

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIBER THROW 1 AERIAL LLC 15323 74TH ST N LOXAHATCHEE, FL 33470		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year _____	Nonemployee Compensation	
PAYER'S TIN 88-3956030	RECIPIENT'S TIN 856-23-5544	1 Nonemployee compensation \$ 4420.00		
RECIPIENT'S name WELDINO ALTIDOR		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Street address (including apt. no.) 2076 WINSLOW DR APT 9		3 Excess golden parachute payments \$		
City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43207		4 Federal income tax withheld \$ 0		
Account number (see instructions)		5 State tax withheld \$		6 State/Payer's state no.
		7 State income \$		

Form **1099-NEC** (Rev. 4-2025)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service