

☐ VOID ☐ CORRECTED

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 2020 Form 1099-NEC		Nonemployee Compensation Copy 2 To be filed with recipient's state income tax return, when required.
		1 Nonemployee compensation \$ 9,875,383.39		
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYYY3	2		
RECIPIENT'S name Recipient Name		3		
Street address (including apt. no.) Street Address Line 1 Line 2		4 Federal income tax withheld \$		
City or town, state or province, country, and ZIP or foreign postal code City, State 11111				
		FATCA filing requirement <input type="checkbox"/>		
Account number (see instructions) XXXXX		5 State tax withheld \$ \$	6 State/Payer's state no. ----- \$	7 State income \$ \$

Form **1099-NEC** www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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		1 Nonemployee compensation \$ 999.00		
PAYER'S TIN XX-XXXXXXX	RECIPIENT'S TIN YY-YYYYYYY2	2		
RECIPIENT'S name Recipient Name		3		
Street address (including apt. no.) Street Address Line 1		4 Federal income tax withheld \$		
City or town, state or province, country, and ZIP or foreign postal code City, State 11111				
		FATCA filing requirement <input type="checkbox"/>		
Account number (see instructions) XXXXX		5 State tax withheld \$ \$	6 State/Payer's state no. ----- \$	7 State income \$ \$

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