

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Readpointe 34321 Gadwall Cmn Fremont, CA 94555		OMB No. 1545-0116 2021 Form 1099-NEC		Nonemployee Compensation			
PAYER'S TIN 84-3507494	RECIPIENT'S TIN 742-60-6690	1 Nonemployee compensation \$ 135490.00				Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2021 General Instructions for Certain Information Returns.	
RECIPIENT'S name Swathi Etikala Street address (including apt. no.) 34490 Felix Terrace, Felix terrace City or town, state or province, country, and ZIP or foreign postal code Fremont, CA 94555		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		3			
		4 Federal income tax withheld \$					
		5 State tax withheld \$		6 State/Payer's state no. CA			
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	\$		\$			

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service