

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Payer Name, LLC</b> <b>Address Line 1</b> <b>City, State 00000</b> <b>(555) 555-5555</b>		1 Rents	OMB No. 1545-0115  <b>2018</b>  Form <b>1099-MISC</b>		<b>Miscellaneous Income</b>	
		\$				
		2 Royalties				
PAYER'S TIN  <b>XX-XXXXXXX</b>		RECIPIENT'S TIN  <b>YY-YYYYYYY3</b>		3 Other income	4 Federal income tax withheld	<b>Copy 1</b> <b>For State Tax Department</b>
				\$	\$	
				5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name  <b>Recipient Name</b> Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 Line 2 City, State 11111		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest			
		9,875,383.39				
		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)  <b>XXXXX</b>		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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