

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205	
		PAYEE'S TIN	Form 1099-K	
		(Rev. January 2022)		
		For calendar year 20 ____		
1a Gross amount of payment card/third party network transactions \$		1b Card Not Present transactions \$	2 Merchant category code	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		
3 Number of payment transactions		4 Federal income tax withheld \$		
PAYEE'S name		5a January \$		
Street address (including apt. no.)		5b February \$		
		5c March \$		
		5d April \$		
		5e May \$		
City or town, state or province, country, and ZIP or foreign postal code		5f June \$		
		5g July \$		
		5h August \$		
		5i September \$		
PSE'S name and telephone number		5j October \$		
		5k November \$		
5l December \$		6 State		
		7 State identification no.		
Account number (see instructions)		8 State income tax withheld \$		