

VOID CORRECTED

**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 \$ _____
Account number (see instructions)		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 \$ _____	
				----- \$ _____	