	☐ VOID ☐		CTED		
PAYER'S name, street address, city or foreign postal code, and telephone		, country, ZIP		OMB No. 1545-0116	
	no.				Nonemployee
Payer Name, LLC Address Line 1				2020	Compensation
City, State 00000					
(555) 555-5555				Form <b>1099-NEC</b>	
(333) 333-3333			1 Nonemployee compensa		Copy 2
			\$ 9,875,383.39		To be filed with
PAYER'S TIN  XX-XXXXXXX  RECIPIENT'S TIN  YY-YYYYY3			2		recipient's state
					income tax return, when required.
RECIPIENT'S name	<u> </u>		3		1
Recipient Name					
Street address (including apt. no.)			4 Federal income tax withheld		7
Street Address Line 1 Line 2					
			\$		_
City or town, state or province, count	ry, and ZIP or foreign pos	stal code			
City, State 11111					
		FATCA filing	1		
		requirement			
				1	
Account number (see instructions)			5 State tax withheld	6 State/Payer's state no.	7 State income
XXXXX			\$  ¢	-	\$  \$
Form 1099-NEC			www.irs.gov/Form1099N	EC Donartment of the Tree	sury - Internal Revenue Service
	□ 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					Nonemployee
Address Line 1				2020	Compensation
City, State 00000					-
(555) 555-5555				Form <b>1099-NEC</b>	
			1 Nonemployee compensa	tion	Copy 2
PAYER'S TIN RECIPIENT'S TIN			\$ 999.00		To be filed with
XX-XXXXXXX	YY-YYYYY	<b>/</b> 2			recipient's state income tax return, when required.
RECIPIENT'S name			3		
Recipient Name					
Street address (including apt. no.)			4 Federal income tax withhe	eld	7
Street Address Line 1			\$		
City or town, state or province, count City, State 11111	y, and ZIP or foreign pos	stal code			
		FATCA filing	·		
		requirement			

XXXXX

Account number (see instructions)

5 State tax withheld

7 State income

6 State/Payer's state no.