|  |  |  |  |
| --- | --- | --- | --- |
|  |  | CORRECTED (if checked) |  |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postalTP |  | OMB No. 1545-01162020Form 1099-NEC | NonemployeeCompensation |
| 1 Non-employee compensation | 86517 . 50 | Copy 2To 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 |
|  |  |  |