PAYER'S name at a state of	CORRE	CTED (if checked	d)		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116		
DoorDash, Inc.			0001	Nonemployee	
303 2nd Street Suite 800			2021	Compensation	
San Francisco, CA 94107			o o por location		
PAYER'S TIN			Form 1099-NEC		
46-2852392	RECIPIENT'S TIN XXXXX2337	1 Nonemployee compe \$ 7,273.81	ensation	Сору В	
RECIPIENT'S name Sarveshwar Reddy Gopu Street address (including apt. no.) 13311 95th Ave		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale 3		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	
		4 Federal income tax withheld		you if this income is taxable	
City or town, state or province, country, and ZIP or foreign postal code		\$ 0.00		and the IRS determines that it has not been reported.	
S Richmondhills, NY 11419		5 State tax withheld	6 State/Payer's state no.	7 State income	
Account number (see instructions)		\$ 0.00		¢	
Account number (see instruction acct_1EgvfKK4RD	for the second of the second o	Ψ 0.00		Ψ	