

☐ CORRECTED (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 (555) 555-5555		1 Rents		OMB No. 1545-0115 2018 Form 1099-MISC	Miscellaneous Income
		\$			
		2 Royalties			
		\$			
3 Other income		4 Federal income tax withheld		Copy B For Recipient	
\$		\$			
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds		6 Medical and health care payments	
XX-XXXXXXX	YY-YYYYYYY3	\$		\$	
RECIPIENT'S name Recipient Name 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		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		\$			
11		12			
Account number (see instructions)		FATCA filing requirement	13 Excess golden parachute payments		14 Gross proceeds paid to an attorney
XXXXX		<input type="checkbox"/>	\$		\$
15a Section 409A deferrals	15b Section 409A income		16 State tax withheld		17 State/Payer's state no.
\$	\$		\$		18 State income
			\$		\$

Form **1099-MISC** (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

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