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1010

VOID

CORRECTED

**Merchant Card
and Third Party
Network Payments**

2011

Form **1099-K**

Copy A
For
Internal Revenue
Service Center

File with Form 1096.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2011 General
Instructions for
Certain Information
Returns.

FILER'S name, street address, city, state, ZIP code, and telephone no.	FILER'S federal identification no.	OMB No. 1545-XXXX
	PAYEE'S taxpayer identification no.	
<input type="checkbox"/> Check box if FILER is Payment Settlement Entity (PSE) OR <input type="checkbox"/> Check box if FILER is Electronic Payment Facilitator (EPF)/ Third Party Payer (TPP)	1 Gross amount of merchant card/third party network payments \$	2
PAYEE'S name	3	4
Street address (including apt. no.)	5a January \$	5b February \$
	5c March \$	5d April \$
City, state, and ZIP code	5e May \$	5f June \$
	5g July \$	5h August \$
PSE'S name and telephone number	5i September \$	5j October \$
	5k November \$	5l December \$
Account number (see instructions)		

Form **1099-K**

Cat. No. 54118B

Department of the Treasury - Internal Revenue Service

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