

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191 888-555-1212		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>21</u>	Nonemployee Compensation
PAYER'S TIN 12-3456789	RECIPIENT'S TIN xxx-xx-1234	1 Nonemployee compensation \$ 1008.00	
RECIPIENT'S name Kris Q Public Street address (including apt. no.) 1 Main St City or town, state or province, country, and ZIP or foreign postal code Melrose, NY 12121		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 \$ 4009.00	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.
Account number (see instructions) 111-5555555		5 State tax withheld \$ 5010.00 6 State/Payer's state no. NY/xxx-123456	
		7 State income \$ 7010.00	

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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 12021 Sunset Valley Dr
 Suite 230
 Preston, VA 20191

Kris Q Public
 1 Main St
 Melrose, NY 12121

