

CORRECTED

**Merchant Card
and Third Party
Network Payments**

FILER'S name, street address, city, state, ZIP code, and telephone no.	FILER'S federal identification no.	OMB No. 1545-2205	<div style="font-size: 2em; font-weight: bold;">2011</div>
	PAYEE'S taxpayer identification no.	Form 1099-K	
If checked, FILER is Payment Settlement Entity (PSE) <input type="checkbox"/> OR If checked, FILER is Electronic Payment Facilitator (EPF)/ Third Party Payer (TPP) <input type="checkbox"/>	1 Gross amount of merchant card/third party network payments	2	<p>Copy B For Payee</p> <p>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.</p>
	\$		
3	4		
PAYEE'S name	5a January	5b February	
Street address (including apt. no.)	\$	\$	
	5c March	5d April	
City, state, and ZIP 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	
	\$	\$	

Form **1099-K**

(Keep for your records)

Department of the Treasury - Internal Revenue Service