

☐ VOID ☐ CORRECTED

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|---|--|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | OMB No. 1545-0116 2021 Form 1099-NEC |
| | | |

Nonemployee Compensation

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|---|-----------------|--|---------------------------|--|
| PAYER'S TIN | RECIPIENT'S TIN | 1 Nonemployee compensation \$ | | Copy 2 To be filed with recipient's state income tax return, when required. |
| RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | | |
| | | 3 | | |
| | | 4 Federal income tax withheld \$ | | |
| Account number (see instructions) | | 5 State tax withheld \$ | 6 State/Payer's state no. | |

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service