

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  Form <b>1099-K</b>  (Rev. March 2024)	<b>Copy B For Payee</b>  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.
		PAYEE'S TIN		
		1a Gross amount of payment card/third party network transactions \$ _____	2 Merchant category code	
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 \$ _____	4 <b>Federal income tax withheld</b> \$ _____	
		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)	6 State	7 State identification no.	8 State income tax withheld \$ _____ ----- \$ _____	