

1010

VOID  CORRECTED

FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.		OMB No. 1545-2205		<b>2013</b> Form <b>1099-K</b>	<b>Payment Card and          Third Party          Network          Transactions</b>		
		PAYEE'S taxpayer identification no.							
		1 Gross amount of payment card/third party network transactions \$		2 Merchant category code				<b>Copy A</b> <b>For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2013 General Instructions for Certain Information Returns.</b>	
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"/>		3 Number of payment transactions		4 Federal income tax withheld \$			
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, province or state, 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)									

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	PAYEE'S taxpayer identification no.	<span style="font-size: 2em; font-weight: bold;">2013</span> Form <b>1099-K</b>		
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"/>	1 Gross amount of payment card/third party network transactions	2 Merchant category code	<b>Copy 1 For State Tax Department</b>
		\$		
	3 Number of payment transactions	4 Federal income tax withheld	\$	
PAYEE'S name	5a January	5b February	\$	
Street address (including apt. no.)	5c March	5d April	\$	
	5e May	5f June	\$	
City or town, province or state, 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	\$	
Account number (see instructions)	6 State	7 State identification no.	8 State income tax withheld	
			\$	

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FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205  <b>2013</b>  Form <b>1099-K</b>	<b>Payment Card and Third Party Network Transactions</b>  <b>Copy B</b> For Payee  This is important tax information and is being furnished to the Internal Revenue Service. 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 taxpayer identification no.		
1 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"/>		
3 Number of payment transactions		4 Federal income tax withheld \$		
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, province or state, 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)		6 State	7 State identification no.	
			8 State income tax withheld \$	
			\$	

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FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.	FILER'S federal identification no.	OMB No. 1545-2205		<b>2013</b>	<b>Payment Card and Third Party Network Transactions</b>
	PAYEE'S taxpayer identification no.	Form <b>1099-K</b>			
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"/>	<b>1</b> Gross amount of payment card/third party network transactions \$	<b>2</b> Merchant category code	<b>Copy 2</b>  To be filed with the recipient's state income tax return, when required.	
		<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$		
PAYEE'S name	<b>5a</b> January \$	<b>5b</b> February \$			
	<b>5c</b> March \$	<b>5d</b> April \$			
	<b>5e</b> May \$	<b>5f</b> June \$			
	<b>5g</b> July \$	<b>5h</b> August \$			
	<b>5i</b> September \$	<b>5j</b> October \$			
	<b>5k</b> November \$	<b>5l</b> December \$			
Street address (including apt. no.)					
City or town, province or state, country, and ZIP or foreign postal code					
PSE'S name and telephone number					
Account number (see instructions)	<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$		
			\$		

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FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.	FILER'S federal identification no.	OMB No. 1545-2205		<b>2013</b>	<b>Payment Card and Third Party Network Transactions</b>
	PAYEE'S taxpayer identification no.	Form <b>1099-K</b>			
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"/>	1 Gross amount of payment card/third party network transactions \$	2 Merchant category code	<b>Copy C For Filer</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2013 General Instructions for Certain Information Returns.</b>	
		3 Number of payment transactions	4 Federal income tax withheld \$		
PAYEE'S name	5a January \$	5b February \$			
	5c March \$	5d April \$			
	5e May \$	5f June \$			
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Street address (including apt. no.)					
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Account number (see instructions)	6 State	7 State identification no.	8 State income tax withheld \$ \$		