

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number INSTITUTION NAME 1XXXXXXXXXXXXXXXXXXXX INSTITUTION NAME 2XXXXXXXXXXXXXXXXXXXX XX XX CITY STATE ZIPXXXXXXXXXXXXXXXXXXXXXXXXXXXX PHONEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		1 Rents \$.00	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 1975.00		
		3 Other income \$.00	4 Federal income tax withheld \$.00	Copy B For Recipient
PAYER'S federal identification number 99-99999999	RECIPIENT'S identification number 99-99999999	5 Fishing boat proceeds \$.00	6 Medical and health care payments \$.00	
RECIPIENT'S name RECIPIENT NAMEXXXXXXXXXXXXXXXXXXXX DBA NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXX		7 Nonemployee compensation \$.00	8 Substitute payments in lieu of dividends or interest \$.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) RECIPIENT ADDR1XXXXXXXXXXXXXXXXXXXX RECIPIENT ADDR2XXXXXXXXXXXXXXXXXXXX		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$.00	
City or town, state or province, country, and ZIP or foreign postal code CITY STATE ZIPXXXXXXXXXXXXXXXXXXXXXXXXXXXX		11	12	
Account number (see instructions) VEN0994		13 Excess golden parachute payments \$.00	14 Gross proceeds paid to an attorney \$.00	
15a Section 409A deferrals \$.00	15b Section 409A income \$.00	16 State tax withheld \$.00	17 State/Payer's state no. PA	18 State income \$

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38-2099803
Department of the Treasury - Internal Revenue Service

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