

7171

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116		<b>Nonemployee Compensation</b>  <b>2020</b> Form <b>1099-NEC</b>	
Payer Name, LLC Address Line 1 City, State 00000 (555) 555-5555					
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation		<b>Copy A</b> <b>For</b> <b>Internal Revenue Service Center</b>  File with Form 1096.  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2020 General Instructions for Certain Information Returns.</b>	
XX-XXXXXXX	YY-YYYYYYY3	2			
		9,875,383.39			
RECIPIENT'S name		3			
Street address, city or town, state or province, country, ZIP or foreign postal code		4 Federal income tax withheld			
Recipient Name Street Address Line 1 Line 2 City, State 11111		\$ \$			
Account number (see instructions)	2nd TIN not.	5 State tax withheld	6 State/Payer's state no.	7 State income	
	<input type="checkbox"/>	\$		\$	
		\$		\$	

Form ~~1099-NEC~~

Cat. No. 72590N

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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