☐ VOID ☐ CORRECTED

PAYER'S name **John Doe**		OMB No. 1545-0116 Form **1099-NEC** (Rev. December 2026) **For calendar year** **2026**	**Nonemployee Compensation**
Street address **123 s 2nd st**	Room or suite no.		
City or town **Miami**	Telephone number **(123)-456-7899**	**1a** Nonemployee compensation $ **1000**	**Copy 1** **For State Tax Department**
State or province **FL** / Country **US** / ZIP or foreign postal code **33139**			
PAYER'S TIN **12-3456789**	RECIPIENT'S TIN **xxx-xx-123**	**1b** Cash tips $	**1c** TTOC
RECIPIENT'S name **James Smith**		**1d** Overtime compensation $	
Street address **456 w 3rd St**	Apt. no.	**2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	
City or town **Beverly Hills**		**3** Excess golden parachute payments $	
State or province **CA** / Country **US** / ZIP or foreign postal code **90210**		**4** Federal income tax withheld $	
Account number (see instructions) **123456789**		**5** State tax withheld $ $	**6** State/Payer's state no.	**7** State income $ $