

☐ CORRECTED (if checked)

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 <b>2021</b> Form <b>1099-NEC</b>		<b>Nonemployee Compensation</b>  <b>Copy B For Recipient</b> 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 this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYY3	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		
Account number (see instructions) XXXXX		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no. \$	7 State income \$
Form <b>1099-NEC</b> (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service				

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PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYY2	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"/>		
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Account number (see instructions) XXXXX		4 Federal income tax withheld \$		
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