

☐ 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 <div style="font-size: 2em; font-weight: bold;">2021</div> Form 1099-NEC		Nonemployee Compensation Copy 1 For State Tax Department
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		
		4 Federal income tax withheld \$		
Account number (see instructions) XXXXX		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

☐ 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 <div style="font-size: 2em; font-weight: bold;">2021</div> Form 1099-NEC		Nonemployee Compensation Copy 1 For State Tax Department
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYYY2	1 Nonemployee compensation \$ 999.00		
RECIPIENT'S name Recipient Name Street address (including apt. no.) Street Address Line 1 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		
		4 Federal income tax withheld \$		
Account number (see instructions) XXXXX		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

☐ 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 <div style="font-size: 2em; font-weight: bold;">2021</div> Form 1099-NEC		Nonemployee Compensation Copy 1 For State Tax Department
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$		
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 \$

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