

☐ 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 Copy 1 For State Tax Department
			1 Nonemployee compensation			
		\$				
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

Department of the Treasury - Internal Revenue Service