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PAYER'S name, address, ZIP/postal code, country & phone no.			OMB No. 1545-0116	
TEKORG INC			Form 1099-NEC	
22636 GLENN DR STERLING VA 20164				Nonemployee
			(Rev. January 2022)	Compensation
_			For calendar year	
,	248) 227-2445	4.11	2022	O D
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46-1311390	XX-XXX5294		961.60	For Recipient  This is important tax
RECIPIENT'S name, address, ZIP/postal code & country VISION SOLUTIONS LLC			2 Payer made direct sales totaling \$5,000 or more of	
6301 WINDHAVEN PK	-		to recipient for resale	furnished to the IRS. If you are required to file a return, a
PLANO TX 75093		3	3	
		4 Fadamilia a suca Ass		sanction may be imposed on you if this income is taxable
		4 Federal Income ta	4 Federal income tax withheld	
		Φ 5 State tax withheld	6 State/Payer's state no.	has not been reported. <b>7</b> State income
Account number (see instructions)			<b>6</b> State/Payer's state no.	
421596798302		\$  \$		<u> \$</u> 
Form <b>1099-NEC</b> (Rev. 1-2022)	(keep for your records)	Ψ		reasury - Internal Revenue Service
	□ CORF	RECTED (if checked	s)	
PAYER'S name, address, ZIP/posta	al code, country & phone no.		OMB No. 1545-0116	
TEKORG INC			Form 1099-NEC	
22636 GLENN DR			Form 1099-INEC	Nonemployee
STERLING VA 20164			(Rev. January 2022)	Compensation
			For calendar year	•
(	248) 227-2445		2022	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee com	pensation	Сору В
46-1311390	XX-XXX5294	\$ 449	61.60	Duplicate
RECIPIENT'S name, address, ZIP/postal code & country		2 Payer made direct s	sales totaling \$5,000 or more of	
VISION SOLUTIONS LLC		consumer products	consumer products to recipient for resale	
6301 WINDHAVEN PKWY APT 1509 PLANO TX 75093		3	3	
FUMINO IA /3093				
		4 Federal income tax	x withheld	
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		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		\$		<b> </b> \$

421596798302 Form **1099-NEC** (Rev. 1-2022)

(keep for your records)

Department of the Treasury - Internal Revenue Service

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## **Instructions for Recipient**

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not selfemployment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**Box 1.** Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

**Note:** If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

**Box 2.** If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

**Box 4.** Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

**Future developments.** For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

**Free File Program.** Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.