	□ void □ c	ORRECT	ED				
PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.			1 Rents	OMB No. 1545-0115			
Payer Name, LLC			 \$	9049	ı	Miscellaneous	
Address Line 1			2 Royalties		2013 Income		
City, State 00000							
(555) 555-5555			\$	Form 1099-MISC			
			3 Other income		Federal income tax withheld Copy		
1			\$	\$		For Payer	
PAYER'S federal identification number	RECIPIENT'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care payments			
XX-XXXXXX	YY-YYYYYY3	}					
			\$	\$			
RECIPIENT'S name			7 Nonemployee compensation		titute payments in lieu of		
Recipient Name				dividends or interest		For Privacy Act and Paperwork	
			9,875,383.39			Reduction Act	
Street address (including apt. no.)			\$	\$		Notice, see the	
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds		2013 General Instructions for	
City or town, province or state, country, and ZIP or foreign postal code			products to a buyer (recipient) for resale ►	\$		Certain	
City, State 11111			11 Foreign tax paid \$	12 Foreign country or U.S. possession		Information Returns.	
Account number (see instructions) 2nd TIN not.			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.g	ov/form1099n	nisc	Department of the T	reasury -	Internal Revenue Service	

		ORRECT	ED			
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 City, State 00000			1 Rents \$ 2 Royalties	OMB No. 1545-0115	Miscellaneous Income	
(555) 555-5555			\$	Form 1099-MISC		
,			3 Other income	4 Federal income tax	withheld	Copy C
			\$	\$		For Payer
PAYER'S federal identification number	RECIPIENT'S identificat	ion number	5 Fishing boat proceeds	6 Medical and health care payments		
XX-XXXXXX	YY-YYYYYY2	2				
			\$	\$		
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments dividends or interest		For Privacy Act
Recipient Name			000.00	dividends of interest		and Paperwork
Ohorat addison (in displication and to a)			999.00			Reduction Act
Street address (including apt. no.)			\$	\$		Notice, see the
Street Address Line 1			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds		2013 General
City or town, province or state, country, and ZIP or foreign postal code			products to a buyer (recipient) for resale ►	\$		Instructions for Certain
City, State 11111			11 Foreign tax paid	2 Foreign country or U.S. possession Inform		Information
Oity, State 11111			\$			Returns.
Account number (see instructions)		2nd TIN not	. 13 Excess golden parachute	14 Gross proceeds pai	id to an	
XXXXX			payments \$	attorney \$		
15a Section 409A deferrals	15b Section 409A incom	e e	16 State tax withheld	17 State/Payer's state	no.	18 State income
			\$			\$
\$	l \$		\$	<u>†</u>		\$