

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Sample Business Services				OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year _____		Nonemployee Compensation	
PAYER'S TIN 123 Self-Employed Ln, Business City, ST 56789	RECIPIENT'S TIN 11-2233445			1 Nonemployee compensation \$ 10000.00			Copy 1 For State Tax Department
RECIPIENT'S name 99-8887776 Street address (including apt. no.) Mike Doe City or town, state or province, country, and ZIP or foreign postal code 789 Independent St, Contractor Town, ST 67890				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 \$ 500.00					
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. NY	7 State income \$ 150.00			