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Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit www.IRS.gov/FIRE) or the IRS Affordable Care Act Information Returns (AIR) program (visit www.IRS.gov/AIR).

See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

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FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
		1a Gross amount of payment card/third party network transactions \$ _____	For calendar year 20 ____	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.
		1b Card Not Present transactions \$ _____	2 Merchant category code	
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		3 Number of payment transactions	4 Federal income tax withheld \$ _____	
		5a January \$ _____	5b February \$ _____	
PSE'S name and telephone number Account number (see instructions) _____ 2nd TIN not. <input type="checkbox"/>		5c March \$ _____	5d April \$ _____	
		5e May \$ _____	5f June \$ _____	
		5g July \$ _____	5h August \$ _____	
		5i September \$ _____	5j October \$ _____	
		5k November \$ _____	5l December \$ _____	
		6 State	7 State identification no.	8 State income tax withheld \$ _____

Form **1099-K** (Rev. 1-2022)

Cat. No. 54118B

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

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**Payment Card and
Third Party
Network
Transactions**

**Copy 1
For State Tax
Department**

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
		1a Gross amount of payment card/third party network transactions \$	For calendar year 20 ____	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		1b Card Not Present transactions \$		2 Merchant category code
		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		3 Number of payment transactions	4 Federal income tax withheld \$	
		PSE'S name and telephone number		5a January \$ 5b February \$ 5c March \$ 5d April \$ 5e May \$ 5f June \$ 5g July \$ 5h August \$ 5i September \$ 5j October \$ 5k November \$ 5l December \$
Account number (see instructions)		6 State	7 State identification no.	8 State income tax withheld \$ \$

CORRECTED (if checked)

**Payment Card and
Third Party
Network
Transactions**

**Copy B
For Payee**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205		
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)		
		1a Gross amount of payment card/third party network transactions \$	For calendar year 20 ____		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		1b Card Not Present transactions \$		2 Merchant category code	
		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		3 Number of payment transactions	4 Federal income tax withheld \$
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5a January \$	5b February \$		
		5c March \$	5d April \$		
		5e May \$	5f June \$		
		5g July \$	5h August \$		
		5i September \$	5j October \$		
		5k November \$	5l December \$		
PSE'S name and telephone number		6 State		7 State identification no.	8 State income tax withheld \$
Account number (see instructions)		-----		-----	-----

CORRECTED (if checked)

**Payment Card and
Third Party
Network
Transactions**

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
		1a Gross amount of payment card/third party network transactions \$ _____	For calendar year 20 ____	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		1b Card Not Present transactions \$ _____		2 Merchant category code
		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		3 Number of payment transactions
				4 Federal income tax withheld \$ _____
PAYEE'S name		5a January \$ _____	5b February \$ _____	
		5c March \$ _____	5d April \$ _____	
Street address (including apt. no.)		5e May \$ _____	5f June \$ _____	
		5g July \$ _____	5h August \$ _____	
City or town, state or province, country, and ZIP or foreign postal code		5i September \$ _____	5j October \$ _____	
		5k November \$ _____	5l December \$ _____	
PSE'S name and telephone number				To be filed with the recipient's state income tax return, when required.
Account number (see instructions)		6 State	7 State identification no.	

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**Payment Card and
Third Party
Network
Transactions**

**Copy C
For FILER**

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

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S TIN	OMB No. 1545-2205	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
		1a Gross amount of payment card/third party network transactions \$	For calendar year 20 ____	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		1b Card Not Present transactions \$
		2 Merchant category code	3 Number of payment transactions	
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5a January \$	5b February \$	
		5c March \$	5d April \$	
		5e May \$	5f June \$	
		5g July \$	5h August \$	
		5i September \$	5j October \$	
		5k November \$	5l December \$	
PSE'S name and telephone number				
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	6 State	7 State identification no.	8 State income tax withheld \$
				\$