

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Payer Name Address Line 1 City, State Zip Code Phone Number				OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year <u>2024</u>	Nonemployee Compensation
PAYER'S TIN 12-345678	RECIPIENT'S TIN 123-45-6789	1 Nonemployee compensation \$ 123456.00		Copy 1 For State Tax Department	
RECIPIENT'S name John Doe Street address (including apt. no.) Steet Address City or town, state or province, country, and ZIP or foreign postal code City, CA, 12345		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input checked="" type="checkbox"/>			
		3 Excess golden parachute payments \$			
		4 Federal income tax withheld \$ 123456.00			
Account number (see instructions) A12345678910		5 State tax withheld \$ 123456.00	6 State/Payer's state no. 123456		7 State income \$ 123456.00