

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

000-44-8813Form **1099-K**

(Rev. March 2024)

1a Gross amount of payment card/third party network transactions\$ **200.00**For calendar year
2025

**Payment Card and
Third Party
Network
Transactions**

**Copy B
For Payee**

Check to indicate if FILER is a (an): Check to indicate transactions reported are:

Payment settlement entity (PSE) <input checked="" type="checkbox"/>	Payment card <input checked="" type="checkbox"/>
Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>	Third party network <input checked="" type="checkbox"/>

1b Card Not Present transactions	2 Merchant category code	Copy B For Payee
\$ 300.00	merchantCategoryCode	
3 Number of payment transactions	4 Federal income tax withheld	
400.00	\$ 500.00	
5a January	5b February	
\$	\$	
5c March	5d April	
\$	\$	
5e May	5f June	
\$	\$	
5g July	5h August	
\$	\$	
5i September	5j October	
\$	\$	
5k November	5l December	
\$	\$	
6 State	7 State identification no.	8 State income tax withheld
AA	22-559729	\$ 700.00

Form **1099-K** (Rev. 3-2024)

(Keep for your records)

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

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.

ISSUER