☐ 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. April 2025) For calendar year **2025**		**Nonemployee Compensation**
PAYER'S TIN	**RECIPIENT'S TIN**	1 Nonemployee compensation $			
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ 3 Excess golden parachute payments $ 4 Federal income tax withheld $			**Copy 1** **For State Tax Department**
Account number (see instructions)		5 State tax withheld $ $	6 State/Payer's state no. $ $	7 State income $ $	

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Account number (see instructions)		5 State tax withheld $ $	6 State/Payer's state no. $ $	7 State income $ $	