

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205		
		PAYEE'S TIN	Form 1099-K		
		(Rev. January 2022)			
		For calendar year 20 ____			
		1a Gross amount of payment card/third party network transactions \$	2 Merchant category code	Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		1b Card Not Present transactions \$	3 Number of payment transactions		4 Federal income tax withheld \$
Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		5a January \$	5b February \$		
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5c March \$	5d April \$		
		5e May \$	5f June \$		
		5g July \$	5h August \$		
PSE'S name and telephone number		5i September \$	5j October \$		
		5k November \$	5l December \$		
Account number (see instructions)		6 State	7 State identification no.		8 State income tax withheld \$
					\$