7171			VOID		CORRE	CTED						
PAYER'S name, street address, city or town, state or province, country, or foreign postal code, and telephone no.								OMB No. 1545-0116				
or foreign postar code, and telephone no.								Form <b>1099-NEC</b>		Nonemployee		
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RECIPIENT'S name						2 Payer made direct sales totaling \$5,000 or more of				Service Cente		
					consumer products to recipient for resale				File with Form 1096			
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						4 Federal income tax withheld				Notice, see the curren General Instructions fo		
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