

☐ 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	
PAYER'S TIN XX-XXXXXXX		RECIPIENT'S TIN YY-YYYYYYY3		1 Nonemployee compensation \$ 9,875,383.39	
RECIPIENT'S name Recipient Name		2		Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
Street address (including apt. no.) Street Address Line 1 Line 2		3			
City or town, state or province, country, and ZIP or foreign postal code City, State 11111		4 Federal income tax withheld \$			
FATCA filing requirement <input type="checkbox"/>					
Account number (see instructions) XXXXX		2nd TIN not. <input type="checkbox"/>		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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PAYER'S TIN XX-XXXXXXX		RECIPIENT'S TIN YY-YYYYYYY2		1 Nonemployee compensation \$ 999.00	
RECIPIENT'S name Recipient Name		2		Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
Street address (including apt. no.) Street Address Line 1		3			
City or town, state or province, country, and ZIP or foreign postal code City, State 11111		4 Federal income tax withheld \$			
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