

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DFAS LLC 228 Park Ave S PMB 82427 New York, NY 10003-1502 833-642-2123 x3		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023		Nonemployee Compensation
PAYER'S TIN 47-5391729	RECIPIENT'S TIN 87-1596365	1 Nonemployee compensation \$ 77934.00		
RECIPIENT'S name Visualizations LLC Street address (including apt. no.) 5555 Long Prarie Trace #1014 City or town, state or province, country, and ZIP or foreign postal code RICHMOND TX US 77407		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 4 Federal income tax withheld \$		Copy 2 To be filed with recipient's state income tax return, when required.e
Account number (see instructions) 12901		5 State tax withheld \$ \$	6 State/Payer's state no. \$	

Form 1099-NEC

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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Account number (see instructions) 12901		5 State tax withheld \$ \$	6 State/Payer's state no. \$	

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(keep for your records)

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