

7171

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

SAMPLE – Seventh-day Adventist Church
12345 Hope Street
Anytown, CA 92641

OMB No. 1545-0116

2020Form **1099-NEC****Nonemployee Compensation**

PAYER'S TIN

91-2165741

RECIPIENT'S TIN

123-45-6789

1 Nonemployee compensation
\$ 1,500.00

2

RECIPIENT'S name

Joseph Smith**3**

Street address (including apt. no.)

13356 Third Street**4** Federal income tax withheld**\$**

City or town, state or province, country, and ZIP or foreign postal code

Loma Linda, CA 92354

FATCA filing
 requirement

Account number (see instructions)

2nd TIN not

5 State tax withheld**\$****\$****6** State/Payer's state no.**7** State income**\$****\$**

Copy A
For
Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
 and Paperwork
 Reduction Act
 Notice, see the
2020 General
Instructions for
Certain
Information
Returns.

Form **1099-NEC**

Cat. No. 72590N

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

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