



Attention:

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at www.irs.gov/form1099, for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, visit www.IRS.gov/orderforms. Click on [Employer and Information Returns](#), and we'll mail you the forms you request and their instructions, as well as any publications you may order.

Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit www.IRS.gov/FIRE) or the IRS Affordable Care Act Information Returns (AIR) program (visit www.IRS.gov/AIR).

See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

1010

VOID CORRECTED

**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		
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)		
		1a Gross amount of payment card/third party network transactions \$	For calendar year 20 ____		
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 \$	
		3 Number of payment transactions	2 Merchant category code	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.
PAYEE'S name		5a January \$	5b February \$		
Street address (including apt. no.)		5c March \$	5d April \$		
		5e May \$	5f June \$		
City or town, state or province, country, and ZIP or foreign postal code		5g July \$	5h August \$		
		5i September \$	5j October \$		
PSE'S name and telephone number		5k November \$	5l December \$		
		6 State	7 State identification no.	8 State income tax withheld \$	
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>			\$	

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**Payment Card and
Third Party
Network
Transactions**

**Copy 1
For State Tax
Department**

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	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
		1a Gross amount of payment card/third party network transactions \$	For calendar year 20 ____	
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"/>		1b Card Not Present transactions \$		2 Merchant category code
		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		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		4 Federal income tax withheld \$		
		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.	

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	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
		1a Gross amount of payment card/third party network transactions \$ _____	For calendar year 20 ____	
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"/>		Copy B For Payee
		1b Card Not Present transactions \$ _____	2 Merchant category code	
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		3 Number of payment transactions	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.	
		5a January \$ _____		
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		6 State		
		-----	-----	\$ _____
Account number (see instructions)		-----	-----	\$ _____

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see www.irs.gov/GigEconomy.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a–5l. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6–8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

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	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
		1a Gross amount of payment card/third party network transactions \$ _____	For calendar year 20 ____	
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"/>		1b Card Not Present transactions \$ _____		2 Merchant category code
		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		3 Number of payment transactions
PAYEE'S name		5a January \$ _____		5b February \$ _____
		5c March \$ _____		5d April \$ _____
Street address (including apt. no.)		5e May \$ _____		5f June \$ _____
		5g July \$ _____		5h August \$ _____
City or town, state or province, country, and ZIP or foreign postal code		5i September \$ _____		5j October \$ _____
		5k November \$ _____		5l December \$ _____
PSE'S name and telephone number		6 State		7 State identification no.
		8 State income tax withheld \$ _____		
Account number (see instructions)				8 State income tax withheld \$ _____

Copy 2

To be filed with the recipient's state income tax return, when required.

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**Payment Card and
Third Party
Network
Transactions**

**Copy C
For FILER**

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**current General
Instructions for
Certain Information
Returns.**

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	
		PAYEE'S TIN	Form 1099-K (Rev. January 2022)	
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PAYEE'S name		5a January \$	5b February \$	
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		5g July \$	5h August \$	
City or town, state or province, country, and ZIP or foreign postal code		5i September \$	5j October \$	
		5k November \$	5l December \$	
PSE'S name and telephone number				
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	6 State	7 State identification no.	8 State income tax withheld \$

Instructions for FILER Who Is a Payment Settlement Entity or Electronic Payment Facilitator/Other Third Party

To complete Form 1099-K, use:

- The current General Instructions for Certain Information Returns, and
- The current Instructions for Form 1099-K.

To get and to order these instructions, go to www.irs.gov/EmployerForms.

Caution: Because paper forms are scanned during processing, you cannot file certain Forms 1096, 1097, 1098, 1099, 3921, or 5498 that you print from the IRS website.

Filing and furnishing. For filing and furnishing instructions, including due dates, and to request filing or furnishing extensions, see the current General Instructions for Certain Information Returns.

Need help? If you have questions about reporting on Form 1099-K, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).