	☐ VOID ☐ COF	RECTED		
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state or province, country,	ZIP 1 Rents	OMB No. 1545-0115	
Payer Name, LLC	.110.	\$		Miscellaneous
Address Line 1		2 Royalties	2018	Income
City, State 00000				
(555) 555-5555		\$ 3 Other income	Form 1099-MISC 4 Federal income tax withheld	Conv.A
,		\$ Other income	\$	Copy A
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payment	Internal Revenue
XX-XXXXXXX	YY-YYYYYY1			Service Center
		\$	\$	File with Form 1096.
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu	
A Very Long Recipie	ent Name To Test Wid	1,234.56	dividends or interest	and Paperwork Reduction Act
Street address (including apt. no.)		\$	\$	Notice, see the
Street Address Line 1 Line 2		Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds	2018 General Instructions for
City or town, state or province, count	ry, and ZIP or foreign postal code	(recipient) for resale ►	\$	Certain Information
Long Name for a City, St	ate 11111-1111	11	12	Returns.
Account number (see instructions)	FATCA filing 2nd TIN requirement	I not. 13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
XXXXX		\$	\$	
15a Section 409A deferrals	a Section 409A deferrals 15b Section 409A income		17 State/Payer's state no.	18 State income
•	\$			\$
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PAYER'S name, street address, city	or town, state or province, country,	RECTED	OMB No. 1545-0115	s on This Page
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state or province, country,	RECTED	OMB No. 1545-0115	s on This Page
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC	or town, state or province, country,	RECTED	or Separate Forms	on This Page Miscellaneous
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1	or town, state or province, country,	RRECTED ZIP 1 Rents \$	OMB No. 1545-0115	on This Page Miscellaneous
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PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555	or town, state or province, country, e no.	RRECTED ZIP 1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 OMB No. 1545-0115 OMB No. 1545-0115 Form 1099-MISC 4 Federal income tax withheld \$	Miscellaneous Income Copy A
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1 City, State 00000 (555) 555-555	or town, state or province, country, e no.	RECTED ZIP 1 Rents \$ 2 Royalties \$	OMB No. 1545-0115 2018 Form 1099-MISC 4 Federal income tax withheld	Miscellaneous Income Copy A For Internal Revenue
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555	or town, state or province, country, e no.	RECTED ZIP 1 Rents \$ 2 Royalties \$ 3 Other income \$ 5 Fishing boat proceeds	OMB No. 1545-0115 OMB No. 1545-0115 Porm 1099-MISC 4 Federal income tax withheld 6 Medical and health care payment	Miscellaneous Income Copy A For Internal Revenue Service Center
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1 City, State 00000 (555) 555-555	or town, state or province, country, e no.	RECTED ZIP 1 Rents \$ 2 Royalties \$ 3 Other income \$ 5 Fishing boat proceeds	OMB No. 1545-0115 2018 Form 1099-MISC 4 Federal income tax withheld \$ 6 Medical and health care payment	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1 City, State 00000 (555) 555-555 PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYY2	RECTED ZIP 1 Rents \$ 2 Royalties \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation	OMB No. 1545-0115 OMB No. 1545-0115 Porm 1099-MISC 4 Federal income tax withheld 6 Medical and health care payment	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1 City, State 00000 (555) 555-555 PAYER'S TIN XX-XXXXXXX	or town, state or province, country, e no.	RRECTED ZIP 1 Rents \$ 2 Royalties \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation	OMB No. 1545-0115 OMB No. 1545-0115 OMB No. 1545-0115 Form 1099-MISC 4 Federal income tax withheld 6 Medical and health care payment \$ 8 Substitute payments in lieu of	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork
PAYER'S name, street address, city or foreign postal code, and telephone Payer Name, LLC Address Line 1 City, State 00000 (555) 555-555 PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYY2	RECTED ZIP 1 Rents \$ 2 Royalties \$ 3 Other income \$ 5 Fishing boat proceeds \$ 7 Nonemployee compensation	OMB No. 1545-0115 OMB No. 1545-0115 OMB No. 1545-0115 Form 1099-MISC 4 Federal income tax withheld 6 Medical and health care payment \$ 8 Substitute payments in lieu of	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096.

11 12 City, State 11111 Returns. Account number (see instructions) FATCA filing 2nd TIN not. 13 Excess golden parachute 14 Gross proceeds paid to an requirement payments attorney XXXXX 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no. 18 State income Form 1099-MISC Cat. No. 14425J www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

City or town, state or province, country, and ZIP or foreign postal code

\$5,000 or more of consumer

\$

products to a buyer

(recipient) for resale ▶

Instructions for

Certain

Information

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PAYER'S name, street address, city of		OID te or province,	CORRE country, ZIP	1 Rents	OMB No. 1545-0115		
or foreign postal code, and telephone	e no.						
Payer Name, LLC			\$	2018		Miscellaneous	
Address Line 1				2 Royalties			Income
City, State 00000				\$	Form 1099-MISC		
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				\$	\$		For
PAYER'S TIN	RECIPIEN	IT'S TIN		5 Fishing boat proceeds	6 Medical and health care	payments	Internal Revenue
XX-XXXXXXX	YY-	YYYYYY	′3				Service Center
				\$	\$		File with Form 1096.
RECIPIENT'S name				7 Nonemployee compensation	1 1		For Privacy Act
Recipient Name			9,875,383.39	dividends or interest		and Paperwork	
Chrost address (including out up)				ф.	Φ.		Reduction Act Notice, see the
Street address (including apt. no.)			Payer made direct sales of	\$ 10 Crop insurance pro		2018 Genera	
Street Address Line 1				\$5,000 or more of consumer	To Crop insurance pro	ceeus	Instructions for
City or town, state or province, country, and ZIP or foreign postal code			products to a buyer (recipient) for resale	\$		Certain Information Returns.	
City, State 11111			11	12			
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\$	\$			\$			\$
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PAYER'S name, street address, city of	or town, stat	te or province,	country, ZIP	1 Rents	OMB No. 1545-0115	1	

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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			
				\$	2018		Miscellaneous
				2 Royalties			Income
				\$	Form 1099-MISC		
				3 Other income	4 Federal income tax v	vithheld	Copy A
				\$	\$		For
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds	6 Medical and health care p	payments Internal Revenu		
							Service Center
				\$	\$		File with Form 1096.
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments dividends or interest	in lieu of	For Privacy Act and Paperwork	
							Reduction Act
Street address (including apt. no.)			\$	\$		Notice, see th	
				9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance prod	ceeds	2018 General Instructions for
City or town, state or province, country, and ZIP or foreign postal code			products to a buyer (recipient) for resale ▶	\$		Certain	
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