-MISC 4 Federal income tax	withhold	Conv A	
				\$ Other income	\$	withheld	Copy A	
PAYER'S TIN	RECIPIENT'S TIN			5 Fishing boat proceeds	6 Medical and health care	payments	Internal Revenue	
XX-XXXXXXX	YY-YYYYYY3					Service Center		
				\$	\$		File with Form 1096.	
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments dividends or interest		I TOI FIIVACY ACL		
Recipient Name			9,875,383.39	dividende of interest		and Paperwork Reduction Act		
Street address (including apt. no.)				\$	\$		Notice, see the	
Street Address Line 1				9 Payer made direct sales of	10 Crop insurance pro	ceeds	2019 General	
Line 2				\$5,000 or more of consumer products to a buyer			Instructions for Certain	
City or town, state or province, country, and ZIP or foreign postal code				(recipient) for resale ▶	\$		Information	
City, State 11111				11	12		Returns.	
Account number (see instructions)		FATCA filing requirement	1	. 13 Excess golden parachute payments	14 Gross proceeds pa attorney	id to an		
XXXXX				\$	\$			
15a Section 409A deferrals	15b Section 409A income			16 State tax withheld	17 State/Payer's state no.		18 State income	
\$	\$			\$			\$	
	. No. 14425			v.irs.gov/Form1099MISC			Internal Revenue Service	
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9595	V	OID [	CORRE	CTED	_	1		

9595	□ \	OID [	CORRE	CTED				
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			
Payer Name, LLC Address Line 1				\$ 2 Royalties	2019	ı	Miscellaneous Income	
City, State 00000 (555) 555-5555				\$	Form 1099-MISC			
(333) 333 333				3 Other income	4 Federal income tax	vithheld Copy F		
PAYER'S TIN	RECIPIENT'S TIN			5 Fishing boat proceeds	6 Medical and health care payments		Internal Revenue	
XX-XXXXXX	YY-	YYYYYY	2				Service Center	
				\$	\$		File with Form 1096.	
RECIPIENT'S name  Recipient Name				7 Nonemployee compensation 999.00	8 Substitute payments dividends or interest	For Privacy Act 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		2019 General Instructions for	
City or town, state or province, country, and ZIP or foreign postal code				(recipient) for resale ►			Certain	
City, State 11111				11	12		Information Returns.	
Account number (see instructions)		FATCA filing requirement	2nd TIN not	. 13 Excess golden parachute payments	14 Gross proceeds pai attorney	id to an		
XXXXX				\$	\$			
15a Section 409A deferrals	15b Section	on 409A incom	е	16 State tax withheld	17 State/Payer's state	no.	18 State income	
				\$			\$	
\$	\$			\$			\$	