

☐ 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		<b>2020</b> Form 1099-NEC	<b>Nonemployee Compensation</b>
			1 Nonemployee compensation			
					\$	<b>Copy 1 For State Tax Department</b>
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](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service