9595	□ VOID □		CTED				
PAYER'S name, street address, city or town, state or province, country, ZIP			1 Rents	OMB No. 1545-0115			
or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555			 \$	2014		Miscellaneous	
			2 Royalties			Income	
			 \$	Form 1099-MISC			
			3 Other income	4 Federal income tax	<u>l</u> withheld	nheld Copy A	
			\$	\$		For	
PAYER'S federal identification number RECIPIENT'S identification number		5 Fishing boat proceeds	6 Medical and health care payments		Internal Revenue		
XX-XXXXXX	YY-YYYYYY	′3				Service Center	
			\$	\$		File with Form 1096.	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		For Privacy Act		
Desirient Name						and Paperwork	
Recipient Name			9,875,383.39	Φ.		Reduction Act	
Street address (including apt. no.) Street Address Line 1 Line 2			Ψ	\$		Notice, see the 2014 General	
			9 Payer made direct sales of \$5,000 or more of consumer	Instru		Instructions for	
City or town, state or province, country, and ZIP or foreign postal code City, State 11111			products to a buyer (recipient) for resale ►			Certain	
			11	12	Information		
						Returns.	
Account number (see instructions)	Account number (see instructions) 2nd TIN not.		13 Excess golden parachute	14 Gross proceeds paid to an			
XXXXX		payments	nents attorney				
			\$	\$			
15a Section 409A deferrals	5a Section 409A deferrals 15b Section 409A income		16 State tax withheld	17 State/Payer's state no.		18 State income	
,		\$			\$		
\$ Form 1099-MISC Cat	\$		D			Φ	
Do Not Cut or Separa	No. 14425J te Forms on T		w.irs.gov/form1099misc ge — Do Not Cut o			Internal Revenue Service on This Page	
9595	□ VOID □	CORRE	CTED				
PAYER'S name, street address, city o				OMB No. 1545-0115			

9595	VOID CORRI	ECTED			
PAYER'S name, street address, city or foreign postal code, and telephone	or town, state or province, country, ZIP no.	1 Rents	OMB No. 1545-0115		
Payer Name, LLC		\$	2014	Miscellaneous	
Address Line 1		2 Royalties		Income	
City, State 00000		\$	Form 1099-MISC		
(555) 555-5555		3 Other income	4 Federal income tax withheld	vithheld Copy A	
		\$	\$	For	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments		
XX-XXXXXX	YY-YYYYYY2			Service Center	
		\$	\$	File with Form 1096.	
RECIPIENT'S name		7 Nonemployee compensation	8 Substitute payments in lieu o dividends or interest	in lieu of For Privacy Ac	
Recipient Name			dividends of interest	and Paperwork	
'		999.00	•	Reduction Act	
Street address (including apt. no.) Street Address Line 1		\$	\$	Notice, see the	
Chrosty tadress zine i		9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance proceeds	Instructions for	
City or town, state or province, count	ry and ZIP or foreign postal code	products to a buyer (recipient) for resale ▶	\$	Certain	
City, State 11111	y, and 211 of foldigit postal oode	(recipient) for resale	12	Information	
ony, crate 11111				Returns.	
Account number (see instructions)	2nd TIN no	t. 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	
		\$		\$	
 \$	\$	\$		\$	