PAYER'S name, street address, city or town, state or province, country, ZIP				OMB No. 1545-0116	
or foreign postal code, and telephone no.				Form 1099-NEC	Namanalassa
				(Day January 0000)	Nonemployee
				(Rev. January 2022)	Compensation
				For calendar year 20	
PAYER'S TIN	RECIPIENT'S TIN		1 Nonemployee compe	nsation	Copy A
				\$	
RECIPIENT'S name		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale		Service Center	
			3		File with Form 1096. For Privacy Act and
Street address (including apt. no.)					
			4 Federal income tax v	vithheld	Notice, see the current General Instructions for Certain Information
City or town, state or province, country, and ZIP or foreign postal code			\$		Returns.
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