

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555		OMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYYY3	1 Nonemployee compensation \$ 9,875,383.39		
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 Line 2 City or town, state or province, country, and ZIP or foreign postal code City, State 11111		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3 <input type="checkbox"/>		
		4 Federal income tax withheld \$		
Account number (see instructions) XXXXX	2nd TIN not. <input type="checkbox"/>	5 State tax withheld \$	6 State/Payer's state no. \$	7 State income \$

Form **1099-NEC** www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYYY2	1 Nonemployee compensation \$ 999.00		
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