|   | ☐ VOID ☐        | CORRE        | CTED   |  |           |                                       |
|---|-----------------|--------------|--|--|-----------|---------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIF   |                 |              |  | OMB No. 1545-0116  |           |                                       |
| or foreign postal code, and telephone no.   |                 |              |  | Form <b>1099-NEC</b>   |           | Nonemployee                           |
|   |                 |              |  | (Rev. January 2022)  |           | Nonemployee Compensation              |
|   |                 |              |  | For calendar year  |           | Compensation                          |
|   |                 |              |  | 20   |           |                                       |
| PAYER'S TIN   | RECIPIENT'S TIN |              | 1 Nonemployee comper   | nsation  |           | Copy 2                                |
| RECIPIENT'S name  |                 |              | 2 Payer made direct sales totaling \$5,000 or more of  |  |           | To be filed with                      |
|   |                 |              | consumer products to recipient for resale  |  |           | recipient's state                     |
|   |                 |              | 3  |  |           | income tax<br>return, when            |
| Street address (including apt. no.)   |                 |              | 4 Federal in come Association of   |  |           | required.                             |
| City or town, state or province, country, and ZIP or foreign postal code  |                 |              | 4 Federal income tax withheld \$   |  |           |                                       |
| ony of town, state of province, country, and 211 of loroign postal code   |                 |              | 5 State tax withheld   | 6 State/Payer's state no.  |           | 7 State income                        |
| Account number (see instructions)   |                 |              | \$   |  |           | \$                                    |
| 4000 NEO  |                 |              | \$   |  |           | \$                                    |
| Form <b>1099-NEC</b> (Rev. 1-2022)  | www             | v.irs.gov/Fo | rm1099NEC  | Department of the Tr   | reasury - | Internal Revenue Service              |
| PAYER'S name, street address, city or town, state or province, country, Zlf or foreign postal code, and telephone no. |                 | ountry, ZIP  |  | OMB No. 1545-0116  Form <b>1099-NEC</b> (Rev. January 2022)  For calendar year |           | Nonemployee<br>Compensation           |
|   |                 |              |  | 20   |           |                                       |
| PAYER'S TIN   | RECIPIENT'S TIN |              | 1 Nonemployee compensation   |  |           | Copy 2                                |
| RECIPIENT'S name  |                 |              | 2 Payer made direct sales totaling \$5,000 or more of  |  |           | To be filed with                      |
|   |                 |              | consumer products to recipient for resale  |  |           | recipient's state<br>income tax       |
| Street address (including apt. no.)   |                 |              |  |  |           | return, when<br>required.             |
|   |                 |              | 4 Federal income tax withheld  |  |           | •                                     |
| City or town, state or province, country, and ZIP or foreign postal code  |                 | code         | State tax withheld   |  |           | 7 Ctata in same                       |
| Account number (see instructions)   |                 |              | \$ State tax withheld  | 6 State/Payer's State 110.   |           | <b>7</b> State income                 |
| ,   |                 |              | \$   |  |           | \$                                    |
| Form <b>1099-NEC</b> (Rev. 1-2022)  | www             | v.irs.gov/Fo | rm1099NEC  | Department of the Tr   | reasury - | Internal Revenue Service              |
|   | □ VOID □        | CORRE        | CTED   |  |           |                                       |
| PAYER'S name, street address, city of   |                 |              | The state of the s | OMB No. 1545-0116  |           |                                       |
| or foreign postal code, and telephone no.   |                 |              |  | Form <b>1099-NEC</b>   |           |                                       |
|   |                 |              |  |  |           | Nonemployee                           |
|   |                 |              |  | (Rev. January 2022)  For calendar year   |           | Compensation                          |
|   |                 |              |  | 20   |           |                                       |
| PAYER'S TIN   | RECIPIENT'S TIN |              | 1 Nonemployee comper   | employee compensation  |           | Copy 2                                |
| RECIPIENT'S name  |                 |              | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale  |  |           | To be filed with<br>recipient's state |
|   |                 |              | 3  |  |           | income tax<br>return, when            |
| Street address (including apt. no.)   |                 |              |  |  |           | required.                             |
| City or town, state or province, country, and ZIP or foreign postal code  |                 | code         | 4 Federal income tax withheld \$   |  |           |                                       |
|   |                 |              | 5 State tax withheld   | 6 State/Payer's state no.  |           | 7 State income                        |
| Account number (see instructions)   |                 |              | \$   | 1  |           | \$                                    |