

☐ 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	<b>Payment Card and Third Party Network Transactions</b>
	PAYEE'S TIN	Form <b>1099-K</b> (Rev. January 2022)	
	1a Gross amount of payment card/third party network transactions	For calendar year	
	1b Card Not Present transactions	2 Merchant category code	
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"/>	3 Number of payment transactions	4 Federal income tax withheld
	PAYEE'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	5a January 5b February 5c March 5d April 5e May 5f June 5g July 5h August 5i September 5j October 5k November 5l December	6 State
PSE'S name and telephone number			8 State income tax withheld
Account number (see instructions)			

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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.

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