

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Sample Payment Processor		FILER'S TIN	OMB No. 1545-2205		
		PAYEE'S TIN	Form 1099-K		
		(Rev. March 2024)			
		For calendar year _____			
		1a Gross amount of payment card/third party network transactions \$	2 Merchant category code	Copy 1 For State Tax Department	
		1b Card Not Present transactions \$ 25000.00			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		3 Number of payment transactions	4 Federal income tax withheld \$		
Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>					
PAYEE'S name 456 Payments St, Payment City, ST 56789 Street address (including apt. no.) 23-4567890 City or town, state or province, country, and ZIP or foreign postal code 987-6543210 PSE'S name and telephone number Business LLC		5a January \$ 2000.00	5b February \$		
		5c March \$	5d April \$		
		5e May \$	5f June \$		
		5g July \$	5h August \$		
		5i September \$	5j October \$		
		5k November \$ 3000.00	5l December \$		
		6 State NY		7 State identification no. 100.00	8 State income tax withheld \$
		Account number (see instructions)			