	☐ CORRE	CTED (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	Payment Card and	
		PAYEE'S TIN	Form <b>1099-K</b>	Third Party	
		1a Gross amount of payment	(Rev. January 2022)	Network	
		card/third party network transactions	For calendar year	Transactions	
		1b Card Not Present transactions	2 Merchant category	Сору Б	
Check to indicate if FILER is a (an): Check reported	to indicate transactions	\$		For Payee	
	nent card	3 Number of payment transactions	4 Federal income ta	This is important tax information and is being furnished to	
	party network	transactions	\$		
PAYEE'S name, street address, city or town, state or province, c	ountry, and ZIP or foreign postal code	<b>5a</b> January	<b>5b</b> February	the IRS. If you are	
		\$	\$	required to file a return, a negligence	
		5c March	<b>5d</b> April	penalty or other	
		\$	\$	sanction may be imposed on you if	
		<b>5e</b> May	5f June	taxable income	
		\$	\$	results from this transaction and the	
		<b>5g</b> July	<b>5h</b> August	IRS determines that it	
		\$	\$	has not been reported.	
		5i September	5j October		
PSE'S name and telephone number		\$	\$		
		5k November	5I December		
		\$	\$		
Account number (see instructions)		6 State	7 State identification	no. 8 State income tax withheld \$	
				\$	
Form <b>1099-K</b> (Rev. 1-2022) (Keep for	r your records) v	www.irs.gov/Form1099K	Department of the T	reasury - Internal Revenue Service	

☐ CORRE	ECTED (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	Payment Card and	
	PAYEE'S TIN	Form 1099-K	Third Party	
	1a Gross amount of payment card/third party network	(Rev. January 2022)	Network Transactions	
	transactions	For calendar year		
Check to indicate if FILER is a (an): Check to indicate transactions	1b Card Not Present transactions	2 Merchant category	Copy B For Payee	
Payment settlement entity (PSE)  Electronic Payment Facilitator (EPF)/Other third party  Third party network	3 Number of payment transactions	4 Federal income tar withheld		
PAYEE'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	5a January \$ 5c March	5b February \$ 5d April		
	\$ <b>5e</b> May	\$ 5f June	sanction may be imposed on you if taxable income	
	\$ 5g July	\$ 5h August	results from this transaction and the IRS determines that it	
	<b>5i</b> September	\$ 5j October	has not been reported.	
PSE'S name and telephone number	\$ 5k November	\$ December		
Account number (see instructions)	6 State	State identification i	no. 8 State income tax withheld	
		<del> </del>	<del> \frac{\frac{\pi}{8}}</del>	

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