

☐ 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 |
| | | | (Rev. April 2025) For calendar year _____ |

Nonemployee Compensation

| | | | | | |
|--|--|-----------------|--|--|--|
| payer_tin | | recipient_tin | | nonemployee_compensation | |
| PAYER'S TIN | | RECIPIENT'S TIN | | 1 Nonemployee compensation | |
| recipient_name | | | | \$ direct_sales | |
| RECIPIENT'S name | | | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | |
| recipient_street_address | | | | federal_income_tax_withheld | |
| Street address (including apt. no.) | | | | 3 Excess golden parachute payments | |
| recipient_city_zip | | | | \$ state_tax_withheld | |
| City or town, state or province, country, and ZIP or foreign postal code | | | | 4 Federal income tax withheld | |
| account_number | | | | \$ | |
| Account number (see instructions) | | | | \$ | |

Copy B For Recipient

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