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 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.

	□ VOID □ CORRE	CTED		
PAYER'S name, street address, city of	or town, state or province, country, ZIP		OMB No. 1545-0116	
or foreign postal code, and telephone no. 27478895			- 4000 NEO	
EPR IT SOLUTIONS LLC (571)382- 420			Form 1099-NEC	Nonemployee
750 SYLVAN AVE APT			(Rev. January 2022)	Compensation
MOUNTAIN VIEW CA 94041- 255			For calendar year	-
			²⁰ 22	_
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compen	sation	Copy 2
88-3232898	XXX-XX-7240	\$ 5000.00		
RECIPIENT'S name AJAY R EEGA		2 Payer made direct sa consumer products to	les totaling \$5,000 or more of o recipient for resale	To be filed with recipient's state
		3		income tax return, when
Street address (including apt. no.)				required.
750 SYLVAN ÄVENUÉ APT 36		4 Federal income tax withheld		•
City or town, state or province, count	ry, and ZIP or foreign postal code	\$		
MOUNTAIN VIEW CA 9	4041	5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		 †\$	CA173-1987 2	\$ 5000.00
000002 L5/OQC	A	\$		\$
Form 1099-NEC (Rev. 1-2022)	www.irs.gov/Fo	rm1099NEC	Department of the Trea	asury - Internal Revenue Service
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~		<u>Detach Here</u>		 .
	or town, state or province, country, ZIP		OMB No. 1545-0116	- 2.
PAYER'S name, street address, city or foreign postal code, and telephone EPR IT SOLUTIONS Li	or town, state or province, country, ZIP 27478895		***************************************	
or foreign postal code, and telephone	or town, state or province, country, ZIP e no. 27478895 LC (571)382- 420		OMB No. 1545-0116	Nonemployee Compensation
or foreign postal code, and telephone EPR IT SOLUTIONS LI	or town, state or province, country, ZIP = no. 27478895 LC (571)382-420 36		OMB No. 1545-0116 Form 1099-NEC	• •
or foreign postal code, and telephone EPR IT SOLUTIONS LI 750 SYLVAN AVE APT	or town, state or province, country, ZIP = no. 27478895 LC (571)382-420 36		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022)	• •
or foreign postal code, and telephone EPR IT SOLUTIONS LI 750 SYLVAN AVE APT	or town, state or province, country, ZIP = no. 27478895 LC (571)382-420 36		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22	
or foreign postal code, and telephone EPR IT SOLUTIONS LI 750 SYLVAN AVE APT MOUNTAIN VIEW CA 94	or town, state or province, country, ZIP = no. 27478895 LC (571)382 - 420 36 4041 - 255	ECTED (if checked)	OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22	Compensation
or foreign postal code, and telephone EPR IT SOLUTIONS LI 750 SYLVAN AVE APT MOUNTAIN VIEW CA 94	or town, state or province, country, ZIP e no. 27478895 LC (571)382-420 36 4041-255 RECIPIENT'S TIN	1 Nonemployee comper \$ 5000 2 Payer made direct sa	OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22 Issation 00 les totaling \$5,000 or more of	Compensation Copy B For Recipient This is important tax
or foreign postal code, and telephone EPR IT SOLUTIONS LI 750 SYLVAN AVE APT MOUNTAIN VIEW CA 94 PAYER'S TIN 88-3232898	or town, state or province, country, ZIP e no. 27478895 LC (571)382-420 36 4041-255 RECIPIENT'S TIN	ECTED (if checked) 1 Nonemployee comper 5000	OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22 Issation 00 les totaling \$5,000 or more of	Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are
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Form 1099-NEC (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service



TOTAL FORMS COUNT

2

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

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CO OQC TOTALS	□ VOID □ CORR	ECTED		
PAYER'S name, street address, city or town, state or province, country, ZIF			OMB No. 1545-0116	
or foreign postal code, and telephone no. 5000.00 GROSS			Form 1099-NEC	Mananalassa
				Nonemployee
			(Rev. January 2022)	Compensation
			For calendar year 20 <u>22</u>	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee comper	***************************************	
88-3232898		\$ 5000.		Copy 2
RECIPIENT'S name		2 Payer made direct sales totaling \$5,000 or more of		To be filed with
****** T O T A	L S ******	consumer products to recipient for resale		recipient's state
FOR: BATCH NO.	2022/4/91918	3		income tax return, when
Street address (including apt. no.)				required.
FOR: COMPANY	L5/OQC	4 Federal income tax w	vithheld	
City or town, state or province, coun	try, and ZIP or foreign postal code	\$		
		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		<u> \$</u>		\$ 5000.00
L5/OQC		\$		\$
Form 1099-NEC (Rev. 1-2022)	www.irs.gov/F	orm1099NEC	Department of the Tr	easury - Internal Revenue Service
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		Detach Here		
	□ CORR	ECTED (if checked)	•	
PAYER'S name, street address, city	or town, state or province, country, ZIF		OMB No. 1545-0116	
or foreign postal code, and telephon	e no.		Form 1099-NEC	
TOTAL PAYEES	1		Form 1099-NEC	Nonemployee
TOTAL FORMS COUNT	2		(Rev. January 2022)	Compensation
TOTAL eFORMS	0		For calendar year	
TOTAL FORMS PROCES	-		20 22	
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee comper	nsation	Сору В
		\$		For Recipient This is important tax
RECIPIENT'S name		2 Payer made direct sa consumer products t	les totaling \$5,000 or more of o recipient for resale	information and is being furnished to the IRS. If you are
		3		required to file a return, a
Street address (including apt. no.)				negligence penalty or other sanction may be imposed on
City or town, state or province, country, and ZIP or foreign postal code		4 Federal income tax withheld		you if this income is taxable and the IRS determines that it
		\$		and the IHS determines that it has not been reported.
		5 State tax withheld	6 State/Payer's state no.	7 State income
Account number (see instructions)		\$		\$
L5/OQC		\$		\$
Form 1099-NEC (Rev. 1-2022)	(keep for your records)	www.irs.gov/Form1099N	EC Department of the Tr	easury - Internal Revenue Service