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FILER'S name, street address, city, state, ZIP code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205	<b>Merchant Card and Third Party Network Payments</b>
<b>To Print an ACTUAL-SIZE overlay from ADOBE ACROBAT 3-5: in PRINT window: CHECK "Print As Image", UNCHECK "Fit to Page" and "Shrink to Fit"</b> PDF image © 2002 LPI Information Systems		PAYEE'S taxpayer identification no.	<b>2011</b>	
		Form 1099-K		
CHECK box if FILER is Payment Settlement Entity (PSE) <input type="checkbox"/>		1 Gross amount of merchant card/third party network payments	2	<b>Copy A For Internal Revenue Service Center</b>  <b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the 2011 General Instructions for Certain Information Returns.
OR		\$	3	
Check box if FILER is Electronic Payment Facilitator (EPFV) Third Party Payer (TPP) <input type="checkbox"/>		\$	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

Cat. No. 54118B

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