

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

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. January 2022)  
For calendar year 20\_\_

**Nonemployee Compensation**

PAYER'S TIN      RECIPIENT'S TIN

1 Nonemployee compensation \$

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

3

4 Federal income tax withheld \$

5 State tax withheld      6 State/Payer's state no.      7 State income \$

Account number (see instructions) \$

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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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.

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Account number (see instructions)      2nd TIN not.

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and/or State  
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