

CORRECTED (if checked)

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

### Payment Card and Third Party Network Transactions

**Copy B  
For Payee**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

CORRECTED (if checked)

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

### Payment Card and Third Party Network Transactions

**Copy B  
For Payee**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

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