			CORRE	CTED (if checked)				
PAYER'S name, street address, city o or foreign postal code, and telephone		e or province,	country, ZIP	1 Rents	OMB No. 1545-0115			
Payer Name, LLC	110.						Miscellaneous	
Address Line 1				\$	20 <b>17</b>		_	
City, State 00000				2 Royalties			Income	
, ·				\$	Form 1099-MISC			
(555) 555-5555				3 Other income	4 Federal income tax	withheld		
				\$	\$	Withinfold	Copy 2	
PAYER'S federal identification number	RECIPIEN	T'S identification	on number	5 Fishing boat proceeds	-	al and health care payments		
VV VVVVVVV	\//\	^^^^	^			To be filed with recipient's state		
XX-XXXXXXX \		YY-YYYYYY3					income tax return	
				\$	\$		when required.	
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu of			
Recipient Name					dividends or interest			
•				9,875,383.39				
Street address (including apt. no.)				\$	\$			
Street Address Line 1				9 Payer made direct sales of \$5.000 or more of consumer	10 Crop insurance proceeds			
Line 2				products to a buyer				
City or town, state or province, country, and ZIP or foreign postal code				(recipient) for resale ►	\$			
City, State 11111				11	12			
Account number (see instructions)		FATCA filing		13 Excess golden parachute	14 Gross proceeds pa	id to an	1	
XXXXX		requirement		payments	attorney			
70000				\$	\$			
15a Section 409A deferrals	15b Section 409A income			16 State tax withheld	17 State/Payer's state	no.	18 State income	
	_			\$	<b>_</b>		<u>  \$</u>	
\$	\$			\$			\$	

Form 1099-MISC

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

			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			\$	Form 1099-MISC	1	
			3 Other income	4 Federal income tax withher		
PAYER'S federal identification number		T'S identification number	5 Fishing boat proceeds	6 Medical and health care payme	To be filed with recipient's start income tax return	
			\$	\$	when required.	
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lie	u of	
Recipient Name			999.00	dividends or interest		
Street address (including apt. no.)			\$	\$		
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	5	
City or town, state or province, country, and ZIP or foreign postal code			(recipient) for resale ►	\$	_	
City, State 11111			11	12		
Account number (see instructions)		FATCA filing	13 Excess golden parachute	14 Gross proceeds paid to a	เท	
XXXXX		requirement	payments \$	attorney		
15a Section 409A deferrals	15b Section 409A income		16 State tax withheld	17 State/Payer's state no.	18 State income	
1.			\$		\$	
l \$	l \$		1.\$		l <b>\$</b>	