

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-01		
		202		
		Form 1099		
		1 Nonemployee compensation \$		
PAYER'S TIN	RECIPIENT'S TIN	2		
RECIPIENT'S name		3		
Street address (including apt. no.)		4 Federal income tax withheld \$		
City or town, state or province, country, and ZIP or foreign postal code				
		FATCA filing requirement <input type="checkbox"/>		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$
		----- \$	-----	----- \$

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service