

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. McClure, Haley and Wiza 3343 Wiza Brook Gloverfort, MA 92811 555-867-5309		OMB No. 1545-0116
		Form 1099-NEC (Rev. April 2025)
		For calendar year <u>2025</u>

Nonemployee Compensation

PAYER'S TIN 00-0049619	RECIPIENT'S TIN 000-85-2945	1 Nonemployee compensation \$ 200.00		Copy B For Recipient <small>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 this income is taxable and the IRS determines that it has not been reported.</small>
RECIPIENT'S name Santos Kiehn Street address (including apt. no.) 452 Krissy Center City or town, state or province, country, and ZIP or foreign postal code Lake Denver, PA 21316		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input checked="" type="checkbox"/>		
		3 Excess golden parachute payments \$ 400.00		
		4 Federal income tax withheld \$ 500.00		
Account number (see instructions) 940-79993-1		5 State tax withheld \$ AA/76-912121	6 State/Payer's state no. 600.00	