Rents Royalties Other income Fishing boat proceeds	OMB No. 1545-0115 20 18 Form 1099-MISC 4 Federal income tax withheld 6 Medical and health care payments 8 Substitute payments in lieu of	For Recipient	
Royalties 6 Other income 6 Fishing boat proceeds	Form 1099-MISC 4 Federal income tax withheld 6 Medical and health care payments	Copy E For Recipient	
Other income Fishing boat proceeds	4 Federal income tax withheld \$ 6 Medical and health care payments		
Other income Fishing boat proceeds	4 Federal income tax withheld \$ 6 Medical and health care payments	For Recipient	
i Fishing boat proceeds	\$ 6 Medical and health care payments \$	For Recipient	
Fishing boat proceeds	6 Medical and health care payments		
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		ri .	
9,875,383.39	dividends or interest	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	
Payer made direct sales of \$5,000 or more of consumer	\$ 10 Crop insurance proceeds		
(recipient) for resale ▶	\$ 12	sanction may b imposed on you this income i taxable and the IR	
Excess golden parachute payments	14 Gross proceeds paid to an attorney		
State tax withheld	17 State/Payer's state no.	18 State income	
) ;	<u> </u>	\$ \$	
) () (9,875,383.39 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶	9,875,383.39 \$ Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶ □ Excess golden parachute payments 14 Gross proceeds paid to an attorney \$ State tax withheld 17 State/Payer's state no.	

CORRECTED (if checked)

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	2018		Miscellaneous Income	
City, State 00000				\$	Form 1099-MISC		
(555) 555-5555			3 Other income	4 Federal income tax	withheld Copy B		
				\$	\$		For Recipient
PAYER'S TIN	RECIPIEN	T'S TIN		5 Fishing boat proceeds	6 Medical and health care payments		
XX-XXXXXX	YY-'	YYYYYY2	2				
				\$	\$		
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest \$ 10 Crop insurance proceeds		This is important tax	
Recipient Name			999.00			information and is being furnished to	
Street address (including apt. no.)		\$	the IRS. If you are				
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer			required to file a return, a negligence penalty or other	
City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 City, State 11111			(recipient) for resale ►	\$		sanction may be imposed on you it	
			11	12		this income is taxable and the IRS	
Account number (see instructions)		FATCA filing		13 Excess golden parachute	14 Gross proceeds pa	id to an	determines that in has not beer
XXXXX		requirement		payments \$	attorney \$		reported.
15a Section 409A deferrals	15b Section	n 409A income		16 State tax withheld	17 State/Payer's state	no.	18 State income
				 \$			\$