

Note: The draft you are looking for begins on the next page.

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Early release drafts are at <u>IRS.gov/DraftForms</u> and remain there after the final release is posted at <u>IRS.gov/LatestForms</u>. All information about all forms, instructions, and pubs is at <u>IRS.gov/Forms</u>.

Almost every form and publication has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at <a href="IRS.gov/Form1040">IRS.gov/Form1040</a>; the Pub. 501 page is at <a href="IRS.gov/Pub501">IRS.gov/Pub501</a>; the Form W-4 page is at <a href="IRS.gov/W4">IRS.gov/W4</a>; and the Schedule A (Form 1040/SR) page is at <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a>. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or publications at <a href="IRS.gov/FormsComments">IRS.gov/FormsComments</a>. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product.

If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <a href="here">here</a>.

| 7070  | U VOID ☐ CORRE                           | ECTED                                 |                               |                                    |
|---|--|---------------------------------------|-------------------------------|------------------------------------|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |  | FILER'S TIN                           | OMB No. 1545-2205             |                                    |
|   |  | PAYEE'S TIN                           | Form <b>1099-K</b>            | Payment Card and<br>Third Party    |
|   |  | 1a Gross amount of payment            | - (Rev. April 2022)           | Network                            |
|   |  | card/third party network transactions | For calendar year             | <b>Transactions</b>                |
|   |  | \$                                    | 20                            |                                    |
| BB  |  | 1b Card Not Present transactions      | 2 Merchant category           | Copy A                             |
|   | eck to indicate transactions ported are: | \$                                    |                               | For Internal Revenue               |
| Payment settlement entity (PSE)   | ayment card                              | 3 Number of payment transactions      | 4 Federal income tax withheld | Service Center                     |
| Electronic Payment Facilitator (EPF)/Other third party  | hird party network                       | transactions                          | \$                            |                                    |
| PAYEE'S name  |  | <b>5a</b> January                     | <b>5b</b> February            | File with Form 1096.               |
|   |  | \$                                    | \$                            |                                    |
|   |  | 5c March                              | <b>5d</b> April               | For Privacy Act and Paperwork      |
| Street address (including apt. no.)   |  | \$                                    | \$                            | Reduction Act                      |
|   |  | <b>5e</b> May                         | 5f June                       | Notice, see the                    |
| _   |  | \$                                    | \$                            | current General Instructions for   |
|   |  | <b>5g</b> July                        | <b>5h</b> August              | Certain Information                |
| City or town, state or province, country, ar  | nd ZIP or foreign postal code            | \$                                    | \$                            | Returns.                           |
|   |  | 5i September                          | <b>5j</b> October             |                                    |
| PSE'S name and telephone number   |  | \$                                    | \$                            |                                    |
|   |  | 5k November                           | 5I December                   |                                    |
|   |  | \$                                    | \$                            |                                    |
| Account number (see instructions)   | 2nd TIN not                              | 6 State                               | 7 State identification        |                                    |
|   |  |                                       | <b>_</b>                      | \$                                 |
|   |  |                                       |                               | \$                                 |
| Form <b>1099-K</b> (Rev. 4-2022)  | at. No. 54118B                           | www.irs.gov/Form1099K                 | Department of the T           | reasury - Internal Revenue Service |

Form 1099-K (Rev. 4-2022)

Cat. No. 54118B

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

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| ☐ VOID ☐ CORRE   | ECTED   |                               |                                   |
|--|---|-------------------------------|-----------------------------------|
| FILER'S name, street address, city or town, state or province, country, ZIP        | FILER'S TIN   | OMB No. 1545-2205             |                                   |
| or foreign postal code, and telephone no.  |   | 4000 15                       | <b>Payment Card and</b>           |
|  | PAYEE'S TIN   | Form 1099-K                   | Third Party                       |
|  |   | (Rev. April 2022)             | Network                           |
|  | 1a Gross amount of payment card/third party network |                               | Transactions                      |
|  | transactions  | For calendar year             | Halisaciions                      |
|  | \$  | 20                            |                                   |
|  | 1b Card Not Present transactions                    | 2 Merchant category           | Copy 1                            |
| Check to indicate if FILER is a (an): Check to indicate transactions reported are: | <b>1</b> \$   |                               | For State Tax                     |
| Payment settlement entity (PSE) Payment card                                       | 3 Number of payment transactions                    | 4 Federal income tax withheld | Department                        |
| Electronic Payment Facilitator (EPF)/Other third party Third party network         | transactions  | \$                            | -                                 |
| PAYEE'S name   | 5a January  | <b>5b</b> February            |                                   |
|  | \$  | \$                            | 000                               |
| Santama  | 5c March  | <b>5d</b> April               |                                   |
| Street address (including apt. no.)  | \$  | \$                            | UZZ                               |
|  | <b>5e</b> May                                       | 5f June                       |                                   |
| _  | \$  | \$                            |                                   |
|  | <b>5g</b> July                                      | <b>5h</b> August              |                                   |
| City or town, state or province, country, and ZIP or foreign postal code           | \$  | \$                            |                                   |
|  | 5i September  | 5j October                    |                                   |
| PSE'S name and telephone number  | \$  | \$                            |                                   |
|  | 5k November   | 5I December                   |                                   |
|  | \$  | \$                            |                                   |
| Account number (see instructions)  | 6 State   | 7 State identification        |                                   |
|  | <b> </b>  | <b></b>                       | \$<br>                            |
|  |   |                               |                                   |
| Form <b>1099-K</b> (Rev. 4-2022) www.irs.gov/Form                                  | n1099K  | Department of the Tr          | easury - Internal Revenue Service |

