

1010

VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN		OMB No. 1545-2205	
		PAYEE'S TIN		Form 1099-K	
		1a Gross amount of payment card/third party network transactions		(Rev. March 2024)	
				For calendar year	
		1b Card Not Present transactions		2 Merchant category code	
Check to indicate if FILER is a (an):		Check to indicate transactions reported are:		3 Number of payment transactions	
Payment settlement entity (PSE) <input type="checkbox"/>		Payment card <input type="checkbox"/>		4 Federal income tax withheld	
Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Third party network <input type="checkbox"/>			
PAYEE'S name		5a January		5b February	
		\$		\$	
Street address (including apt. no.)		5c March		5d April	
		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		5e May		5f June	
		\$		\$	
PSE'S name and telephone number		5g July		5h August	
		\$		\$	
Account number (see instructions)		5i September		5j October	
		\$		\$	
2nd TIN not.		5k November		5l December	
<input type="checkbox"/>		\$		\$	
		6 State		7 State identification no.	
				8 State income tax withheld	
				\$	

Payment Card and Third Party Network Transactions

Copy A
For Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

1010

VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN		OMB No. 1545-2205	
		PAYEE'S TIN		Form 1099-K	
		1a Gross amount of payment card/third party network transactions		(Rev. March 2024)	
				For calendar year	
		1b Card Not Present transactions		2 Merchant category code	
Check to indicate if FILER is a (an):		Check to indicate transactions reported are:		3 Number of payment transactions	
Payment settlement entity (PSE) <input type="checkbox"/>		Payment card <input type="checkbox"/>		4 Federal income tax withheld	
Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Third party network <input type="checkbox"/>			
PAYEE'S name		5a January		5b February	
		\$		\$	
Street address (including apt. no.)		5c March		5d April	
		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		5e May		5f June	
		\$		\$	
PSE'S name and telephone number		5g July		5h August	
		\$		\$	
Account number (see instructions)		5i September		5j October	
		\$		\$	
2nd TIN not.		5k November		5l December	
<input type="checkbox"/>		\$		\$	
		6 State		7 State identification no.	
				8 State income tax withheld	
				\$	

Payment Card and Third Party Network Transactions

Copy A
For Internal Revenue Service Center

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS