		VOID		CORR	ECTED			
PAYER'S name, street address, city of		state or prov	vince,	country, ZIF		OMB No. 1545-0116		
or foreign postal code, and telephone Payer Name, LLC	no.							
Address Line 1						2021		Nonemployee
City, State 00000								Compensation
(555) 555-5555								
, , ,						Form 1099-NEC		
PAYER'S TIN XX-XXXXXXX RECIPIENT'S TIN YY-YYYYY3					1 Nonemployee compe \$ 9,875,383.3	Copy 1		
					Ψ			For State Tax
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				2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale			Department	
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