

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>RKTD LLC</b> <b>11368 CHAUCER DR</b> <b>FRISCO TX 75035</b>		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2022) For calendar year 20 <u>22</u>		<b>Nonemployee Compensation</b>
PAYER'S TIN 87-2558104	RECIPIENT'S TIN 86-2437122	<b>1</b> Nonemployee compensation \$ 123840		
RECIPIENT'S name <b>CORELINK PARTNERS LLC</b> Street address (including apt. no.) <b>13718 MAPLE SUGAR LN</b> City or town, state or province, country, and ZIP or foreign postal code <b>HERNDON VA 20171</b>		<b>2</b> Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> <b>3</b> <b>4</b> Federal income tax withheld \$		<b>Copy 1 For State Tax Department</b>
Account number (see instructions)		<b>5</b> State tax withheld \$	<b>6</b> State/Payer's state no.	
		\$	<b>7</b> State income \$	