

CORRECTED (if checked)

|   |  |  |  |   |
|---|--|--|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><br><b>STELLAR IT SOLUTIONS</b><br><b>9210 CORPORATE BLVD</b><br><b>SUITE 390</b><br><b>ROCKVILLE MD 20850</b><br><b>RN/M94/2020/4/92068</b> |  | 20500169<br>(240)418-1086                  | OMB No. 1545-0116<br><br><b>2020</b><br><br>Form <b>1099-NEC</b> | <b>Nonemployee Compensation</b>   |
| PAYER'S TIN<br><b>75-2708774</b>  |  | RECIPIENT'S TIN<br><b>XXX-XX-1615</b>      | <b>1</b> Nonemployee compensation<br>\$ <b>3000.00</b>           |   |
| RECIPIENT'S name<br><b>SADHANA KANKANALA</b>  |  | <b>2</b>                                   |  | 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.)<br><b>12919 ALTON SQ APT# 119</b>   |  | <b>3</b>                                   |  |   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>HERNDON VA 20170</b>   |  | <b>4</b> Federal income tax withheld<br>\$ |  |   |
| FATCA filing requirement<br><input type="checkbox"/>  |  |  |  |   |
| Account number (see instructions)<br><b>000184 RN/M94 A</b>   |  | <b>5</b> State tax withheld<br>\$          | <b>6</b> State/Payer's state no.<br><b>MD1584205 3</b>           | <b>7</b> State income<br>\$ <b>3000.00</b>  |