

**Form 1099-NEC**  
**Nonemployee Compensation**

**2025**

Copy B - For Recipient

PAYER'S NAME, ADDRESS, AND TIN Acme Corporation 123 Main Street Anytown, CA, 98765 TIN: -		RECIPIENT'S NAME, ADDRESS, AND TIN John K Doe 35 Dry Ridge Rd Redwood City, CA, 94062 SSN: -	
1 Nonemployee compensation <b>\$12,947.34</b>	2 Payer made direct sales totaling \$5,000 or more		
4 Federal income tax withheld <b>\$0.00</b>	3 (Reserved)		
5 State tax withheld <b>\$0.00</b>	6 State / Payer's state no. -		
7 State income <b>\$12,947.34</b>			