

☐ 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 1 For State Tax Department
PAYER'S TIN XX-XXXXXXX		RECIPIENT'S TIN YY-YYYYYYY3		
RECIPIENT'S name Recipient Name		1 Nonemployee compensation \$ 9,875,383.39		
Street address (including apt. no.) Street Address Line 1 Line 2		2		
City or town, state or province, country, and ZIP or foreign postal code City, State 11111		3		
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$		
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

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