	UVOID CORF	RECTED		
PAYER'S name, street address, city or foreign postal code, and telephor	or town, state or province, country, Zl	P	OMB No. 1545-0116	
or foreign postal code, and telephor	ie no.			Nonemployee
			2021	Compensation
				Compensation
			Form <b>1099-NEC</b>	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compe	nsation	Copy 2
		\$		To be filed with
RECIPIENT'S name		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale		recipient's state
Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		3		income tax return, when
				required.
		1	4 Federal income tax withheld	
		<b>5</b> State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		\$	C state, a ayer o state no.	\$
		\$		\$
Form <b>1099-NEC</b>	www.irs.gov/Form109	99NEC	Department of the Treas	ury - Internal Revenue Service
	□ VOID □ CORF	RECTED		
PAYER'S name, street address, city	or town, state or province, country, ZI		OMB No. 1545-0116	
or foreign postal code, and telephone no.				
			2021	Nonemployee
				Compensation
			Form <b>1099-NEC</b>	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compe		
		\$		Copy 2
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  To be filed with	
				recipient's state income tax
		3	return, when	
		required.  4 Federal income tax withheld		
		\$		
		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		\$		\$
- 4000 NEO				\$
Form <b>1099-NEC</b>	www.irs.gov/Form109	99NEC	Department of the Treas	ury - Internal Revenue Service
	UVOID CORF	RECTED		
1	or town, state or province, country, ZI	Р	OMB No. 1545-0116	
or foreign postal code, and telephone no.				Monomployee
			2021	Nonemployee Compensation
				Compensation
			Form <b>1099-NEC</b>	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compe	nsation	Copy 2
		\$		
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		To be filed with recipient's state
		3		income tax
		return		return, when required.
		4 Federal income tax withheld		required.
		\$	<u></u>	
		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		\$		\$