		ECTED (if checked)		
or foreign postal code, and telephone	or town, state or province, country, ZIP e no.	1 Rents	OMB No. 1545-0115	
Payer Name, LLC		\$		Miscellaneous
Address Line 1		2 Royalties	2017	Income
City, State 00000				111001110
(555) 555-5555		\$	Form 1099-MISC	
(000) 000 0000		3 Other income	4 Federal income tax withhe	eld Copy E
		\$	\$	For Recipien
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payme	
XX-XXXXXX	YY-YYYYYY3			
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu	of This is important tax
Recipient Name			dividends or interest	information and is
		9,875,383.39		being furnished to
Street address (including apt. no.)		\$	\$	Service. If you are
Street Address Line 1		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	
Line 2		products to a buyer		return, a negligence penalty or othe
City or town, state or province, country, and ZIP or foreign postal code		(recipient) for resale ►	\$	sanction may be
City, State 11111		11	12	imposed on you i this income is
Account number (see instructions)	FATCA filing	13 Excess golden parachute	14 Gross proceeds paid to a	taxable and the IRS determines that i
XXXXX	requirement	payments	attorney	has not beer
		\$	\$	reported
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	or your records) ww	w.irs.gov/form1099misc	Department of the Treasu	ry - Internal Revenue Service

www.irs.gov/form1099misc

CORRECTED (if checked) OMB No. 1545-0115 PAYER'S name, street address, city or town, state or province, country, ZIP 1 Rents

Department of the Treasury - Internal Revenue Service

or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555		\$ 2 Royalties	20 17	Miscellaneous Income
		\$ 3 Other income	4 Federal income tax withheld	Сору В
		\$	\$	For Recipient
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	1 of Recipient
XX-XXXXXXX	YY-YYYYYY2			
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of	This is important tax
Recipient Name		999.00	dividends or interest	information and is being furnished to
Street address (including apt. no.)		\$99.00	\$	the Internal Revenue Service. If you are
Street Address Line 1		9 Payer made direct sales of \$5.000 or more of consumer	10 Crop insurance proceeds	required to file a
City or town, state or province, country, and ZIP or foreign postal code		products to a buyer (recipient) for resale ►	\$	return, a negligence penalty or other sanction may be
City, State 11111		11	12	imposed on you if this income is
Account number (see instructions)	FATCA filing	13 Excess golden parachute	14 Gross proceeds paid to an	taxable and the IRS determines that it
XXXXX	requirement	payments \$	attorney \$	has not been reported.
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
\$	\$	\$		\$

(keep for your records)