

☐ 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 <b>1099-NEC</b>
		(Rev. April 2025)
		For calendar year _____

**Nonemployee  
Compensation**

PAYER'S TIN	RECIPIENT'S TIN	<b>1</b> Nonemployee compensation \$	<b>Copy B For Recipient</b> <small>This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>	
RECIPIENT'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>2</b> Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		<b>3</b> Excess golden parachute payments \$		
		<b>4 Federal income tax withheld</b> \$		
Account number (see instructions)		<b>5</b> State tax withheld \$		<b>6</b> State/Payer's state no.

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

(keep for your records)

[www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

Department of the Treasury - Internal Revenue Service