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☐ VOID☐ CORRECTED

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 <b>2017</b>		<b>Miscellaneous Income</b>
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				2 Royalties \$		Form <b>1099-MISC</b>		
				3 Other income \$		4 Federal income tax withheld \$		
PAYER'S federal identification number <b>XX-XXXXXXX</b>		RECIPIENT'S identification number <b>YY-YYYYYYY1</b>		5 Fishing boat proceeds \$		6 Medical and health care payments \$		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2017 General Instructions for Certain Information Returns.</b>
RECIPIENT'S name <b>A Very Long Recipient Name To Test Width</b>				7 Nonemployee compensation \$ <b>1,234.56</b>		8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.) Street Address Line 1 Line 2				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 <b>Long Name for a City, State 11111-1111</b>				11		12		
Account number (see instructions) <b>XXXXX</b>		FATCA filing requirement <input type="checkbox"/>		2nd TIN not. <input type="checkbox"/>		13 Excess golden parachute payments \$		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**

Cat. No. 14425J

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				2 Royalties \$		Form <b>1099-MISC</b>		
				3 Other income \$		4 Federal income tax withheld \$		
PAYER'S federal identification number <b>XX-XXXXXXX</b>		RECIPIENT'S identification number <b>YY-YYYYYYY2</b>		5 Fishing boat proceeds \$		6 Medical and health care payments \$		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2017 General Instructions for Certain Information Returns.</b>
RECIPIENT'S name <b>Recipient Name that is even longer than the previous</b>				7 Nonemployee compensation \$ <b>999.00</b>		8 Substitute payments in lieu of 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 (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$		
City or town, state or province, country, and ZIP or foreign postal code <b>City, State 11111</b>				11		12		
Account number (see instructions) <b>XXXXX</b>		FATCA filing requirement <input type="checkbox"/>		2nd TIN not. <input type="checkbox"/>		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$
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Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555				2 Royalties \$		Form <b>1099-MISC</b>		
				3 Other income \$		4 Federal income tax withheld \$		
PAYER'S federal identification number <b>XX-XXXXXXX</b>		RECIPIENT'S identification number <b>YY-YYYYYYY3</b>		5 Fishing boat proceeds \$		6 Medical and health care payments \$		<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2017 General Instructions for Certain Information Returns.</b>
RECIPIENT'S name <b>Recipient Name</b>				7 Nonemployee compensation \$ <b>9,875,383.39</b>		8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.) <b>Street Address Line 1</b>				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 <b>City, State 11111</b>				11		12		
Account number (see instructions) <b>XXXXX</b>		FATCA filing requirement <input type="checkbox"/>		2nd TIN not. <input type="checkbox"/>		13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$
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