

CORRECTED (if checked)		Nonemployee Compensation	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. company name, Inc Address Street Address, FL 34747 Phone No.		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>22</u>	
PAYER'S TIN 11-0000000	RECIPIENT'S TIN 222-33-4444	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 Recipient 1 Street address (including apt. no.) Address 1 City or town, state or province, country, and ZIP or foreign postal code Address 1 Account number (see instructions)		1 Nonemployee compensation \$ 5000.00	
		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 \$	
		5 State tax withheld \$	6 State/Payer's state no.
Form 1099-NEC (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service			

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RECIPIENT'S name Recipient 2 Street address (including apt. no.) Address 2 City or town, state or province, country, and ZIP or foreign postal code Address 2 Account number (see instructions)		1 Nonemployee compensation \$ 10000.00	
		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 \$	
		5 State tax withheld \$	6 State/Payer's state no.