

**Employee Reference Copy**  
**W-2 Wage and Tax 2021**  
 OMB No. 1545-0008  
 Copy C for employer's records

**OHM SHREE SAI INVESTMENTS LLC**  
 1415 30TH ST  
 SACRAMENTO, CA 95816 6501  
 Batch #90681

e/f Employee's name, address, and ZIP code

**SACHIN N NETRA**  
 1415 30TH ST  
 SACRAMENTO, CA 95816

b Employer's FED ID number 82-1274013  
 a Employee's SSA number XXXX-XX-9086

1	Wages, tips, other comp.	38105.00
2	Federal income tax withheld	38105.00
3	Social security wages	38105.00
4	Social security tax withheld	2362.51
5	Medicare wages and tips	38105.00
6	Medicare tax withheld	552.52
7	Social security tips	38105.00
8	Allocated tips	552.52
9	Dependent care benefits	
10	Nonqualified plans	
11	See instructions for box 12	
12a	Other	457.28 SDI
12b		
12c		
12d		
13	Stat emp./Ret. plan/3rd party sick pay	
14	Local income tax	400.86
15	State Employer's state ID no.	CA 095-2805 0
16	Local wages, tips, etc.	38105.00
17	State income tax	400.86
18	Local income tax	400.86
19	Local income tax	

**Federal Filing Copy**  
**W-2 Wage and Tax 2021**  
 OMB No. 1545-0008  
 Copy B to be filed with employer's Federal Income Tax Return.

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**CA State Reference Copy**  
**W-2 Wage and Tax 2021**  
 OMB No. 1545-0008  
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This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

CA State Wages, Tips, Etc.	Medicare Wages	Social Security Wages	Wages, Tips, other Compensation	Gross Pay	Reported W-2 Wages
38,105.00	38,105.00	38,105.00	38,105.00	38,105.00	38,105.00

2. Employee Name and Address.

**SACHIN N NETRA**  
 1415 30TH ST  
 SACRAMENTO, CA 95816

Tidrick v DoorDash Inc  
PO Box 26170  
Santa Ana, CA 92799  
(888) 427-9243

Sachinnetra Pochala  
1415 30th St  
Sacramento, CA 95816-6501

Enclosed, please find your IRS Form 1099-MISC. If you have questions about the taxability of your award, you should contact your tax advisor. If you have a change of address, you must contact the Settlement Administrator.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

If you require additional copies of your tax forms, please visit [www.taxformreprint.com](http://www.taxformreprint.com) after 1/31/2021.

CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Tidrick v DoorDash Inc PO Box 26170 Santa Ana, CA 92799 (888) 427-9243	
1 Rents	\$	2 Royalties	\$
3 Other income	\$ 15,273.02	4 Federal income tax withheld	\$
5 Fishing boat proceeds	\$	6 Medical and health care payments	\$
PAYER'S TIN		87-2192055	
7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$	8 Substitute payments in lieu of dividends or interest	\$
RECIPIENT'S name			
Sachinnetra Pochala			
Street address (including apt. no.)			
1415 30th St			
City or town, state or province, country, and ZIP or foreign postal code			
Sacramento, CA 95816-6501			
Account number (see instructions)			
FATCA filing requirement <input type="checkbox"/>	\$	13 Excess golden parachute payments	\$
14 Nonqualified deferred compensation	\$	17 State/Payer's state no.	\$
16 State tax withheld	\$	18 State income	\$
Form 1099-MISC OMB No. 1545-0115 2021			
Miscellaneous Income			
Form 1099-MISC			
This is important tax information and is being furnished to the Internal Revenue Service. 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.			



**Recipient taxpayer's identification number:** For your protection, this form may show only the last four digits of your Social Security number (SSN) or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Box 3:** Generally, report this amount on the "Other Income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.

**Box 4:** Shows backup withholding. Generally a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub 505 for more information. Report this amount on your income tax return as tax withheld.

**Instructions for Recipient**

Box 3: Other Income \$1,241.71  
 Box 4: Federal Income Tax Withheld \$0.00

Recipient Name: SACHINNETRA POCHALA  
 Payer EIN: 87-1186314  
 Payer Name: TIDRICK LYFT SETTLEMENT FUND Account No.: 898  
 Phone #: (800)574-8396  
 Recipient TIN: XXXXX9806

Tax Form: 1099 Misc  
 OMB No.: 1545-0115  
 Tax Year: 2021

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.

**COPY B - FOR RECIPIENT**

Corrected (if checked)

\*400465630290617\*  
 000 0000677 00000000 0001 0001 00677 INS: 0 0  
 SACHINNETRA POCHALA  
 1415 30TH ST  
 SACRAMENTO CA 958166501

TIDRICK LYFT SETTLEMENT FUND  
 PO BOX 4199  
 PORTLAND OR 972084199



TIDRICK UBER SETTLEMENT FUND  
PO BOX 4199  
PORTLAND OR 972084199



\*400465620271241\*  
000 0003085 00000000 0001 0001 03085 INS: 0 0  
SACHINNETRA POCHALA  
1415 30TH ST  
SACRAMENTO CA 958166501

**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.

Tax Form: 1099 Misc  
OMB No.: 1545-0115  
Tax Year: 2021

Payer Name: TIDRICK UBER SETTLEMENT FUND Account No.: 11724

Payer EIN: 86-3533890

Recipient Name: SACHINNETRA POCHALA

Recipient TIN: XXXXXX9806

Phone #: (800)574-8396

Box 3: Other Income \$4,999.51  
Box 4: Federal Income Tax Withheld \$0.00

**Instructions for Recipient**

**Recipient taxpayer's identification number:** For your protection, this form may show only the last four digits of your Social Security number (SSN) or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Box 3:** Generally, report this amount on the "Other Income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.

**Box 4:** Shows backup withholding. Generally a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub 505 for more information. Report this amount on your income tax return as tax withheld.

Corrected (if checked)

GOVERNORS OFFICE OF BUSINESS AND ECONOMI  
 1325 J STREET  
 18TH FLOOR  
 Sacramento, CA 95814  
 US

ZBA0201B 50174 1 AB 0.461  
 700050240 00.0119.0465 50174/1



SACHIN NETRA POCHALA  
 1415 30TH ST  
 SACRAMENTO CA 95816-6501



CORRECTED (if checked)

PAYERS name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GOVERNORS OFFICE OF BUSINESS AND ECONOMI 1325 J STREET 18TH FLOOR Sacramento, CA 95814 US Phone: 877-345-4633		PAYERS TIN 38-3872936	RECIPIENT'S TIN XXX-XX-9806	3 Box 2 amount is for tax year \$ 0.00	1 Unemployment compensation OMB No. 1545-0120	Form 1099-G <b>2021</b> OMB No. 1545-0120			
PAYERS name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SACHIN NETRA POCHALA 1415 30TH ST SACRAMENTO, CA 95826 US Phone: 877-345-4633		RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SACHIN NETRA POCHALA 1415 30TH ST SACRAMENTO, CA 95826 US	5 RTAA payments \$ 0.00	6 Taxable grants \$ 5,000.00	7 Agriculture payments \$ 0.00		8 If checked, box 2 is trade or business income <input type="checkbox"/>	9 Market gain \$ 0.00	10a State \$

Account number (see instructions) DIR100033522

Department of the Treasury - Internal Revenue Service  
 www.irs.gov/Form1099G (keep for your records)

Certain Government Payments

Copy 2  
 To be filed with recipient's state income tax return, when required.

CORRECTED (if checked)

PAYERS name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GOVERNORS OFFICE OF BUSINESS AND ECONOMI 1325 J STREET 18TH FLOOR Sacramento, CA 95814 US Phone: 877-345-4633		PAYERS TIN 38-3872936	RECIPIENT'S TIN XXX-XX-9806	3 Box 2 amount is for tax year \$ 0.00	1 Unemployment compensation OMB No. 1545-0120	Form 1099-G <b>2021</b> OMB No. 1545-0120			
PAYERS name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SACHIN NETRA POCHALA 1415 30TH ST SACRAMENTO, CA 95826 US Phone: 877-345-4633		RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SACHIN NETRA POCHALA 1415 30TH ST SACRAMENTO, CA 95826 US	5 RTAA payments \$ 0.00	6 Taxable grants \$ 5,000.00	7 Agriculture payments \$ 0.00		8 If checked, box 2 is trade or business income <input type="checkbox"/>	9 Market gain \$ 0.00	10a State \$

Account number (see instructions) DIR100033522

Department of the Treasury - Internal Revenue Service  
 www.irs.gov/Form1099G