	☐ VOID ☐ CORRE	ECTED		
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		 \$		Miscellaneous
Address Line 1		2 Royalties	2014	Income
City, State 00000				111001110
(555) 555-5555		\$	Form 1099-MISC	
,		3 Other income	4 Federal income tax withheld	
		\$	\$	Copy 1
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	For State Tax Department
XX-XXXXXX	YY-YYYYYY3			2 opar amont
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu o	f
Recipient Name			dividends or interest	
·		9,875,383.39		
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	10 Crop insurance proceeds	
City or town, state or province, country, and ZIP or foreign postal code		(recipient) for resale ►	\$	
City, State 11111		11	12	
Account number (see instructions)		13 Excess golden parachute	14 Gross proceeds paid to an	1
XXXXX		payments \$	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

	UVOID CORRE	ECTED		
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 \$ 2 Royalties	OMB No. 1545-0115 20 14 Form 1099-MISC	Miscellaneous Income
,		3 Other income	4 Federal income tax withheld	
		\$	\$	Copy 1
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	I OI State Tax
XX-XXXXXX	YY-YYYYYY2			Department
		\$	\$	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of	f
Recipient Name		999.00	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	10 Crop insurance proceeds	
City or town, state or province, country, and ZIP or foreign postal code		(recipient) for resale ►	\$	
City, State 11111		11	12	
Account number (see instructions)		13 Excess golden parachute	14 Gross proceeds paid to an	
XXXXX		payments \$	attorney \$	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
l <u>s</u>	\$	- 1		† .