

☐ 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 2020 Form 1099-NEC				Nonemployee Compensation	
		1 Nonemployee compensation				Copy 2 To be filed with recipient's state income tax return, when required.	
		\$					
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		4					
		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