

☐ VOID ☐ CORRECTED

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 2016 Form 1099-MISC	Miscellaneous Income
		\$			
		2 Royalties			
		\$			
		3 Other income		4 Federal income tax withheld	
		\$		\$	
PAYER'S federal identification number		RECIPIENT'S identification number		5 Fishing boat proceeds	
XX-XXXXXXX		YY-YYYYYYY3		\$	
RECIPIENT'S name		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
Recipient Name		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 products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
Line 2				\$	
City or town, state or province, country, and ZIP or foreign postal code		11		12	
City, State 11111					
Account number (see instructions)		FATCA filing requirement	2nd TIN not.	13 Excess golden parachute payments	
XXXXX		<input type="checkbox"/>	<input type="checkbox"/>	\$	
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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		\$			
		2 Royalties			
		\$			
		3 Other income		4 Federal income tax withheld	
		\$		\$	
PAYER'S federal identification number		RECIPIENT'S identification number		5 Fishing boat proceeds	
XX-XXXXXXX		YY-YYYYYYY2		\$	
RECIPIENT'S name		7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
Recipient Name		999.00		\$	
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 (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds	
City or town, state or province, country, and ZIP or foreign postal code				\$	
City, State 11111		11		12	
Account number (see instructions)		FATCA filing requirement	2nd TIN not.	13 Excess golden parachute payments	
XXXXX		<input type="checkbox"/>	<input type="checkbox"/>	\$	
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\$		\$		\$	
				17 State/Payer's state no.	
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