

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<div>OMB No. 1545-0116</div> <div>2020</div> <div>Form 1099-NEC</div>		<div>Nonemployee Compensation</div>	
<div>Company Name</div> <div>Company Street Address Phone Num</div>					
City	State Zip Country ▾				
PAYER'S TIN		RECIPIENT'S TIN		<div>1 Nonemployee compensation</div> <div>\$ #</div>	
<div>EIN/SSN ▾ Number</div>		<div>EIN/SSN ▾ Number</div>		<div>2</div>	
RECIPIENT'S name		<div>3</div>		<div>Copy 1 For State Tax Department</div>	
<div>First Name</div> <div>Last Name</div>		<div>4 Federal income tax withheld</div> <div>\$ #</div>			
<div>Street address (including apt. no.)</div> <div>Street Address</div>		<div>5 State tax withheld</div> <div>\$ #</div>		<div>6 State/Payer's state no.</div> <div>\$ #</div>	
<div>City or town, state or province, country, and ZIP or foreign postal code</div> <div>City State Zip Country ▾</div>		<div>7 State income</div> <div>\$ #</div>			
<div>FATCA filing requirement</div> <div><input type="checkbox"/></div>		<div>Account number (see instructions)</div> <div>Account Number</div>		<div>\$ #</div> <div>\$ #</div>	