

VOID CORRECTED

Nonemployee Compensation

OMB No. 1545-0116

2020

Form 1099-NEC

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

City of Woodland Park
PO BOX 9007
WOODLAND PARK CO 80866-9007

1 Nonemployee compensation
\$ 9904.06

2

PAYER'S TIN

RECIPIENT'S TIN

84-6002740

~~XXXXXXXXXX~~

3

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

4 Federal income tax withheld
\$

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

WOODLAND PARK CO 80866

FATCA filing requirement

Copy C
For PAYER
and/or State
Copy 1 or Copy 2

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**2020 General
Instructions for
Certain
Information
Returns.**

Account number (see instructions)

5271

2nd TIN not.

5 State tax withheld
\$
\$

6 State/Payer's state no.

7 State income
\$
\$