

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 747-42-2360	1 Nonemployee compensation \$ 1920.00	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.	
RECIPIENT'S name EMMANUEL PIERRE		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Street address (including apt. no.) 1755 SHANLEY DR APT 3		3 Excess golden parachute payments \$		
City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43224		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