

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
PAYER'S TIN	RECIPIENT'S TIN	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		

Nonemployee Compensation

1 Nonemployee compensation \$		Copy B For Recipient <small>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.</small>
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 \$		
5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		

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