	income tax return, when required.		e income tax return, when required.		income tax return, when required.
Compensation Copy 2	2021 OMB No. 1545-0116	Compensation Copy 2	2021 OMB No. 1545-0116	Compensation Copy 2	2021 OMB No. 1545-0116
Nonemployee	1099-NEC	Nonemployee	1099-NEC	Nonemployee	1099-NEC
\$	\$	\$	\$	\$	\$
7 State income - line 1	7 State income - line 2	7 State income - line 1	7 State income - line 2	7 State income - line 1	7 State income - line 2
\$ 6 State/Payer's state no line 1	\$ 6 State/Payer's state no line 2	\$ 6 State/Payer's state no line 1	\$ 6 State/Payer's state no line 2	\$ 6 State/Payer's state no line 1	\$ 6 State/Payer's state no line 2
5 State tax withheld - line 1	5 State tax withheld - line 2	5 State tax withheld - line 1	5 State tax withheld - line 2	5 State tax withheld - line 1	5 State tax withheld - line 2
FOLSOM, CA 95630		4611 SPARROW DR FOLSOM, CA 95630		4611 SPARROW DR FOLSOM, CA 95630	
GEETHA PRATHYUSHA DADI 4611 SPARROW DR		GEETHA PRATHYUSHA DADI		GEETHA PRATHYUSHA DADI	
RECIPIENT'S name, street address	CORRECTED S, city, state, and ZIP code	CORRECTED RECIPIENT'S name, street address, city, state, and ZIP code		RECIPIENT'S name, street address	CORRECTED Cote, city, state, and ZIP code
077-81-3785		077-81-3785	<u> </u>	077-81-3785	
RECIPIENT'S TIN	Account number (see instructions)	RECIPIENT'S TIN	Account number (see instructions)	RECIPIENT'S TIN	Account number (see instructions)
FOLSOM, CA 95630		FOLSOM, CA 95630		FOLSOM, CA 95630	
NAVISA LLC 924 HILDEBRAND CIR		NAVISA LLC 924 HILDEBRAND CIR		NAVISA LLC 924 HILDEBRAND CIR	
PAYER'S name, street address, cit	y, state, ZIP code, and telephone no.	PAYER'S name, street address, cit	ty, state, ZIP code, and telephone no.	PAYER'S name, street address, city	y, state, ZIP code, and telephone no.
86-3869362		86-3869362		86-3869362	
PAYER'S TIN	\$	PAYER'S TIN	\$	PAYER'S TIN	\$
3	4 Federal income tax withheld	3	4 Federal income tax withheld	3	4 Federal income tax withheld
\$ 26880.00	products to recipient for resale	\$ 26880.00	products to recipient for resale	\$ 26880.00	products to recipient for resale
1 Nonemployee compensation	2 Payer made direct sales totaling \$5,000 or more of consumer	1 Nonemployee compensation	Payer made direct sales totaling \$5,000 or more of consumer	1 Nonemployee compensation	2 Payer made direct sales totaling \$5,000 or more of consumer
	OMB No. 1545-0116 ing furnished to the Internal Revenue Service.	sanction may be imposed on you if thi	s being furnished to the Internal Revenue S is income is taxable and the IRS determines	ervice. It you are required to file a return, a that it has not been reported.	a negligence penalty or other
Compensation Copy B - For Recipient	2021 OMB No. 1545-0116	COPY B This is important tax information and in	s haing furnished to the Internal Davis	ervice. If you are required to file a cot	a negligence negality or other-
Nonemployee	1099-NEC				
\$	\$				
7 State income - line 1	7 State income - line 2			OM, CA 95630	
6 State/Payer's state no line 1	6 State/Payer's state no line 2		·	HA PRATHYUSHA DAD SPARROW DR	וע
5 State tax withheld - line 1	5 State tax withheld - line 2		OFFT!	LA DDATUVIOUA DAS	N.
4611 SPARROW DR FOLSOM, CA 95630					
GEETHA PRATHYUSHA	DADI				
RECIPIENT'S name, street address	CORRECTED S, city, state, and ZIP code				
XXX-XX-3785					
RECIPIENT'S TIN	Account Number (see instructions)				
				<u> </u>	
		recipient/partner completes Schedule SE (Form 1040).		online federal tax preparation, e-filing, and direct deposit or payment options.	
		income, report it on Schedule C or F Form 1065 and Schedule K-1 (Form	(Form 1040) if a sole proprietor, or on 1065) if a partnership, and the	after they were published, go to www.irs.gov/Form1099NEC. Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost	
		Box 1. Shows nonemployee compen	sation. If the amount in this box is SE	Future developments. For the latest related to Form 1099-NEC and its instr	uctions, such as legislation enacted
		Account number. May show an account assigned to distinguish your account.	ount or other unique number the payer	Boxes 5–7. State income tax withheld	reporting boxes.
FOLSOM, CA 95630		identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.		information on backup withholding. Include this amount on your income tax return as tax withheld.	
NAVISA LLC 924 HILDEBRAND CIR		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		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	
	y, state, ZIF code, and telephone no.	(Form 1040)).	•	Box 3. Reserved for future use.	
86-3869362	y, state, ZIP code, and telephone no.	If you are not an employee but the a	e, it is income from a sporadic activity	Generally, report any income from your C (Form 1040).	r sale of these products on Schedule
PAYER'S TIN	Ψ	Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.		Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis.	
	\$	If you believe you are an employee this form, report this amount on the lir	ne for "Wages, salaries, tips, etc." of	Corporations, fiduciaries, and partnersh the appropriate line of their tax returns.	hips must report these amounts on
\$ 26880.00 products to recipient for resale 3 4 Federal income tax withheld		You received this form instead of Form consider you an employee and did no security and Medicare tax.		and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions.	
Nonemployee compensation	Payer made direct sales totaling \$5,000 or more of consumer	Instructions for Recipient		Note: If you are receiving payments on	