			CTED (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	Nonemployee
				(Rev. January 2022)	Compensation
				For calendar year	•
PAYER'S TIN	RECIPIENT'S TIN		1 Nonemployee compen	sation	Copy B
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code					For Recipient This is important tax
			consumer products to recipient for resale		information and is being furnished to the IRS. If you are required to file a return, a
			3	negligence penalty or other sanction may be imposed on	
		4 Federal income tax withheld		you if this income is taxable and the IRS determines that it	
			5 State tax withheld	6 State/Payer's state no.	has not been reported. 7 State income
Account number (see instructions)			\$		\$
Form 1099-NEC (Rev. 1-2022)			\$		\$
Form 1099-INEC (Rev. 1-2022)	(keep for your record	ds)	www.irs.gov/Form1099N	EC Department of the Ti	reasury - Internal Revenue Service
			OTED		
PAYER'S name, street address, city o	VOID	CORRE	CTED	OMB No. 1545-0116	
or foreign postal code, and telephone no.					
				Form 1099-NEC	Nonemployee
				(Rev. January 2022)	Compensation
				For calendar year	
PAYER'S TIN	RECIPIENT'S TIN		1 Nonemployee compensation		Copy C For Payer
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		or State Copy or Copy 2
			3		For Privacy Act and Paperwork Reduction
			4 Federal income tax w	ithheld	Act Notice, see the current General
			\$		Instructions for Certain Information Returns.
			5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		2nd TIN not.	\$		 \$
L Form 1099-NEC (Rev. 1-2022)	14/1	ww.irs.gov/For	<u>Ψ</u> 1099NEC	Department of the Ti	reasury - Internal Revenue Service
10m 1000 1100 (10m 12022)	VVV	ww.iis.gov/i oii	III1099NEC	Department of the h	easury - Internal nevenue Service
	□ VOID □		CTED		
PAYER'S name, street address, city of			.OTLD	OMB No. 1545-0116	
or foreign postal code, and telephone no.				Form 1099-NEC	
					Nonemployee
				(Rev. January 2022) For calendar year	Compensation
				1 of Calefidal year	
PAYER'S TIN	RECIPIENT'S TIN		1 Nonemployee compen	sation	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code			Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale		State Copy
				or Extra	
			3		356)
			4 Federal income tax withheld		
			\$	ı	
Account number (see in-twentiles)		2nd TINI not	5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		2nd TIN not.	Ψ	L	<mark> \$</mark>

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