

☐ 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_tin		recipient_tin		nonemployee_compensation	
PAYER'S TIN		RECIPIENT'S TIN		1 Nonemployee compensation	
recipient_name				\$	
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				3	
Street address (including apt. no.)				federal_income_tax_withheld	
recipient_city_zip				4 Federal income tax withheld	
City or town, state or province, country, and ZIP or foreign postal code				\$	
account_number				5 State tax withheld	
Account number (see instructions)				\$	
				6 State/Payer's state no	
				state_tax_withheld2 State_Payers_state_no2	
				\$	
				\$	
				\$	

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 has not been reported.