

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.					
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>3</b> Number of payment transactions		<b>4</b> 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 \$			
		6 State		7 State identification no.			
Account number (see instructions)				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>Form 1099-K</b>	<b>Copy 1 For State Tax Department</b>
	PAYEE'S taxpayer identification no.					
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		
			\$			
PAYEE'S name	3 Number of payment transactions	4 Federal income tax withheld				
		\$				
Street address (including apt. no.)	5a January	5b February				
	\$	\$				
City or town, province or state, country, and ZIP or foreign postal code	5c March	5d April				
	\$	\$				
PSE'S name and telephone number	5e May	5f June				
	\$	\$				
Account number (see instructions)	5g July	5h August				
	\$	\$				
	5i September	5j October				
	\$	\$				
	5k November	5l December				
	\$	\$				
	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  Street address (including apt. no.)  City or town, province or state, country, and ZIP or foreign postal code		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.
			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 \$			
Street address (including apt. no.)	<b>5e</b> May \$	<b>5f</b> June \$			
	<b>5g</b> July \$	<b>5h</b> August \$			
City or town, province or state, country, and ZIP or foreign postal code	<b>5i</b> September \$	<b>5j</b> October \$			
	<b>5k</b> November \$	<b>5l</b> December \$			
PSE'S name and telephone number	<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$		
Account number (see instructions)			----- \$		

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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>Form 1099-K</b>	<b>Payment Card and Third Party Network Transactions</b>	
		PAYEE'S taxpayer identification no.					
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 C For Filer</b>
PAYEE'S name		5a January		5b February		For Privacy Act and Paperwork Reduction Act Notice, see the <b>2013 General Instructions for Certain Information Returns.</b>	
		\$		\$			
Street address (including apt. no.)		5c March		5d April			
		\$		\$			
City or town, province or state, country, and ZIP or foreign postal code		5e May		5f June			
		\$		\$			
PSE'S name and telephone number		5g July		5h August			
		\$		\$			
Account number (see instructions)		5i September		5j October			
		\$		\$			
		5k November		5l December			
		\$		\$			
		6 State		7 State identification no.		8 State income tax withheld	
						\$	
						\$	