7171 OOID _	CORRE	CIE	<u>-</u> D			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				OMB No. 1545-0116	Nonemployee Compensation	
				Form 1099-NEC		
		1 I \$	Nonemployee compensation	on	Copy A	
PAYER'S TIN RECIPIENT'S TIN		2			Internal Revenue Service Center	
					File with Form 1096	
RECIPIENT'S name		3		For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for		
Street address (including apt. no.)			4 Federal income tax withheld \$			
City or town, state or province, country, and ZIP or foreign postal code					Certair Information Returns	
	FATCA filing requirement					
Account number (see instructions)	2nd TIN not.	5 S	State tax withheld	6 State/Payer's state no.	7 State income \$	
		\$			\$	