☐ 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 Form **1099-NEC** (Rev. January 2022) For calendar year 20 ____	**Nonemployee Compensation**
PAYER'S TIN	RECIPIENT'S TIN	**1** Nonemployee compensation $	**Copy 1** **For State Tax Department**
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		**2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ **3** **4** Federal income tax withheld $	
Account number (see instructions)		**5** State tax withheld $ $	**6** State/Payer's state no. 	**7** State income $ $