

VOID  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</b> Federal income tax withheld \$
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 2**  
To be Filed with Recipient's State or Local Income Tax Return, or Copy 1 For State Tax Department

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MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

DETACH BEFORE MAILING