|  | ☐ CORRE                                 | ECTED (if checked)                              |                                       |          |  |
|--|---|---|---------------------------------------|----------|--|
|  | r town, province or state, country, ZIP | 1 Rents   | OMB No. 1545-0115                     |          |  |
| or foreign postal code, and telephone no.                                |   |   |                                       |          | <b></b>                                    |
| Payer Name, LLC  |   | \$  | 2013                                  | l        | Miscellaneous                              |
| Address Line 1   |   | 2 Royalties                                     |                                       |          | Income                                     |
| City, State 00000  |   |   |                                       |          |  |
| (555) 555-5555   |   | \$  | Form 1099-MISC                        |          | _  |
|  |   | 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 |  |
| XX-XXXXXX  | YY-YYYYYY3                              |   |                                       |          |  |
|  |   | \$  | \$                                    |          |  |
| RECIPIENT'S name   |   | 7 Nonemployee compensation                      | ' '                                   |          | This is important tax                      |
| Recipient Name   |   |   | dividends or interest                 |          | information and is                         |
|  |   | 9,875,383.39                                    |                                       |          | being furnished to<br>the Internal Revenue |
| Street address (including apt. no.)                                      |   | \$  | \$                                    |          | Service. If you are                        |
| Street Address Line 1  |   | 9 Payer made direct sales of                    | 10 Crop insurance proceeds            |          | required to file a                         |
|  |   | \$5,000 or more of consumer products to a buyer |                                       |          | return, a negligence penalty or other      |
| City or town, province or state, country, and ZIP or foreign postal code |   | (recipient) for resale ►                        | \$                                    |          | sanction may be                            |
| City, State 11111  |   | 11 Foreign tax paid                             | 12 Foreign country or U.S. possession |          | imposed on you it                          |
|  |   | \$  |                                       |          | this income is taxable and the IRS         |
| Account number (see instructions)  |   | 13 Excess golden parachute                      | 14 Gross proceeds paid to an          |          | determines that if                         |
| XXXXX  |   | 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                            |

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

|  | ☐ CORRE                           | ECTED (if checked)   |   |  |  |
|--|-----------------------------------|--|---|--|--|
| PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 |                                   | 1 Rents \$ 2 Royalties   | OMB No. 1545-0115                                     | Miscellaneous<br>Income  |  |
| City, State 00000  |                                   |  |   |  |  |
| (555) 555-5555   |                                   | \$   | Form 1099-MISC  | •  |  |
|  |                                   | 3 Other income   | 4 Federal income tax withheld                         | Сору В   |  |
| <u></u>  |                                   | \$   | \$  | For Recipient  |  |
| PAYER'S federal identification number  | RECIPIENT'S identification number | 5 Fishing boat proceeds  | 6 Medical and health care payments                    |  |  |
| XX-XXXXXX  | YY-YYYYYY2                        |  |   |  |  |
|  |                                   | \$   | \$  |  |  |
| RECIPIENT'S name   |                                   | 7 Nonemployee compensation   | 8 Substitute payments in lieu o dividends or interest | This is important tax information and is being furnished to the Internal Revenue         |  |
| Recipient Name   |                                   |  | dividends or interest                                 |  |  |
|  |                                   | 999.00   |   |  |  |
| Street address (including apt. no.)  |                                   | \$   | \$  | Service. If you are  |  |
| Street Address Line 1  |                                   | 9 Payer made direct sales of<br>\$5,000 or more of consumer<br>products to a buyer | 10 Crop insurance proceeds                            | required to file a<br>return, a negligence<br>penalty or other                           |  |
| City or town, province or state, country, and ZIP or foreign postal code   |                                   | (recipient) for resale ►   | \$  | sanction may be  |  |
| City, State 11111  |                                   | 11 Foreign tax paid  | 12 Foreign country or U.S. possession                 | , ,  |  |
|  |                                   | \$   |   | this income is<br>taxable and the IRS<br>determines that it<br>has not been<br>reported. |  |
| Account number (see instructions)  XXXXX   |                                   | , , , ,  | 14 Gross proceeds paid to an                          |  |  |
|  |                                   | payments \$  | attorney<br>\$  |  |  |
| 15a Section 409A deferrals   | 15b Section 409A income           | 16 State tax withheld  | 17 State/Payer's state no.                            | 18 State income  |  |
|  |                                   | \$   |   | \$   |  |
| l ¢  | l ¢                               | <u>¢</u>   | <b></b>   | T &  |  |