<u> </u>	VOID CORRE	CIED		
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	Nonemployee
				Compensation
			4000 NEO	
			Form 1099-NEC	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee comper	nsation	Copy 1
		\$		For State Tax
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 sa consumer products t	ales totaling \$5,000 or more of	Department
				Department
		3		
				-
		4 Federal income tax w	vithheld	
		\$	1	
		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		\$	ļ 	<u> </u>
		[\$		<u> </u> \$
Form 1099-NEC www.irs.gov/Form1099l		NEC Department of the Treasury - Inter		- Internal Revenue Service
	☐ VOID ☐ CORRE	CTED		
PAYER'S name, street address, city of			OMB No. 1545-0116	
or foreign postal code, and telephone no.				
			2021	Nonemployee
				Compensation
				-
			Form 1099-NEC	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee comper	nsation	Conv.1
		\$		Copy 1
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 For State Tax		
		consumer products to recipient for resale Department		
		3		
		4 Federal income tax withheld		
		 \$		
		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		1\$		 \$
		\$	Ī	\$
Form 1099-NEC	www.irs.gov/Form1099	NEC.	Department of the Treasury	- Internal Revenue Service
		1120	Doparamont of the Treatury	miomar novonae corvice
	☐ VOID ☐ CORRE	CTED		
PAYER'S name, street address, city of		JILD	OMB No. 1545-0116	
or foreign postal code, and telephone no.			OMB No. 1545-0116	
				Nonemployee
			2021	
				Compensation
			5 1000 NEC	
DAVEDIC TIM	DECIDIENTIC TIM	4 None	Form 1099-NEC	T
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation		Copy 1
DECIDIENTIO		5 Chata Tan		
RECIPIENT'S name		2 Payer made direct sa consumer products t	ales totaling \$5,000 or more of	Department
			S recipient for recale	Department
		3		
Street address (including apt. no.)		45 1 11 1 11 11 11		-
		4 Federal income tax withheld		
City or town, state or province, country, and ZIP or foreign postal code		\$		
		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		\$		<u> </u>
		\$		\$