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PAYER'S name, street address, city of or foreign postal code, and telephone NARGROUP REALESTATE 1006 BALLATER DR DELAWARE OH 43015	r town, state or province, c no. LLC	ountry, ZIP			OMB No. 1545-0116		onemployee mpensation
					Form 1099-NEC		
			1	Nonemployee compensa			Copy C
(214) 225-9656		\$	\$ 3427.00			For Payer	
PAYER'S TIN 82-3957687	672-42-2	164	2				
RECIPIENT'S name, address, ZIP/postal code & country VENKATA R BANDHIATHMAKUR 933 BLACKMORE DR DELAWARE OH 43015		3				For Privacy Act and Paperwork Reduction Act	
		Federal income tax withheld				Notice, see the 2020 General Instructions for Certain	
							Information Returns.
		FATCA filing requirement		•			
Account number (see instructions)		2nd TIN not.	\$	State tax withheld	6 State/Payer's state no.	7 Sta	ate income
138733238861			\$			\$	
Form 1099-NEC					Department of the Trea	sury - Inte	ernal Revenue Service