

VOID CORRECTED

PAAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
LIVONIA CARE PHARMACY INC
16989 FARMINGTON RD.
LIVONIA MI 48154

OMB No. 1545-0118
2021
 Form 1099-NEC

Nonemployee Compensation

PAAYER'S TIN
45-4373341

RECIPIENT'S TIN
047-73-8930

RECIPIENT'S name
AISHWARYA SREENIVASAN

Street address (including apt. no.)
22545 MAYWOOD DR. # 104
 City or town, state or province, country, and ZIP or foreign postal code
FARMINGTON HILLS MI 48335

Account number (see instructions)

2nd TIN not

1 Nonemployee compensation
3665.00

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale

Copy C
For Payer

For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.

3

4 Federal income tax withheld

5 State tax withheld

6 State/Payer's state no.

7 State income

Form **1099-NEC**
 DXA

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service