

☐ 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 000-29-6785	1 Nonemployee compensation \$ 200.00		
RECIPIENT'S name Odis Mills Street address (including apt. no.) 5800 McClure Harbor City or town, state or province, country, and ZIP or foreign postal code Santoside, OR 77800		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input checked="" type="checkbox"/>		Copy B For Recipient 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.
		3 Excess golden parachute payments \$ 400.00		
		4 Federal income tax withheld \$ 500.00		
		5 State tax withheld \$ AA/81-427702	6 State/Payer's state no. 600.00	
Account number (see instructions) 533-23085-8		7 State income \$		