

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>Apex Creative Co.</b> <b>3019 Madison Ave, Columbus, OH 43215</b>				OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. April 2025) For calendar year _____	
PAYER'S TIN <b>45-1234567</b>	RECIPIENT'S TIN <b>98895783</b>			1 Nonemployee compensation \$ <b>7,200.00</b>	
RECIPIENT'S name  <b>Michele Hebert</b>  Street address (including apt. no.) <b>9888 Zimmerman Roads Apt. 425</b>  City or town, state or province, country, and ZIP or foreign postal code <b>Moorestad MO 77456-6485</b>				2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 Excess golden parachute payments \$ 4 Federal income tax withheld \$ 5 State tax withheld \$ 6 State/Payer's state no.	
Account number (see instructions)				7 State income \$	

**Nonemployee  
Compensation**

**Copy 1  
For State Tax  
Department**