

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

2019

1a Gross amount of payment card/third party network transactions

\$

Form 1099-K

1b Card Not Present transactions

\$

2 Merchant category code

Check to indicate if FILER is a (an):

Payment settlement entity (PSE)

Electronic Payment Facilitator (EPF)/Other third party

Check to indicate transactions reported are:

Payment card

Third party network

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

\$

PSE'S name and telephone number

Account number (see instructions)

6 State

7 State identification no.

8 State income tax withheld

\$

\$

**Payment Card and
Third Party
Network
Transactions**

Copy 1

**For State Tax
Department**