

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**  
(Rev. January 2022)  
For calendar year**Payment Card and  
Third Party  
Network  
Transactions****1a** Gross amount of payment card/third party network transactions

\$

**1b** Card Not Present transactions

\$

**2** Merchant category code**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.**

Check to indicate if FILER is a (an):

Check to indicate transactions reported are:

Payment settlement entity (PSE) ☐  
Electronic Payment Facilitator (EPF)/Other third party ☐Payment card ☐  
Third party network ☐

PAYEE'S name

Street address (including apt. no.)

City or town, state or province, country, and ZIP or foreign postal code

PSE'S name and telephone number

**5a** January

\$

**5b** February

\$

**5c** March

\$

**5d** April

\$

**5e** May

\$

**5f** June

\$

**5g** July

\$

**5h** August

\$

**5i** September

\$

**5j** October

\$

**5k** November

\$

**5l** December

\$

Account number (see instructions)

2nd TIN not.

☐**6** State**7** State identification no.**8** State income tax withheld

\$

\$

Form **1099-K** (Rev. 1-2022)

41-0852411

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

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Form **1099-K** (Rev. 1-2022)

LKA

41-0852411

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www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

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MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS