

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116		<b>Nonemployee Compensation</b>
			Form <b>1099-NEC</b>		
			(Rev. January 2024)		
			For calendar year _____		
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$			<b>Copy 1 For State Tax Department</b>
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.	7 State income \$	