☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Business XYZ
123 Main St
Anytown, USA 12345

OMB No. 1545-0116

**2020**

Form **1099-NEC**

# Nonemployee Compensation

| PAYER'S TIN | RECIPIENT'S TIN |
|---|---|
| 12-3456789 | 700-00-0000 |

RECIPIENT'S name

Jane Doe

Street address (including apt. no.)

123 Main St

City or town, state or province, country, and ZIP or foreign postal code

Anytown, USA 12345

Account number (see instructions)

**1** Nonemployee compensation
$ 1,000.00

**2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

**3**

**4 Federal income tax withheld**
$

| **5** State tax withheld | **6** State/Payer's state no. | **7** State income |
|---|---|---|
| $ | | $ |
| $ | | $ |

**Copy B**

**For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.