

**Attention:**

- By January 31, 2023, the Employer is responsible for providing the 1099-NEC forms to the Contractor and/or notifying the Contractor they are available online through Employee Self-Service.
- The forms must be printed by the Employer or Contractor online through Employee Self-Service.
- Using a standard printer, you can print the forms on plain white paper. No special paper or envelopes are required. However, the forms must be legible.
- 1099-NEC forms will NOT be mailed by the payroll service provider.

**General Instructions for 1099-NEC Distribution and Filing**

- Copy 1 is for the Contractor and is provided for **informational purposes only**. The Contractor should keep this for their records as it is a copy of what has been submitted to the state, city, and local tax agencies (if required).
- Copy B is for the Contractor and should be filed by the Contractor with the IRS.
- Copy 2 is for the Contractor and should be filed by the Contractor with any state, city or local income tax agencies they are required to report wages to.

**Please note, if the Contractor worked in multiple states, a 1099-NEC form will be available for each state and the same instructions apply. For any questions or corrections regarding the form, the Contractor must reach out to the Employer.**

**1099-NEC Form Instructions**

*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 this amount 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 this box is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report this amount 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.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

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](http://www.irs.gov/Form1099NEC).

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

VOID  CORRECTED

**Nonemployee Compensation**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DB SOFT SOLUTIONS INC 42641 SAVOY CT  NORTHVILLE MI 48167		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2022) For calendar year 20 <u>22</u>		<p><b>Copy 1</b> <b>For State Tax Department</b></p>
PAYER'S TIN 87-2617314	RECIPIENT'S TIN 044-13-5655	1 Nonemployee compensation \$ 63707.00		
RECIPIENT'S name PAVAN KUMAR DEVALAPALLY  Street address (including apt. no.) 13085 MORRIS RD UNIT 2206  City or town, state or province, country, and ZIP or foreign postal code ALPHARETTA GA 30004		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 \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. GA	7 State income \$

CORRECTED (if checked)

**Nonemployee Compensation**

**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.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DB SOFT SOLUTIONS INC 42641 SAVOY CT NORTHVILLE MI 48167		OMB No. 1545-0116 Form <b>1099-NEC</b> (Rev. January 2022) For calendar year 20 <u>22</u>	
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Account number (see instructions)		<b>5</b> State tax withheld \$	<b>6</b> State/Payer's state no. GA
		\$	<b>7</b> State income \$

VOID  CORRECTED

**Nonemployee Compensation**

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PAYER'S TIN 87-2617314	RECIPIENT'S TIN 044-13-5655	1 Nonemployee compensation \$ 63707.00		
RECIPIENT'S name PAVAN KUMAR DEVALAPALLY Street address (including apt. no.) 13085 MORRIS RD  UNIT 2206  City or town, state or province, country, and ZIP or foreign postal code ALPHARETTA GA 30004		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 \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. GA	7 State income \$