

☐ 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. January 2024)
		For calendar year _____

**Nonemployee
Compensation**

PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation \$	Copy B For Recipient <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		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3		
		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$		6 State/Payer's state no.