

☐ VOID ☐ CORRECTED

|                                                                                                                                                      |                               |                                                                                                                          |                            |                                                                                                                                                                                                        |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| PAYER'S name, address, ZIP/postal code, country & phone no.<br>DELTRAN TOWNSHIP<br>900 CHESTER AVENUE<br>DELTRAN, NJ 08075<br>(856)461-7734 Ext: 111 |                               | OMB No. 1545-0116<br><br><b>2021</b><br><br>Form 1099-NEC                                                                |                            | <b>Nonemployee Compensation</b><br><br><b>Copy C</b><br><b>For Payer</b><br><br>For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns. |                      |
| PAYER'S TIN<br>216000525                                                                                                                             | RECIPIENT'S TIN<br>[REDACTED] | 1 Nonemployee compensation<br>\$ 12000.00                                                                                |                            |                                                                                                                                                                                                        |                      |
| RECIPIENT'S name, address, ZIP/postal code & country<br>WENDY MITCHELL<br><br>WLMITCHELL CONSULTING<br>702 HIGHLAND AVE<br>PALMYRA, NJ 08065         |                               | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> |                            |                                                                                                                                                                                                        |                      |
|                                                                                                                                                      |                               | 3                                                                                                                        |                            |                                                                                                                                                                                                        |                      |
|                                                                                                                                                      |                               | 4 Federal income tax withheld<br>\$                                                                                      |                            |                                                                                                                                                                                                        |                      |
| Account number (see instructions)<br>WENMI021                                                                                                        |                               | 2nd TIN not. <input type="checkbox"/>                                                                                    | 5 State tax withheld<br>\$ | 6 State/Payer's state no.<br>\$                                                                                                                                                                        | 7 State income<br>\$ |

Form 1099-NEC

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

|                                                                                                                                                                                                                                          |                          |                                                                                                                          |                                                        |                                       |                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><b>DELRAN TOWNSHIP</b><br><b>900 CHESTER AVENUE</b><br><b>DELRAN, NJ 08075</b><br><b>(856)461-7734 Ext: 106</b> |                          |                                                                                                                          | 1 Rents                                                | OMB No. 1545-0115                     | <b>Miscellaneous Information</b><br><br><b>2021</b><br><br>Form <b>1099-MISC</b>                                                                                       |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | \$                                                     |                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | 2 Royalties                                            |                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | \$                                                     |                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | 3 Other income                                         | 4 Federal income tax withheld         | <b>Copy C</b><br><b>For Payer</b><br><br>For Privacy Act and Paperwork Reduction Act Notice, see the <b>2021 General Instructions for Certain Information Returns.</b> |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | \$                                                     | \$                                    |                                                                                                                                                                        |
| PAYER'S TIN                                                                                                                                                                                                                              | RECIPIENT'S TIN          | 5 Fishing boat proceeds                                                                                                  | 6 Medical and health care payments                     |                                       |                                                                                                                                                                        |
| 216000525                                                                                                                                                                                                                                | 20-3908669               | \$                                                                                                                       | \$                                                     |                                       |                                                                                                                                                                        |
| RECIPIENT'S name, address, ZIP/postal code & country<br><b>SICILIANO &amp; ASSO, LLC</b><br><br><b>ATTORNEYS AT LAW</b><br><b>2 KINGS HIGHWAY WEST</b><br><br><b>HADDONFIELD, NJ 08033</b>                                               |                          | 7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | 8 Substitute payments in lieu of dividends or interest |                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          | 9 Crop insurance proceeds                                                                                                | 10 Gross proceeds paid to an attorney                  |                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          | \$                                                                                                                       | \$ <b>142662.53</b>                                    |                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          | 11 Fish purchased for resale                                                                                             | 12 Section 409A deferrals                              |                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          | \$                                                                                                                       | \$                                                     |                                       |                                                                                                                                                                        |
| Account number (see instructions)                                                                                                                                                                                                        | FATCA filing requirement | 2nd TIN not.                                                                                                             | 13 Excess golden parachute payments                    | 14 Nonqualified deferred compensation |                                                                                                                                                                        |
| SICIL010                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                 | \$                                                     | \$                                    |                                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | 15 State tax withheld                                  | 16 State/Payer's state no.            | 17 State income                                                                                                                                                        |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | \$                                                     |                                       | \$                                                                                                                                                                     |
|                                                                                                                                                                                                                                          |                          |                                                                                                                          | \$                                                     |                                       | \$                                                                                                                                                                     |

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

|                                                                                                                                                    |                               |                                                                                                                             |                           |                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PAYER'S name, address, ZIP/postal code, country & phone no.<br>DELRAN TOWNSHIP<br>900 CHESTER AVENUE<br>DELRAN, NJ 08075<br>(856)461-7734 Ext: 106 |                               | OMB No. 1545-0116<br><b>2021</b><br>Form 1099-NEC                                                                           |                           | <b>Nonemployee Compensation</b>                                                                                                                                          |  |
| PAYER'S TIN<br>216000525                                                                                                                           | RECIPIENT'S TIN<br>22-3484435 | 1 Nonemployee compensation<br>\$ 848,748.15                                                                                 |                           | <b>Copy C<br/>For Payer</b><br><br>For Privacy Act and<br>Paperwork Reduction<br>Act Notice, see the 2021<br>General Instructions for<br>Certain Information<br>Returns. |  |
| RECIPIENT'S name, address, ZIP/postal code & country<br>CME ASSOCIATES<br><br>1460 ROUTE 9 SOUTH<br><br>HOWELL, NJ 07731                           |                               | 2 Payer made direct sales totaling \$5,000 or more of<br>consumer products to recipient for resale <input type="checkbox"/> |                           |                                                                                                                                                                          |  |
|                                                                                                                                                    |                               | 3                                                                                                                           |                           |                                                                                                                                                                          |  |
|                                                                                                                                                    |                               | 4 Federal income tax withheld<br>\$                                                                                         |                           |                                                                                                                                                                          |  |
|                                                                                                                                                    |                               | 5 State tax withheld<br>\$                                                                                                  | 6 State/Payer's state no. |                                                                                                                                                                          |  |
| Account number (see instructions)<br>CMEAS010                                                                                                      |                               | 2nd TIN not.<br><input type="checkbox"/>                                                                                    |                           |                                                                                                                                                                          |  |

Form 1099-NEC

Department of the Treasury - Internal Revenue Service