

CORRECTED (if checked)

| | | |
|--|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Coyle Hospitality Group 244 Madison Avenue Suite 369 New York NY 10016 2126292083 | | OMB No. 1545-0116 |
| | | Form 1099-NEC (Rev. January 2022) |
| | | For calendar year 20 <u>22</u> |

Nonemployee Compensation

| | | | |
|--|------------------------------|---|--|
| PAYER'S TIN 13-3889433 | RECIPIENT'S TIN 920236615 | 1 Nonemployee compensation \$ 698.23 | Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name Joy Mowar | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | |
| Street address (including apt. no.) 2750 Old St Augustine Rd | | 3 | |
| City or town, state or province, country, and ZIP or foreign postal code Tallahassee FL 32301 | | 4 Federal income tax withheld \$ | |
| Account number (see instructions) | | 5 State tax withheld \$ | |
| | | 6 State/Payer's state no. | 7 State income \$ |