

CORRECTED (if checked)

| | | | |
|---|-----------------|--|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20__ | Nonemployee Compensation |
| PAYER'S TIN | RECIPIENT'S TIN | | |
| RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code | | 1 Nonemployee compensation \$ | Copy B For Recipient 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 this income is taxable and the IRS determines that it has not been reported. |
| | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | |
| | | 3 | |
| | | 4 Federal income tax withheld \$ | |
| Account number (see instructions) | | 5 State tax withheld \$ | |
| | | | 7 State income \$ |

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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