

VOID CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TICIC SUB LLC DBA IRVINE COMPANY LLC 550 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660		OMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation	
PAYER'S TIN 83-2691130		RECIPIENT'S TIN XXX-XX-5994		1 Nonemployee compensation \$ 1500.00	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, ZIP or foreign postal code VENKATA SWAMY NAYUDU MANDALA 65 RIO ROBLES EAST, #3406 SANJOS CA 95134		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy B For Recipient 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.	
Account number (see instructions) 3		3			
4 Federal income tax withheld \$		5 State tax withheld \$			
State/Payer's state no. -----		6 State/Payer's state no. -----			
State income \$		State income \$		7 State income \$	
Form 1099-NEC (keep for your records)		www.irs.gov/Form1099NEC		Department of the Treasury - Internal Revenue Service	

DETACH BEFORE MAILING
 MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

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