

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. April 2025) For calendar year	Nonemployee Compensation		
PAYER'S TIN	RECIPIENT'S TIN			1 Nonemployee compensation \$	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.
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 \$	5 State tax withheld		
Account number (see instructions)		6 State/Payer's state no.	7 State income		

Form **1099-NEC** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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. April 2025) 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 \$	5 State tax withheld		
Account number (see instructions)		6 State/Payer's state no.	7 State income		

Form **1099-NEC** (Rev. 4-2025) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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. April 2025) 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 \$	5 State tax withheld		
Account number (see instructions)		6 State/Payer's state no.	7 State income		

Form **1099-NEC** (Rev. 4-2025) NEC5114 www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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