

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
PAYEE'S TIN	000-15-8486
1a Gross amount of payment card/third party network transactions	\$ 200.00
For calendar year	2025

OMB No. 1545-2205  
**Form 1099-K**  
(Rev. March 2024)

**Payment Card and Third Party Network Transactions**

**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.

Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/>	Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/>		
Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>	Third party network <input checked="" type="checkbox"/>		
PAYEE'S name <b>Daren Satterfield</b>			
Street address (including apt. no.) <b>56760 Ondricka Village</b>			
City or town, state or province, country, and ZIP or foreign postal code <b>Port Antoneton, FL 41025</b>			
PSE's name and telephone number <b>961-33965-3</b>			
Account number (see instructions) <b>961-33965-3</b>	6 State <b>AA</b>	7 State identification no. <b>15-298164</b>	8 State income tax withheld <b>\$ 700.00</b>
5a January \$	5b February \$	5c March \$	5d April \$
5e May \$	5f June \$	5g July \$	5h August \$
5i September \$	5j October \$	5k November \$	5l December \$

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

(Keep for your records)

[www.irs.gov/Form1099K](http://www.irs.gov/Form1099K)

Department of the Treasury - Internal Revenue Service