



Attention:

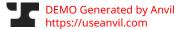
Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at IRS.gov/Form1099, for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

If you have 10 or more information returns to file, you may be required to file e-file. Go to IRS.gov/InfoReturn for e-file options.

If you have fewer than 10 information returns to file, we strongly encourage you to e-file. If you want to file them on paper, you can place an order for the official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, at IRS.gov/EmployerForms. We'll mail you the forms you request and their instructions, as well as any publications you may order.

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



Form **1099-K** (Rev. 3-2024)

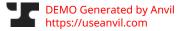
Cat. No. 54118B

7070 X VOID X CORRECTED FILER'S name, street address, city or town, state or province, country, ZIP OMB No. 1545-2205 FILER'S TIN or foreign postal code, and telephone no. 89-7654321 **Payment Card and** Form 1099-K Lorem ipsum dolor sit amet, consectetur PAYEE'S TIN **Third Party** adipiscing elit, sed do eiusmod tempor. 456-45-4567 (Rev. March 2024) **Network** 1a Gross amount of payment card/third party network **Transactions** For calendar year transactions \$ \$12,345.67 For 1b Card Not Present 2 Merchalesategory code Copy A transactions ndar 2 Merchant Check to indicate transactions reported are: Check to indicate if FILER is a (an): \$ \$12,345.67 **Internal Revenue** 4 A Teeleral riny conclex withheld 3 Number of payment Payment settlement entity (PSE) X Χ Payment card **Service Center** transactions Electronic Payment Facilitator (EPF)/Other third party \$ \$12,345.67 Third party network 12,345 File with Form 1096. PAYEE'S name 5a January 5b February \$ \$12,345.67 \$ \$12,345.67 Robin W. Smith For Privacy Act 5c March 5d April and Paperwork Street address (including apt. no.) \$ \$12,345.67 \$ \$12,345.67 **Reduction Act 5e** May 5f June Notice, see the **current General** \$ \$12,345.67 123 Main St, San Francisco CA, 94106 \$ \$12,345.67 Instructions for 5g July 5h August **Certain Information** City or town, state or province, country, and ZIP or foreign postal code \$ \$12,345.67 \$ \$12,345.67 Returns. 5j October 123 Main St. San Francisco CA. 94106 5i September PSE'S name and telephone number \$ \$12,345.67 \$ \$12,345.67 5k November 51 December PSE'S name and telephone number \$ \$12,345.67 \$ \$12,345.67 Account number (see instructions) 2nd TIN not. 6 State 7 State identification no. 8 State income tax withheld 7 State \$ \$12,345.67 6 State Χ Account number (see instructions) \$ \$12,345.67 idstatification no. 6 State (second)

Do Not Cut or Separate Forms on This Page — Do Not Cut 670 Separate Forms on This Page

www.irs.gov/Form1099K

idepartificatory Thesury - Internal Revenue Service

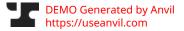


FILER'S name, street address, city or town, state or province, country, ZIP	FILER'S TIN	OMB No. 1545-2205	
or foreign postal code, and telephone no.	89-7654321		Payment Card and
	PAYEE'S TIN	Form 1099-K	Third Party
	456-45-4567	(Rev. March 2024)	Network
400.44 5 5 5 5 6 64.05	1a Gross amount of payment	(Hev. March 2024)	
123 Main St, San Francisco CA, 94106	card/third party network transactions	For calendar year	Transactions
	\$ \$12,345.67	<u>For</u>	
	1b Card Not Present transactions	2 Merchantecategory	code Copy 1
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	\$ \$12,345.67	ndar 2 Merchant	For State Tax
Payment settlement entity (PSE) X Payment card	3 Number of payment transactions	4 A Tederal Inconctex withheld	Department
Electronic Payment Facilitator (EPF)/Other third party Third party network	12,345	\$ \$12,345.67	
PAYEE'S name	5a January	5b February	
Delite M. Contells	\$ \$12,345.67	\$ \$12,345.67	
Robin W. Smith	5c March	5d April	
Street address (including apt. no.)	\$ \$12,345.67	\$ \$12,345.67	
	5e May	5f June	
123 Main St, San Francisco CA, 94106	\$ \$12,345.67	\$ \$12,345.67	
	5g July	5h August	
City or town, state or province, country, and ZIP or foreign postal code	\$ \$12,345.67	\$ \$12,345.67	
123 Main St, San Francisco CA, 94106	5i September	5j October	
PSE'S name and telephone number	\$ \$12,345.67	\$ \$12,345.67	
DCE'S name and tolonhone number	5k November	5I December	
PSE'S name and telephone number	\$ \$12,345.67	\$ \$12,345.67	
Account number (see instructions)	6 State	7 State identification	no. 8 State income tax withheld
Account number (see instructions)	6 State	7 State	\$ \$12,345.67
Account number (see instructions)	6 State (second)	រ ៅទិស្សាម៉ែ cation n	10. \$ \$12,345.67

Form **1099-K** (Rev. 3-2024)

www.irs.gov/Form1099K

i किञ्चानिक प्रकार कि गिर्धि । Internal Revenue Service (second)



X CORRECTED (if checked)

