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VOID

CORRECTED

Merchant Card and Third-Party Payments

PAYMENT SETTLEMENT ENTITY'S (PSE) name, street address, city, state, ZIP code, and telephone no.		PSE'S federal identification no.		OMB No. 1545-XXXX	
		1 Gross amount of merchant card/third-party payments \$		2011 Form 1099-K	
PAYEE'S employer identification no.		2			
		PAYEE'S social security number		4 Federal income tax withheld \$	
PAYEE'S name		5a January \$		5b February \$	
		Street address (including apt. no.)		5c March \$	
City, state, and ZIP code				5e May \$	
		THIRD-PARTY PAYER'S name, street address, city, state, ZIP code, and telephone no.		5g July \$	
THIRD-PARTY PAYER'S federal identification no.				5i September \$	
				5k November \$	
				Account number (see instructions)	

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

Form 1099-K

Cat. No. 54118B

Department of the Treasury - Internal Revenue Service

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