

1010

VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN		OMB No. 1545-2205			
		PAYEE'S TIN		Form 1099-K			
		1a Gross amount of payment card/third party network transactions		(Rev. January 2022)			
				For calendar year 20__			
1b Card Not Present transactions		2 Merchant category code		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.			
3 Number of payment transactions		4 Federal income tax withheld					
5a January		5b February					
5c March		5d April					
5e May		5f June					
5g July		5h August					
5i September		5j October					
5k November		5l December					
6 State		7 State identification no.				8 State income tax withheld	
Account number (see instructions)		2nd TIN not.					
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>					
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code PSE'S name and telephone number							

Form **1099-K** (Rev. 1-2022) 41-0852411 www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service
Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

1010

VOID CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN		OMB No. 1545-2205			
		PAYEE'S TIN		Form 1099-K			
		1a Gross amount of payment card/third party network transactions		(Rev. January 2022)			
				For calendar year 20__			
1b Card Not Present transactions		2 Merchant category code		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.			
3 Number of payment transactions		4 Federal income tax withheld					
5a January		5b February					
5c March		5d April					
5e May		5f June					
5g July		5h August					
5i September		5j October					
5k November		5l December					
6 State		7 State identification no.				8 State income tax withheld	
Account number (see instructions)		2nd TIN not.					
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>					
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code PSE'S name and telephone number							

Form **1099-K** (Rev. 1-2022) LKA 41-0852411 5325 www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service

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