

1099-NEC Nonemployee Compensation Statement

Payer Information

Payer's Name:

Payer's TIN:

Payer's Address:

Recipient Information

Recipient's Name:

Recipient's TIN:

Recipient's Address:

Nonemployee Compensation

Box 1: Nonemployee Compensation (\$):

Other Information

Federal Income Tax Withheld:

State Information:

Submit