

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116	
			Form 1099-NEC	
			(Rev. April 2025)	
			For calendar year _____	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation		Copy 1 For State Tax Department
		\$		
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3 Excess golden parachute payments		
		\$		
		4 Federal income tax withheld		
		\$		
Account number (see instructions)		5 State tax withheld	6 State/Payer's state no.	7 State income
		\$		\$
		\$		\$