

☐ VOID ☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205		
		PAYEE'S TIN	Form <b>1099-K</b>		
		1a Gross amount of payment card/third party network transactions \$	(Rev. March 2024)		
			For calendar year _____		
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"/>		1b Card Not Present transactions \$	2 Merchant category code	<b>Copy 1</b> <b>For State Tax Department</b>	
		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	5a January \$		5b February \$
		Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code	5c March \$		5d April \$
5e May \$	5f June \$				
5g July \$	5h August \$				
PSE'S name and telephone number			5i September \$	5j October \$	
		5k November \$	5l December \$		
Account number (see instructions)		6 State	7 State identification no.	8 State income tax withheld \$ ----- \$	