|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | CORRECTED (if checked) | |  | | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal  TP | | | |  | OMB No. 1545-0116  2020  Form 1099-NEC | Nonemployee  Compensation | |
| 1 Non-employee compensation | 86517 . 50 | | Copy 2  To be filed with recipient's state income tax return, when required. |
| PAYERS TIN | RECIPIENTS TIN | | |
| RECIPIENTS name, street address (including apt. no.), city or town, state or province, country and ZIP or foreign postal code | | | | 2 |  | |
| 3 |  | |
| 4 Federal income tax withheld |  | |
|  | | | FATCA filing requirement |  |  | |
| Account number (see instructions)  . | | | | State tax withheld | State/Payers state no.  TX | | 7 State income |
|  |  | |  |