☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116 Form **1099-NEC** (Rev. April 2025) For calendar year 2025	**Nonemployee Compensation**
Brazilian Bliss Cleaning LLC 612 W Ashworth Ln Post Falls ID 838544800 2084169085			
PAYER'S TIN 93-4360326	RECIPIENT'S TIN 882293132	1 Nonemployee compensation $ 6286.50	**Copy 2** **To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name angelica rojas		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	
Street address (including apt. no.) 1402 w euclid ave		3 Excess golden parachute payments $	
City or town, state or province, country, and ZIP or foreign postal code spokane WA 99205		4 Federal income tax withheld $	
Account number (see instructions)		5 State tax withheld $	6 State/Payer's state no. WA
		$	
		7 State income $ 6286.50	
		$	