

☐ 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 1099-K (Rev. January 2022)	
		1a 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"/>		2 Merchant category code	
		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 \$	
PSE'S name and telephone number					
Account number (see instructions)		2nd TIN not. <input type="checkbox"/>	6 State	7 State identification no.	8 State income tax withheld \$

**Payment Card and
Third Party
Network
Transactions**

**Copy C
For FILER
and/or State
Copy 1 or Copy 2**

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**current General
Instructions for
Certain Information
Returns.**

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

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

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Department of the Treasury - Internal Revenue Service

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