

1099-NEC COPY B, 2

FOR RECIPIENT

RO/COMPANY CODE: L5/OQC

L5/OQC/2022/4/91918 / /000002
27478895

EPR IT SOLUTIONS LLC
750 SYLVAN AVE APT 36
MOUNTAIN VIEW CA 94041- 255

AJAY R EEGA
750 SYLVAN AVENUE
APT 36
MOUNTAIN VIEW CA 94041

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 self-employment (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.

VOID CORRECTED

| | | | | |
|---|---------------------------------------|---|---|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EPR IT SOLUTIONS LLC (571) 382- 420 750 SYLVAN AVE APT 36 MOUNTAIN VIEW CA 94041- 255 | | OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22 | Nonemployee Compensation | |
| PAYER'S TIN 88-3232898 | RECIPIENT'S TIN XXX-XX-7240 | 1 Nonemployee compensation \$ 5000.00 | | |
| RECIPIENT'S name AJAY R EEGA | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | | |
| Street address (including apt. no.) 750 SYLVAN AVENUE APT 36 City or town, state or province, country, and ZIP or foreign postal code MOUNTAIN VIEW CA 94041 | | 3 <input type="checkbox"/> | | |
| Account number (see instructions) 000002 L5/OQC A | | 4 Federal income tax withheld \$ | | |
| | | 5 State tax withheld \$ | 6 State/Payer's state no. CA173-1987 2 | 7 State income \$ 5000.00 |

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

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service



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CORRECTED (if checked)

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| Street address (including apt. no.) 750 SYLVAN AVENUE APT 36 City or town, state or province, country, and ZIP or foreign postal code MOUNTAIN VIEW CA 94041 | | 3 <input type="checkbox"/> | | |
| Account number (see instructions) 000002 L5/OQC A | | 4 Federal income tax withheld \$ | | |
| | | 5 State tax withheld \$ | 6 State/Payer's state no. CA173-1987 2 | 7 State income \$ 5000.00 |

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(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

L5/OQC/2022/4/91918 / /000002



TOTAL FORMS COUNT

2

***** TOTAL *****
FOR: BATCH NO. 2022/4/91918
FOR: COMPANY L5/OQC

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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.

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CO OQC TOTALS VOID CORRECTED

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|---|-----------------|--|---------------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 5000.00 GROSS | | OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22 | | Nonemployee Compensation |
| PAYER'S TIN 88-3232898 | RECIPIENT'S TIN | 1 Nonemployee compensation \$ 5000.00 | | |
| RECIPIENT'S name ***** T O T A L S ***** FOR: BATCH NO. 2022/4/91918 Street address (including apt. no.) FOR: COMPANY L5/OQC City or town, state or province, country, and ZIP or foreign postal code | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | | Copy 2 To be filed with recipient's state income tax return, when required. |
| | | 3 | | |
| | | 4 Federal income tax withheld \$ | | |
| Account number (see instructions) L5/OQC | | 5 State tax withheld \$ | 6 State/Payer's state no. | 7 State income \$ 5000.00 |

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CORRECTED (if checked)

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|---|-----------------|--|---------------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22 | | Nonemployee Compensation |
| TOTAL PAYEES 1 TOTAL FORMS COUNT 2 TOTAL eFORMS 0 TOTAL FORMS PROCESSED 2 | | | | |
| PAYER'S TIN | RECIPIENT'S TIN | 1 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. |
| RECIPIENT'S name | | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | | |
| Street address (including apt. no.) | | 3 | | |
| City or town, state or province, country, and ZIP or foreign postal code | | 4 Federal income tax withheld \$ | | |
| Account number (see instructions) L5/OQC | | 5 State tax withheld \$ | 6 State/Payer's state no. | 7 State income \$ |

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