	□ V	OID [CORRE	CTED			
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 Address Line 1 City, State 00000				\$ 2 Royalties	20 18 Form 1099-MISC	Miscellaneous Income	
(555) 555-5555				3 Other income	4 Federal income tax	withheld Copy C	
(655) 555 555				\$	\$		
PAYER'S TIN	RECIPIENT'S TIN			5 Fishing boat proceeds	6 Medical and health care payments		For Payer
xx-xxxxxxx	YY-Y	YYYYY	3	\$	\$		
RECIPIENT'S name				7 Nonemployee compensation	8 Substitute payments in lieu of		For Privacy Act
Recipient Name				9,875,383.39	dividends or interest		and Paperwork Reduction Act
Street address (including apt. no.)				\$	\$		Notice, see the
				9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	10 Crop insurance proceeds		2018 General Instructions for
City or town, state or province, country, and ZIP or foreign postal code Street Address Line 1 Line 2 City, State 11111				(recipient) for resale ► ☐	12		Certain Information Returns.
Account number (see instructions)		FATCA filing	2nd TIN not.	. 13 Excess golden parachute	14 Gross proceeds paid to an		
XXXXX		requirement		payments \$	attorney		
15a Section 409A deferrals 15b Section 409A income			е	16 State tax withheld	17 State/Payer's state	ate no. 18 State income	
				\$			\$
\$	\$			\$			\$
Form 1099-MISC www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Serv							

VOID **CORRECTED** PAYER'S name, street address, city or town, state or province, country, ZIP

Miscellaneous

OMB No. 1545-0115 or foreign postal code, and telephone no. 2018 Payer Name, LLC 2 Royalties Income Address Line 1 City, State 00000 Form 1099-MISC (555) 555-5555 Copy C 3 Other income 4 Federal income tax withheld For Payer PAYER'S TIN RECIPIENT'S TIN 5 Fishing boat proceeds 6 Medical and health care payments XX-XXXXXXX YY-YYYYY2 RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of For Privacy Act dividends or interest and Paperwork Recipient Name 999.00 **Reduction Act** Street address (including apt. no.) Notice, see the 9 Payer made direct sales of 10 Crop insurance proceeds 2018 General \$5,000 or more of consumer Instructions for products to a buyer City or town, state or province, country, and ZIP or foreign postal code Certain (recipient) for resale ▶ Street Address Line 1 Information 12 City, State 11111 Returns. Account number (see instructions) FATCA filing 2nd TIN not. 13 Excess golden parachute 14 Gross proceeds paid to an requirement payments attorney XXXXX 15b Section 409A income 15a Section 409A deferrals 16 State tax withheld 17 State/Payer's state no. 18 State income