

VOID CORRECTED

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 2024) For calendar year	Nonemployee Compensation		
PAYER'S TIN	RECIPIENT'S TIN			1 Nonemployee compensation \$	Copy 2 To be Filed with Recipient's State or Local Income Tax Return, or Copy 1 For State Tax Department
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code				2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
		4 Federal income tax withheld \$			
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.		
			7 State income \$		

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MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

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