

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 <u>23</u>		Nonemployee Compensation
PAYER'S TIN 173698	RECIPIENT'S TIN 178658-95	1 Nonemployee compensation \$		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code P.O. BOX 620 PAYSON, AZ 86647		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		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.
		3		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no. AZ	
Account number (see instructions) 003400				7 State income \$