| ☐ CORRE  | ECTED (if checked)                                  |                                  |   |  |
|--|---|----------------------------------|---|--|
| FILER'S name, street address, city or town, state or province, country, ZIP                                  | FILER'S TIN   | OMB No. 1545-2205                |   |  |
| or foreign postal code, and telephone no.  | PAYEE'S TIN   | Form 1099-K                      | Payment Card and Third Party              |  |
|  | 1a Gross amount of payment card/third party network | - (Rev. April 2022)              | Network                                   |  |
|  | transactions  | For calendar year 20             | Transactions                              |  |
| Check to indicate if FILER is a (an): Check to indicate transactions   | 1b Card Not Present transactions                    | 2 Merchant category              | Copy E<br>For Payer                       |  |
| Payment settlement entity (PSE)  Electronic Payment Facilitator (EPF)/Other third party  Third party network | 3 Number of payment transactions                    | 4 Federal income tar<br>withheld | This is important ta                      |  |
| PAYEE'S name   | 5a January  | <b>5b</b> February               | being furnished to<br>the IRS. If you are |  |
|  | \$  | \$                               | required to file a                        |  |
| Santama  | 5c March  | <b>5d</b> April                  | penalty or othe                           |  |
| Street address (including apt. no.)  | \$  | \$                               | sanction may be imposed on you            |  |
|  | 5e May  | 5f June                          | taxable income results from this          |  |
|  | \$  | \$                               | transaction and the                       |  |
| City or town, state or province, country, and ZIP or foreign postal code                                     | 5g July   | <b>5h</b> August                 | IRS determines that i has not been        |  |
|  | 5i September  | 5j October                       | reported                                  |  |
| PSE'S name and telephone number  | \$  | \$                               |   |  |
|  | 5k November   | 5I December                      |   |  |
|  | \$  | \$                               |   |  |
| Account number (see instructions)  | 6 State   | 7 State identification i         | no. 8 State income tax withhel            |  |
|  |   | +                                | ·+ <u>-</u>                               |  |

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

Form **1099-K** (Rev. 4-2022)

(Keep for your records)

## **Instructions for Payee**

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

**Note:** For more information on understanding your Form 1099-K, go to www.irs.gov/KnowYour1099K.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see <a href="https://www.irs.gov/GigEconomy">www.irs.gov/GigEconomy</a>.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account number or other unique number the PSE assigned to distinguish your account.

**Box 1a.** Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

**Note:** The aggregate gross amount is the total dollar amount of total reportable payment transactions made to you, without regard to any adjustments for credits, cash equivalents, discount amounts, fees, refunded amounts, or any other amounts. The dollar amount of each transaction is determined on the date of the transaction.

**Box 1b.** Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

**Box 2.** Shows the merchant category code used for payment card/ third party network transactions (if available) reported on this form.

**Box 3.** Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

**Box 4.** Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

**Boxes 5a–5l.** Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

**Boxes 6–8.** Show state and local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/Form1099K">www.irs.gov/Form1099K</a>.

**Free File Program.** Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

| □ CORRE  | :CTED (if checked)                                  |                               |                               |
|--|---|-------------------------------|-------------------------------|
| FILER'S name, street address, city or town, state or province, country, ZIP        | FILER'S TIN   | OMB No. 1545-2205             |                               |
| or foreign postal code, and telephone no.  |   | 4000 1/                       | <b>Payment Card and</b>       |
|  | PAYEE'S TIN   | Form <b>1099-K</b>            | Third Party                   |
|  |   | (Rev. April 2022)             | Network                       |
|  | 1a Gross amount of payment card/third party network | For calendar year             | Transactions                  |
|  | transactions \$                                     | 20                            | Transastion.                  |
|  | 1b Card Not Present                                 | 2 Merchant category           | code                          |
|  | transactions  |                               | Copy 2                        |
| Check to indicate if FILER is a (an): Check to indicate transactions reported are: | \$  |                               |                               |
| Payment settlement entity (PSE) Payment card                                       | 3 Number of payment transactions                    | 4 Federal income tax withheld |                               |
| Electronic Payment Facilitator (EPF)/Other third party Third party network         |   | \$                            |                               |
| PAYEE'S name   | <b>5a</b> January                                   | <b>5b</b> February            |                               |
|  | \$  | \$                            |                               |
| Street address (including apt. no.)  | 5c March  | <b>5d</b> April               | To be filed with the          |
| Street address (including apt. no.)  | \$  | \$                            | recipient's stat              |
|  | <b>5e</b> May                                       | 5f June                       | income tax return             |
|  | \$<br>5 hile  | \$                            | when required                 |
| City or town, state or province, country, and ZIP or foreign postal code           | 5g July<br>◆  | <b>5h</b> August              |                               |
| Oity of town, state of province, country, and 211 of foreign postal code           | <b>5i</b> September                                 | 5j October                    |                               |
| PSE'S name and telephone number  | \$  | \$                            |                               |
|  | 5k November   | 5I December                   |                               |
|  | \$  | \$                            |                               |
| Account number (see instructions)  | 6 State   | 7 State identification i      | no. 8 State income tax withhe |
|  |   |                               | \$                            |
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Form **1099-K** (Rev. 4-2022)