

7171

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

OMB No. 1545-0116

Form **1099-NEC**

(Rev. January 2024)

For calendar year \_\_\_\_\_

**Nonemployee  
Compensation**

PAYER'S TIN

RECIPIENT'S TIN

**1** Nonemployee compensation

\$

RECIPIENT'S name

**2** Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐**3**

Street address (including apt. no.)

**4** Federal income tax withheld

\$

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

**5** State tax withheld

\$

**6** State/Payer's state no.

Account number (see instructions)

2nd TIN not: ☐

\$

**Copy A****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.****7** State income

\$

Form **1099-NEC** (Rev. 1-2024)

Cat. No. 72590N

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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