	☐ CORRE	CTED (if checked)		
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		1 Rents \$ 2 Royalties	OMB No. 1545-0115 2014  Form 1099-MISC	Miscellaneous Income
(555) 555-5555		\$ 3 Other income	4 Federal income tax withh	old
		\$	\$	Copy 2
PAYER'S federal identification number	RECIPIENT'S identification number  YY-YYYYYY3	5 Fishing boat proceeds	6 Medical and health care payme	To be filed with
70070000		\$	\$	recipient's state income tax return
RECIPIENT'S name  Recipient Name		7 Nonemployee compensation 9,875,383.39	8 Substitute payments in lie dividends or interest	when required.
Street address (including apt. no.)		\$	\$	
Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶	10 Crop insurance proceed:	5
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

Form 1099-MISC

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

## CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP OMB No. 1545-0115 or foreign postal code, and telephone no. Payer Name, LLC Miscellaneous Address Line 1 2 Royalties Income City, State 00000 (555) 555-5555 Form 1099-MISC 3 Other income 4 Federal income tax withheld Copy 2 PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Medical and health care payments To be filed XX-XXXXXXX YY-YYYYYY2 recipient's state income tax return, RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of when dividends or interest Recipient Name required. 999.00 Street address (including apt. no.) Street Address Line 1 9 Payer made direct sales of 10 Crop insurance proceeds \$5,000 or more of consumer products to a buyer City or town, state or province, country, and ZIP or foreign postal code recipient) for resale ► City, State 11111 Account number (see instructions) 13 Excess golden parachute 14 Gross proceeds paid to an payments attorney XXXXX 15a Section 409A deferrals 15b Section 409A income 16 State tax withheld 17 State/Payer's state no. 18 State income