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

7070	U VOID ☐ COF	RRE	CTED			
FILER'S name, street address, city or town, state or province, country, ZIP		FILER'S TIN	OMB No. 1545-2205			
or foreign postal code, and telephone no.				4000.16	Pay	ment Card and
			PAYEE'S TIN	Form 1099-K	•	Third Party
				(Rev. January 2022)		Network
			1a Gross amount of payment card/third party network	(riev. daridary 2022)		
			transactions	For calendar year		Transactions
			\$	20		
			1b Card Not Present transactions	2 Merchant category	code	Copy A
Check to indicate if FILER is a (an): Che	eck to indicate transactions		\$			For
` rep	orted are:		3 Number of payment	4 Federal income tax	·	Internal Revenue
Electronic Payment Facilitator	ayment card	\sqcup	transactions	withheld	•	Service Center
(EPF)/Other third party	nird party network			\$		
PAYEE'S name			5a January	5b February		File with Form 1096.
			\$	\$		For Drive av Act
			5c March	5d April		For Privacy Act and Paperwork
Street address (including apt. no.)			\$	\$		Reduction Act
			5e May	5f June		Notice, see the
			\$	\$		current General Instructions for
			5g July	5h August		Certain Information
City or town, state or province, country, and ZIP or foreign postal code		\$	\$		Returns.	
			5i September	5j October		
PSE'S name and telephone number			\$	\$		
			5k November	5I December		
			\$	\$		
Account number (see instructions)	2nd TIN	N not.	6 State	7 State identification	no.	8 State income tax withheld
		1				\$
						\$
Form 1099-K (Rev. 1-2022) Ca	at No. 54118B		MANA irs gov/Form1099K	Department of the T	reasury	- Internal Revenue Service

Form 1099-K (Rev. 1-2022)

Cat. No. 54118B

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

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□ VOID □ CORRE	ECTED		
FILER'S name, street address, city or town, state or province, country, ZIP	FILER'S TIN	OMB No. 1545-2205	
or foreign postal code, and telephone no.		4000 16	Payment Card and
	PAYEE'S TIN	Form 1099-K	Third Party
		(Rev. January 2022)	Network
	1a Gross amount of payment card/third party network	, ,	Transactions
	transactions	For calendar year	Transactions
	\$	20	
	1b Card Not Present transactions	2 Merchant category of	Copy 1
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	 \$		For State Tax
Payment settlement entity (PSE) Payment card	3 Number of payment transactions	4 Federal income tax withheld	Department
Electronic Payment Facilitator (EPF)/Other third party Third party network		\$	
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	
PSE'S name and telephone number	\$	\$	
	5k November	5I December	
	\$	\$	
Account number (see instructions)	6 State	7 State identification n	
			\$
			\$

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Department of the Treasury - Internal Revenue Service

☐ CORRE	CTED (if checked)		
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	Payment Card and
	PAYEE'S TIN	Form 1099-K	Third Party
	1a Gross amount of payment card/third party network	(Rev. January 2022)	Network Transactions
	transactions \$	For calendar year 20	Hansactions
	1b Card Not Present transactions	2 Merchant category c	Сору в
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	\$		For Payee
Payment settlement entity (PSE) Payment card	3 Number of payment transactions	4 Federal income tax withheld	This is important tax information and is
(EPF)/Other third party		\$	being furnished to
PAYEE'S name	5a January	5b February	the IRS. If you are
	\$	\$	required to file a return, a negligence
	5c March	5d April	penalty or other
Street address (including apt. no.)	\$	\$	sanction may be imposed on you i
	5e May	5f June	taxable income
	\$	\$	results from this transaction and the
	5g July	5h August	IRS determines that it
City or town, state or province, country, and ZIP or foreign postal code	\$	\$	has not beer reported
	5i September	5j October	Toportoa
PSE'S name and telephone number	\$	\$	
	5k November	5I December	
	\$	\$	
Account number (see instructions)	6 State	7 State identification no	o. 8 State income tax withheld

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(Keep for your records)

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Department of the Treasury - Internal Revenue Service

	CTED (if checked)		
FILER'S name, street address, city or town, state or province, country, ZIP	FILER'S TIN	OMB No. 1545-2205	
or foreign postal code, and telephone no.			Payment Card and
	PAYEE'S TIN	Form 1099-K	Third Party
		(Day January 2000)	
	1a Gross amount of payment	(Rev. January 2022)	Network
	card/third party network transactions	For calendar year	Transactions
	\$	20	
	1b Card Not Present	2 Merchant category co	ode Copy 2
	transactions		ООРУ 2
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	\$		
Payment settlement entity (PSE) Payment card	3 Number of payment transactions	4 Federal income tax withheld	
Electronic Payment Facilitator (EPF)/Other third party Third party network	transactions	\$	
PAYEE'S name	5a January	5b February	
	\$	\$	
	5c March	5d April	
Street address (including apt. no.)	\$	\$	To be filed with the recipient's state
	5e May	5f June	income tax return,
	\$	\$	when required.
	5g July	5h August	
City or town, state or province, country, and ZIP or foreign postal code	\$	\$	
	5i September	5j October	
PSE'S name and telephone number	 \$	\$	
	5k November	5I December	
	\$	\$	
Account number (see instructions)	6 State	7 State identification no	o. 8 State income tax withheld

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Department of the Treasury - Internal Revenue Service

□ VOID □ CORRE	ECTED		
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	Payment Card and
	PAYEE'S TIN	Form 1099-K	Third Party
	1a Gross amount of payment card/third party network	(Rev. January 2022)	Network Transactions
	transactions \$	For calendar year 20	Transactions
	1b Card Not Present transactions	2 Merchant category	Сору С
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	\$		For FILER
Payment settlement entity (PSE) Payment card Electronic Payment Facilitator (EPF)/Other third party Third party network	3 Number of payment transactions	4 Federal income tax withheld	
PAYEE'S name	5a January	5b February	
	\$	\$	For Privacy Act and Paperwork
	5c March	5d April	Reduction Act
Street address (including apt. no.)	\$	\$	Notice, see the
	5e May	5f June	current General Instructions for
	\$	\$	Certain Information
	5g July	5h August	Returns.
City or town, state or province, country, and ZIP or foreign postal code	\$	\$	
	5i September	5j October	
PSE'S name and telephone number	\$	\$	
	5k November	5I December	
	\$	\$	
Account number (see instructions) 2nd TIN not.	. 6 State	7 State identification	no. 8 State income tax withheld \$
		T	\$
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