

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TOWN OF CAMP VERDE 395 S. MAIN ST. CAMP VERDE, AZ 86322		OMB No. 1545-0116
		Form 1099-NEC (Rev. January 2022)
		For calendar year 20 _____

Nonemployee Compensation

PAYER'S TIN 86-0573698	RECIPIENT'S TIN 527-73-2012	1 Nonemployee compensation 142447.53 \$	Copy B For Recipient 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 this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code STEVEN C. CORY		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
P.O. BOX 620		3 		
PAYSON, AZ 86647		4 Federal income tax withheld \$		
Account number (see instructions) 003000		5 State tax withheld \$	6 State/Payer's state no. AZ	7 State income \$

DETACH BEFORE MAILING
ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS