☐ VOID ☐ CORKE	CTED			
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. PAYEE'S taxpayer identification no.	OMB No. 1545-2205 2013 Form 1099-K	Payment Card and Third Party Network Transactions	
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	Gross amount of payment card/third party network transactions	Merchant category Federal income tax	Copy A For Internal Revenue Service Center	
Payment settlement entity (PSE) Payment card Electronic Payment Facilitator	3 Number of payment transactions	withheld	Service Cerrie	
(EPF)/Other third party Third party network		\$	File with Form 1096	
PAYEE'S name	5a January	5b February	F D A	
	\$	\$	For Privacy Ac and Paperwork	
	5c March	5d April	Reduction Ac	
Street address (including apt. no.)	\$	\$	Notice, see the	
	5e May	5f June	2013 Genera Instructions fo	
	\$	\$	Certain Information	
	5g July	5h August	Retur	
City or town, province or state, country, and ZIP or foreign postal code	7 \$	\$		
	5i September	5j October		
PSE'S name and telephone number	 \$	\$		
	5k November	5l December		
	\$	\$		
Account number (see instructions)	6 State	7 State identification r	no. 8 State income tax withhele	
			\$	
		 		

Form 1099-K

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FILER'S name, street address, city or town, province or state, country, or foreign postal code, and telephone no.	ZIP	FILER'S federal identification no. PAYEE'S taxpayer identification no.	OMB No. 1545-2205 2013 Form 1099-K	Pay	ment Card and Third Party Network Transactions
		Gross amount of payment card/third party network transactions	2 Merchant categor	y code	Copy For State Tax
Check to indicate if FILER is a (an): Payment settlement entity (PSE) Electronic Payment Facilitator (EPF)/Other third party Check to indicate transactions reported are: Payment card Third party network		Number of payment transactions	4 Federal income tax withheld	(Departmen
PAYEE'S name Street address (including apt. no.)		5a January \$ 5c March \$ 5e May	5b February \$ 5d April \$ 5f June		
City or town, province or state, country, and ZIP or foreign postal code		\$ 5g July \$ 5i September	\$ 5h August \$ 5j October		
PSE'S name and telephone number		\$ 5k November \$	\$ 51 December \$		
Account number (see instructions)		6 State	7 State identification	no.	8 State income tax withheles

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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. PAYEE'S taxpayer identification no.	OMB No. 1545-2205 2013 Form 1099-K	Payment Card and Third Party Network Transactions	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) Check to indicate transactions reported are: Payment card	Gross amount of payment card/third party network transactions Number of payment transactions	Merchant category c Federal income tax withheld	Copy B For Payee	
Electronic Payment Facilitator (EPF)/Other third party Third party network		\$	This is important tax information and is	
PAYEE'S name Street address (including apt. no.)	5a January \$ 5c March \$ 5e May \$	5b February \$ 5d April \$ 5f June \$	being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or othe sanction may be imposed on you i taxable income	
City or town, province or state, country, and ZIP or foreign postal code	5g July \$ 5i September	5h August \$ 5j October	results from this transaction and the IRS determines that it has not been	
PSE'S name and telephone number	\$ 5k November \$	\$ 5I December \$	reported.	
Account number (see instructions)	6 State	7 State identification no	\$	
			\$	

(Keep for your records)

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

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☐ VOID ☐ CORRE	ECTED		
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. PAYEE'S taxpayer identification no.	OMB No. 1545-2205 2013 Form 1099-K	Payment Card and Third Party Network Transactions
	Gross amount of payment card/third party network transactions	2 Merchant category	Copy C For Filer
Check to indicate if FILER is a (an): Payment settlement entity (PSE) Electronic Payment Facilitator (EPF)/Other third party Check to indicate transactions reported are: Payment card Third party network	Number of payment transactions	4 Federal income tax withheld	
PAYEE'S name Street address (including apt. no.)	5a January \$ 5c March \$	5b February \$ 5d April \$	For Privacy Act and Paperwork Reduction Act Notice, see the
City or town, province or state, country, and ZIP or foreign postal code	5e May \$ 5g July \$ 5i September	5f June \$ 5h August \$ 5j October	2013 General Instructions for Certain Information Returns.
PSE'S name and telephone number	\$ 5k November \$	\$ 51 December \$	
Account number (see instructions)	6 State	7 State identification r	\$
			\$

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