		VOID		CORRE	CTED		
PAYER'S name, street address, city of		state or prov	vince, co	ountry, ZIP		OMB No. 1545-0116	
or foreign postal code, and telephone no.							
Payer Name, LLC Address Line 1						2021	Nonemployee
City, State 00000							Compensation
(555) 555-5555							
(555) 555-5555						Form <b>1099-NEC</b>	
PAYER'S TIN	YER'S TIN XX-XXXXXXX  RECIPIENT'S TIN YY-YYYYY3				1 Nonemployee comper		Copy 2
					\$ 9,875,383.3		
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 Account number (see instructions)					2 Payer made direct sa consumer products t	To be filed with recipient's state	
						income tax	
					3	return, when	
						required.	
					4 Federal income tax v		
				code	5 State tax withheld	6 Ctate /Dayou's state no	7 State income
					<b>-</b> 1 .	6 State/Payer's state no.	
XXXXX					\$ <del>c</del>		<u> \$</u>  \$
				/F 1000	Ψ		
rom 1099-1120		www.	.irs.gov	/Form1099	INEC	Department of the Trea	asury - Internal Revenue Service
or foreign postal code, and telephone no. Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555						2021	Nonemployee Compensation
(555) 555-5555						Form <b>1099-NEC</b>	
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYY2				1 Nonemployee comper \$ 999.00	nsation	Copy 2
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  Account number (see instructions) XXXXX					2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale  To be filed with recipient's state income tax		
					3	return, when required.	
					4 Federal income tax v		
				code	\$		
					5 State tax withheld	6 State/Payer's state no.	7 State income
					\$		\$
					<u> </u> \$		\$
Form <b>1099-NEC</b>		www.	irs.gov,	/Form1099	NEC	Department of the Trea	asury - Internal Revenue Service
		] VOID		CORRE	ECTED		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				ountry, ZIP		OMB No. 1545-0116	
						2021	Nonemployee
							Compensation
DAVEDIO TIM	DEC:-	NENT'S TO			d Name	Form 1099-NEC	1
PAYER'S TIN	KECIF	PIENT'S TIN			1 Nonemployee comper	ISAUON	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 sa consumer products t	To be filed with recipient's state	
					3	income tax return, when required	
					4 Federal income tax w	- I cquii eu.	
				code	\$	1	
					5 State tax withheld	6 State/Payer's state no.	7 State income