

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.				OMB No. 1545-0116		2020	Nonemployee Compensation
				Form 1099-NEC			
		1 Nonemployee compensation				Copy C For PAYER and/or State Copy 1 or Copy 2	For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
PAYER'S TIN		2					
RECIPIENT'S TIN		3					
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld					
		FATCA filing requirement					
Account number (see instructions)		2nd TIN not.		5 State tax withheld		6 State/Payer's state no.	
						7 State income	

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DETACH BEFORE MAILING
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS