		CORRE	CTED (if checked)		
PAYER'S name, street address, city or town	, state or province, country, Z	ZIP		OMB No. 1545-0116	
or foreign postal code, and telephone no. LIVONIA CARE PHARMACY INC			2020	Nonemployee	
LIVONIA CARE IIIA.	MINCI INC			2020	Compensation
16000 EXDMINCTON	רות			Form 1099-NEC	compensation
16989 FARMINGTON RD. LIVONIA MI 48154		1 Nonemployee compensation		Сору В	
LIVONIA MI 48154			\$ 4861.92		For Recipient
PAYER'S TIN	RECIPIENT'S TIN		2		This is important tax
45-4373341	047-73-8	930	2		information and is
RECIPIENT'S name and address	01/ /3 0	550	3		being furnished to the IRS. If you are
					required to file a
AISHWARYA SREENI	VASAN		4 Federal income tax withheld		return, a negligence penalty or other
					sanction may be
22545 MAYWOOD DR	., # 104		\$		imposed on you if this income is taxable
FARMINGTON HILLS	MI 48335		φ		and the IRS determines that it has
					not been reported.
	15		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		FATCA filing requirement	\$		\$
			\$		\$
Form 1099-NEC (keep	for your records)		↓ www.irs.gov/Form1099NEC	Depertments	f the Treasury - Internal Revenue Service
			×		
			CTED (if checked)		
PAYER'S name, street address, city or town or foreign postal code, and telephone no.			CTED (if checked)	OMB No. 1545-0116	с.
PAYER'S name, street address, city or town or foreign postal code, and telephone no. LIVONIA CARE PHA	n, state or province, country, 2		CTED (if checked)		Nonemployee
or foreign postal code, and telephone no.	n, state or province, country, 2		CTED (if checked)	2020	
or foreign postal code, and telephone no. LIVONIA CARE PHA	n, state or province, country, 2 RMACY INC		CTED (if checked)		Nonemployee Compensation
or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON	n, state or province, country, 2 RMACY INC		CTED (if checked)	2020	
or foreign postal code, and telephone no. LIVONIA CARE PHA	n, state or province, country, 2 RMACY INC		1 Nonemployee compensation	2020	Compensation Copy 2
or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON	n, state or province, country, 2 RMACY INC		1 Nonemployee compensation \$ 4861.92	2020	Compensation Copy 2 To be filed with
or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON LIVONIA MI 48154	n, state or province, country, 2 RMACY INC RD .	ZIP	1 Nonemployee compensation	2020	Compensation Copy 2 To be filed with recipient's state
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or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON LIVONIA MI 48154 PAYER'S TIN 45-4373341 RECIPIENT'S name and address AISHWARYA SREENI 22545 MAYWOOD DR	n, state or province, country, 2 RMACY INC RD. RECIPIENT'S TIN 047-73-8 VASAN ., # 104	ZIP	1 Nonemployee compensation \$ 4861.92 2 3	2020	Compensation Copy 2 To be filed with recipient's state income tax return,
or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON LIVONIA MI 48154 PAYER'S TIN 45-4373341 RECIPIENT'S name and address AISHWARYA SREENI	n, state or province, country, 2 RMACY INC RD. RECIPIENT'S TIN 047-73-8 VASAN ., # 104	ZIP	1 Nonemployee compensation \$ 4861.92 2 3 4 Federal income tax withheld	2020	Compensation Copy 2 To be filed with recipient's state income tax return,
or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON LIVONIA MI 48154 PAYER'S TIN 45-4373341 RECIPIENT'S name and address AISHWARYA SREENI 22545 MAYWOOD DR	n, state or province, country, 2 RMACY INC RD. RECIPIENT'S TIN 047-73-8 VASAN ., # 104	ZIP	1 Nonemployee compensation \$ 4861.92 2 3 4 Federal income tax withheld \$	2020 Form 1099-NEC	Compensation Copy 2 To be filed with recipient's state income tax return, when required.
or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON LIVONIA MI 48154 PAYER'S TIN 45-4373341 RECIPIENT'S name and address AISHWARYA SREENI 22545 MAYWOOD DR FARMINGTON HILLS	n, state or province, country, 2 RMACY INC RD. RECIPIENT'S TIN 047-73-8 VASAN ., # 104	930	1 Nonemployee compensation \$ 4861.92 2 3 4 Federal income tax withheld	2020	Compensation Copy 2 To be filed with recipient's state income tax return, when required.
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or foreign postal code, and telephone no. LIVONIA CARE PHA 16989 FARMINGTON LIVONIA MI 48154 PAYER'S TIN 45-4373341 RECIPIENT'S name and address AISHWARYA SREENI 22545 MAYWOOD DR FARMINGTON HILLS	n, state or province, country, 2 RMACY INC RD. RECIPIENT'S TIN 047-73-8 VASAN ., # 104	930 FATCA filing	 1 Nonemployee compensation \$ 4861.92 2 3 4 Federal income tax withheld \$ 5 State tax withheld 	2020 Form 1099-NEC	Compensation Copy 2 To be filed with recipient's state income tax return, when required.

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation and/or nonqualified deferred compensation (NQDC). If you are in the trade or business of catching fish, box 1 may show cash you received for the sale of fish. If the amount in this box is self-employment (SE) income, report it on Schedule C or F (Form 1040 or 1040-SR), and complete Schedule SE (Form 1040 or 1040-SR). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR.

You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line (on Schedule 1 (Form 1040 or 1040-SR); or on Form 1040-NR).

The amounts being reported as NQDC are includible in gross income for failure to meet the requirements under section 409A. This amount is also reported on Form 1099-MISC for additional tax calculation. See the Instructions for Forms 1040 and 1040-SR, or the Instructions for Form 1040-NR.

Box 2. Reserved.

Box 3. Reserved.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*.