

# Sample Form 1099-NEC - Nonemployee Compensation

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116		<b>2021</b> Nonemployee Compensation
Local name, address and telephone contact		Form <b>1099-NEC</b>		
PAYER'S TIN Local EIN#	RECIPIENT'S TIN Individuals SS#	1 Nonemployee compensation \$ Amount		<b>Copy A</b> For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.
RECIPIENT'S name Name of Individual receiving the form		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Street address (including apt. no.) Street Address		3		
City or town, state or province, country, and ZIP or foreign postal code City, State, ZIP		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no.	
2nd TIN not. <input type="checkbox"/>		7 State income \$		

Form **1099-NEC** Cat. No. 72590N www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page – Do Not Cut or Separate Forms on This Page**

You can order for Forms **1099-NEC** and **1096** from the IRS by calling 1-800-829-3676 or online at [www.IRS.gov/orderforms](http://www.IRS.gov/orderforms)

**Instructions to complete the form:**

- Mail **Copy A** of this form along with **Form 1096** by **January 31, 2022** to:  
  
Internal Revenue Service Center  
P.O. Box 219256  
Kansas City, MO 64121-9256
- **Copy 1:** Not required.
- Furnish **Copy B** and **Copy 2** to the individual(s) being issued the 1099-NEC by **January 31, 2022**.
- **Copy C:** For local records.

# Sample Form 1096

Do Not Staple 6969

Form <b>1096</b> (Rev. February 2021) Department of the Treasury Internal Revenue Service	<b>Annual Summary and Transmittal of U.S. Information Returns</b>	OMB No. 1545-0108  <span style="font-size: 2em; font-weight: bold;">2021</span>
FILER'S name		
Street address (including room or suite number)		
City or town, state or province, country, and ZIP or foreign postal code		
Name of person to contact		Telephone number
Email address		Fax number
<b>For Official Use Only</b> 		
<b>1</b> Employer identification number	<b>2</b> Social security number	<b>3</b> Total number of forms
<b>4</b> Federal income tax withheld \$		<b>5</b> Total amount reported with this Form 1096 \$
<b>6</b> Enter an "X" in only one box below to indicate the type of form being filed.		
W-2G 32 <input type="checkbox"/>	1097-BTC 50 <input type="checkbox"/>	1098 81 <input type="checkbox"/>
1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-F 03 <input type="checkbox"/>
1098-Q 74 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>
1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>
1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>
1099-K 10 <input type="checkbox"/>	1099-LS 16 <input type="checkbox"/>	
1099-LTC 93 <input type="checkbox"/>	1099-MISC 95 <input type="checkbox"/>	1099-NEC 71 <input type="checkbox"/>
1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>
1099-QA 1A <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>
1099-SA 94 <input type="checkbox"/>	1099-SB 43 <input type="checkbox"/>	3921 25 <input type="checkbox"/>
3922 26 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>
5498-QA 2A <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>	

**Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.  
Send this form, with the copies of the form checked in box 6, to the IRS in a flat mailer (not folded).**

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► \_\_\_\_\_ Title ► \_\_\_\_\_ Date ► \_\_\_\_\_

## Instructions to complete the form:

- Fill in the Local name (FILER'S name) and address.
- Fill in the name of person to contact and contact information.
- Complete box 1, 3, and 5.
- Enter "X" on box 71 to indicate 1099-NEC.