

1010

VOID  CORRECTED

**Payment Card and  
Third Party  
Network  
Transactions**

**2017**

Form **1099-K**

**Copy A  
For  
Internal Revenue  
Service Center**

**File with Form 1096.**

For Privacy Act  
and Paperwork  
Reduction Act  
Notice, see the  
**2017 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 federal identification no.	OMB No. 1545-2205		
		PAYEE'S taxpayer identification no.			
		<b>1a</b> Gross amount of payment card/third party network transactions \$			
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"/>		<b>1b</b> Card Not Present transactions \$		<b>2</b> Merchant category code	
		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<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 \$		
Street address (including apt. no.)		<b>5c</b> March \$	<b>5d</b> April \$		
		<b>5e</b> May \$	<b>5f</b> June \$		
City or town, state or province, country, and ZIP or foreign postal code		<b>5g</b> July \$	<b>5h</b> August \$		
		<b>5i</b> September \$	<b>5j</b> October \$		
PSE'S name and telephone number		<b>5k</b> November \$	<b>5l</b> December \$		
		<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$	
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>				

Form **1099-K**

Cat. No. 54118B

www.irs.gov/form1099k

Department of the Treasury - Internal Revenue Service

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