

FORM NEC7154-3 3PT/NECTCM3

7171

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 2022) For calendar year | | Nonemployee Compensation | |
| PAYER'S TIN | RECIPIENT'S TIN | 1 Nonemployee compensation \$ | | | |
| RECIPIENT'S name | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | | Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns. | |
| Street address (including apt. no.) | | 3 | | | |
| City or town, state or province, country, and ZIP or foreign postal code | | 4 Federal income tax withheld \$ | | 7 State income \$ | |
| Account number (see instructions) | | 5 State tax withheld \$ | 6 State/Payer's state no. | | |
| 2nd TIN not. | | \$ | | \$ | |

Form **1099-NEC** (Rev. 1-2022) 41-0852411 www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service
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