

☐ 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 2017 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		6 Medical and health care payments	
XX-XXXXXXX	YY-YYYYYYY3	\$		\$	
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code 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	
		\$		\$	
		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.	
\$	\$	\$		\$	
		\$		\$	

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For State Tax
Department**

Form **1099-MISC**

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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