	☐ VOID ☐	CORRE	CTED		
PAYER'S name, street address, cit		country, ZIP		OMB No. 1545-0116	
or foreign postal code, and telephone no.  Payer Name, LLC					Nonemployee
Address Line 1				2020	Compensation
City, State 00000					•
(555) 555-5555				Form <b>1099-NEC</b>	
			1 Nonemployee compensation		Copy 1
			\$ 9,875,383.39		For State Tax Department
PAYER'S TIN	RECIPIENT'S TIN		_		Department
XX-XXXXXXX YY-YYYYY3					
RECIPIENT'S name			3		
Recipient Name					
Street address (including apt. no.)			4 Federal income tax withheld		
Street Address Line 1 Line 2			\$		
City or town, state or province, cou	ıntry, and ZIP or foreign post	al code			
City, State 11111					
		FATCA filing requirement			
			5 State tax withheld	6 State/Devende state no	7 Chata income
Account number (see instructions)			\$ State tax withheid	6 State/Payer's state no.	7 State income \$
XXXXX			\$		<del>Ψ</del>
	□ VOID □	] CORRE	CTED		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				OMB No. 1545-0116	
Payer Name, LLC				2020	Nonemployee
Address Line 1				<u> </u>	Compensation
City, State 00000					
(555) 555-5555			1 Nonemployee compens	Form 1099-NEC	04
			\$ 999.00	Salion	Copy 1 For State Tax
PAYER'S TIN	RECIPIENT'S TIN		2		Department
XX-XXXXXX	YY-YYYYYY	2			
DECIDIENTIO :			3		-
RECIPIENT'S name  Recipient Name					
Street address (including apt. no.)			4 Federal income tax withheld		-
Street Address Line 1			\$		
City or town, state or province, cou	ıntry, and ZIP or foreign post	al code	•		
City, State 11111					
		FATCA filing requirement			

XXXXX

Account number (see instructions)

5 State tax withheld

7 State income

6 State/Payer's state no.