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CORRECTED (if checked) 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** Nonemployee Compensation (Rev. April 2025) calender vear For calendar year payer_tin recipient_tin nonemployee_compensation PAYER'S TIN RECIPIENT'S TIN 1 Nonemployee compensation Copy B direct _sa**Fêr^bRĕcipient** recipient_name This is important tax RECIPIENT'S name 2 Payer made direct sales totaling \$5,000 or more of information and is being consumer products to recipient for resale federal_income_tax_withheld furnished to the IRS. If you are required to file a return, a 3 Excess golden parachute payments recipient_street_address negligence penalty or other \$_{state tax withheld} Street address (including apt. no.) sanction may be imposed on you if this income is taxable 4 Federal income tax withheld recipient_city_zip and the IRS determines that it City or town, state or province, country, and ZIP or foreign postal code \$topmostSubform[0].@@ww8k95Rhifbt@b@DC8py8[@&idf **Cledigogjurse:1862/1846-1944(Cay4Ceo(6))**| B220]1F To State tas With held of the first state of the fi account_number \$ Account number (see instructions)

Form **1099-NEC** (Rev. 4-2025)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service