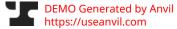
A CORRECTED (II Cliecked)					
FILER'S name, street address, city or town, state or province, country, ZIP	FILER'S TIN	OMB No. 1545-2205			
or foreign postal code, and telephone no.	456-45-4567		Payment Card and		
	PAYEE'S TIN	Form 1099-K	Third Party		
	456-45-4567	(Rev. March 2024)	Network		
	1a Gross amount of payment	(nev. March 2024)			
123 Main St, San Francisco CA, 94106	card/third party network transactions	For calendar year	Transactions		
	\$ \$12,345.67	<u>For</u>			
	1b Card Not Present	2 Merchahe category co	ode Copy B		
Check to indicate if FILER is a (an): Check to indicate transactions	transactions	ndar Merchant categ	ory For Payee		
reported are:	\$ \$12,345.67	4 Grederal income tax	ory Torrayee		
Payment settlement entity (PSE) X Payment card	3 Number of payment transactions	withheld	This is important tax		
Electronic Payment Facilitator (EPF)/Other third party Third party network	12,345	\$ \$12,345.67	information and is being furnished to		
PAYEE'S name	5a January	5b February	the IRS. If you are		
Dohin W. Croith	\$ \$12,345.67	\$ \$12,345.67	required to file a return, a negligence		
Robin W. Smith	5c March	5d April	penalty or other		
Street address (including apt. no.)	\$ \$12,345.67	\$ \$12,345.67	sanction may be imposed on you if		
	5e May	5f June	taxable income		
123 Main St, San Francisco CA, 94106	\$ \$12,345.67	\$ \$12,345.67	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	\$ \$12,345.67	\$ \$12,345.67	has not been reported.		
123 Main St, San Francisco CA, 94106	5i September	5j October			
PSE'S name and telephone number	\$ \$12,345.67	\$ \$12,345.67			
DCE name and talanhana number	5k November	5I December			
PSE name and telephone number	\$ \$12,345.67	\$ \$12,345.67			
Account number (see instructions)	6 State	7 State identification no	o. 8 State income tax withheld		
Account number	State	State identificati	ion \$ \$12,345.67		
Account number	State 2	Starrebiel entificati	ion \$ \$12,345.67		

Form **1099-K** (Rev. 3-2024)

(Keep for your records)

www.irs.gov/Form1099K

Political Revenue Service



Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

Note: For more information on why you received your Form 1099-K, go to *www.irs.gov/KnowYour1099K*. For information on what to do with your Form 1099-K, go to *www.irs.gov/businesses/what-to-do-with-form-1099-k*.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, go to www.irs.gov/GigEconomy.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Note: The gross amount is the total dollar amount of total reportable payment transactions without regard to any adjustments for credits, cash equivalents, discount amounts, fees, refunded amounts, shipping amounts, or any other amounts. The dollar amount of each transaction is determined on the date of the transaction.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/ third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

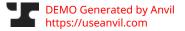
Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a–5I. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6–8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



X CORRECTED (if checked)

A CONTINEOTED (II 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.	456-45-4567	4000 1/	Payment Card and			
Lorem ipsum dolor sit amet, consectetur	PAYEE'S TIN	Form 1099-K	Third Party			
adipiscing elit, sed do eiusmod tempor.	456-45-4567	(Rev. March 2024)	Network			
	1a Gross amount of payment card/third party network	(**************************************				
	transactions	For calendar year	Transactions			
	\$ \$12,345.67	<u>For</u>				
	1b Card Not Present transactions	2 Merchante category c	Copy 2			
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	\$ \$12,345.67	ndar Merchant categ	ory			
Payment settlement entity (PSE) X Payment card X	3 Number of payment transactions	4 O deral income tax withheld				
Electronic Payment Facilitator (EPF)/Other third party Third party network	12,345	\$ \$12,345.67				
PAYEE'S name	5a January	5b February				
Robin W. Smith	\$ \$12,345.67	\$ \$12,345.67				
RODITI W. SITIICI	5c March	5d April	To be filed with the			
Street address (including apt. no.)	\$ \$12,345.67	\$ \$12,345.67	To be filed with the recipient's state			
	5e May	5f June	income tax return,			
123 Main St, San Francisco CA, 94106	\$ \$12,345.67	\$ \$12,345.67	when required.			
	5g July	5h August				
City or town, state or province, country, and ZIP or foreign postal code	\$ \$12,345.67	\$ \$12,345.67				
123 Main St, San Francisco CA, 94106	5i September	5j October				
PSE'S name and telephone number	\$ \$12,345.67	\$ \$12,345.67				
DCFIs was a single talanda and a single and	5k November	5I December				
PSE's name and telephone number	\$ \$12,345.67	\$ \$12,345.67				
Account number (see instructions)	6 State	7 State identification ne	o. 8 State income tax withheld			
Account number	State	State identificat	ion \$ \$12,345.67			
Account number	State (second)	Sta te identificat	ion \$ \$12.345.67			

Form **1099-K** (Rev. 3-2024)

www.irs.gov/Form1099K

ମହନ୍ଦ୍ର ନିଲ୍ଲିରେ ଓଡ଼ିଆ Treasury - Internal Revenue Service