9595		OID [	CORRE	CTED			
PAYER'S name, street address, city or foreign postal code, and telephone		or province,	country, ZIP	1 Rents	OMB No. 1545-0115		
n loreigh postal code, and telephone	e no.			Φ.			Miscellaneous
				\$ 2 Royalties	<b>-</b>   20 <b>18</b>	'	Income
Payer Name, LL	С						moome
Address Line 1				\$	Form 1099-MISC		
City, State 00000				3 Other income		4 Federal income tax withheld	
(555) 555-5555 PAYER'S TIN RECIPIENT'S TIN			<b>5</b> Fishing boat proceeds	\$ 6 Medical and health care payments		For	
PAYER'S TIN	RECIPIENT	I'S IIN		5 Fishing boat proceeds	6 Medical and health care	payments	Internal Revenue Service Center
XX-XXXXXX	YY-YYYYYY3			\$	\$		File with Form 1096
RECIPIENT'S name			7 Nonemployee compensation	8 Substitute payments dividends or interest	in lieu of For Privacy Act		
Street ad Recipient Name  City or town, state or province, country, and ZIP or foreign postal code				\$ 9,875,383	3. <b>39</b>	Notice, s	
				9 Payer made direct sales of \$5,000 or more of consume products to a buyer	10 Crop insurance proceeds		2018 Genera Instructions for Certain
				(recipient) for resale ▶		\$	
				11	12		Information Returns
Street Address Line 1 Account timelær (see instructions) City, State 11111		FATCA filing requirement	2nd TIN not.	. 13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
				\$	\$		
15a Section XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	15b Section	n 409A incom	ie	16 State tax withheld	17 State/Payer's state no.		18 State income
Φ.				\$			
0.505		o	7 00000				
9595 PAYER'S name, street address, city		OID	CORRE country, ZIP	1 Rents	OMB No. 1545-0115		
or foreign postal code, and telephone		,	, ,				
			\$	2018   N		Miscellaneous	
Payer Name, LLC				2 Royalties			Income
Address Line 1				Φ.	5 4000 MICO		
City, State 00000				3 Other income	Form 1099-MISC  4 Federal income tax withheld		Copy A
(555) 555-5555				\$	\$		For
PAYER'S TIN				5 Fishing boat proceeds	6 Medical and health care	payments	Internal Revenue
							Service Center
		^/ \^ ^	\/\/\\	\$	\$		
XX-XXXXXX YY-YYYYY2  RECIPIENT'S name			<ul><li>7 Nonemployee compensation</li></ul>		8 Substitute payments in lieu of		
			The project of the same	dividends or interest			
Street ad <b>Recipient a Name</b>							For Privacy Act
				\$ 999.00	\$		For Privacy Act and Paperwork Reduction Act Notice, see the
				\$ 999.00  9 Payer made direct sales of \$5,000 or more of consume products to a buyer	10 Crop insurance pro	ceeds	For Privacy Action Acti
City or town, state or province, coun		r foreign pos	tal code	9 Payer made direct sales of \$5,000 or more of consume products to a buyer (recipient) for resale ►	10 Crop insurance pro	ceeds	File with Form 1096 For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information
		r foreign pos	tal code	Payer made direct sales of \$5,000 or more of consume products to a buyer	10 Crop insurance pro	ceeds	For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information
City or town, state or province, count  Street Address Line 1  Account Qity, Statest1intstructions)	try, and ZIP o	r foreign pos		9 Payer made direct sales of \$5,000 or more of consume products to a buyer (recipient) for resale ►	10 Crop insurance pro		For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain

16 State tax withheld

17 State/Payer's state no.

18 State income

15b Section 409A income

15a Section 4000 Nonerrals