

☐ 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

\$

RECIPIENT'S name

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐

3

Street address (including apt. no.)

4 Federal income tax withheld

\$

City or town, state or province, country, and ZIP or foreign postal code

5 State tax withheld

6 State/Payer's state no.

7 State income

Account number (see instructions)

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To be filed with recipient's state income tax return, when required.

Form **1099-NEC** (Rev. 1-2024)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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**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.

Form **1099-NEC** (Rev. 1-2024)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

**First-Class Mail
Important Tax Return
Document Enclosed**

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS