

☐ CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Raynor, Larkin and Marks 06886 Abram Ramp East Aliceborough, NC 28474 555-867-5309		FILER'S TIN 00-0171813	OMB No. 1545-2205		
		PAYEE'S TIN 000-86-0474	Form 1099-K		
		1a Gross amount of payment card/third party network transactions \$ 200.00	(Rev. March 2024)		
		1b Card Not Present transactions \$ 300.00	For calendar year 2025		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input checked="" type="checkbox"/>		2 Merchant category code merchantCategoryCode	Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name Briana Gibson Street address (including apt. no.) 1060 Wilkinson Groves City or town, state or province, country, and ZIP or foreign postal code New Gregtown, RI 99367		3 Number of payment transactions 400.00	4 Federal income tax withheld \$ 500.00		
PSE'S name and telephone number		5a January \$	5b February \$		
Account number (see instructions) 399-18087-1		5c March \$	5d April \$		
		5e May \$	5f June \$		
		5g July \$	5h August \$		
		5i September \$	5j October \$		
		5k November \$	5l December \$		
		6 State AA	7 State identification no. 72-524893	8 State income tax withheld \$ 700.00	