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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. January 2022)

For calendar year

20

**Nonemployee
Compensation**

PAYER'S TIN

12-345678

RECIPIENT'S TIN

123-45-6789

1 Nonemployee compensation

\$ 123456.00

RECIPIENT'S name

John A. Smith

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☒

3

Street address (including apt. no.)

555 W Main Blvd

4 Federal income tax withheld

\$ 123456.00

City or town, state or province, country, and ZIP or foreign postal code

San Francisco, Ca 94107

5 State tax withheld

\$ 123456.00

6 State/Payer's state no.

12345600

Account number (see instructions)

A51234039282

2nd TIN not

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For Internal Revenue

Service Center

File with Form 1096.

For Privacy Act and

Paperwork Reduction Act

Notice, see the current

General Instructions for

Certain Information

Returns.

Form **1099-NEC** (Rev. 1-2022)

Cat. No. 72590N

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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