

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FAHM ENTERPRISES INC 8830 CAPCANO RD SAN DIEGO, CA 92126		OMB No. 1545 - 0116 Form 1099 - NEC (Rev. January 2022) For calendar year 20 23		Nonemployee Compensation
PAYER'S TIN 47-5631598	RECIPIENT'S TIN 077-06-3552	1 Nonemployee compensation \$ 4245.00		
RECIPIENT'S name AMR ALMEKHLAFI Street address (including apt. no.) 725 N FIG ST APT 90 City or town, state or province, country, and ZIP or foreign postal code ESCONDIDO, CA 92025		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 1 For State Tax Department
Account number (see instructions) 1		3		
		4 Federal income tax withheld \$ 0.00		
		5 State tax withheld \$	6 State/Payer's state no.	

Form **1099 - NEC** (Rev. 1-2022)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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