

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<input type="checkbox"/> CORRECTED (if checked)		Nonemployee Compensation		OMB No. 1545-0115		2022		Form 1099-NEC		Copy B For Recipient	
CENTER FOR ADDICTION TREATMENT INC 830 EZZARD CHARLES DR CINCINNATI, OH 45214 (513) 381-6672				1 Nonemployee compensation		8079.56						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 TIN 31-0792742		RECIPIENT'S TIN ***-**-1384		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale									
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		3		4 Federal income tax withheld								(Keep for your records) Form 1099-NEC	
AAKANKSHA PURUSHOTTAM NYATI 505 LUDLOW AVE APT 16 CINCINNATI, OH 45220-1545													
Account number (see instructions)		5 State tax withheld		6 State/Payer's state no.		7 State income							
		\$		OH 51-038196		\$ 8079.56							
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<input type="checkbox"/> CORRECTED (if checked)		Nonemployee Compensation		OMB No. 1545-0115		2022		Form 1099-NEC		Copy 2 To be filed with recipient's state income tax return, when required.	
CENTER FOR ADDICTION TREATMENT INC 830 EZZARD CHARLES DR CINCINNATI, OH 45214 (513) 381-6672				1 Nonemployee compensation		8079.56							
PAYER'S TIN 31-0792742		RECIPIENT'S TIN ***-**-1384		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale									
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		3		4 Federal income tax withheld									
AAKANKSHA PURUSHOTTAM NYATI 505 LUDLOW AVE APT 16 CINCINNATI, OH 45220-1545													
Account number (see instructions)		5 State tax withheld		6 State/Payer's state no.		7 State income							
		\$		OH 51-038196		\$ 8079.56							

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.

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. 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.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
Waybridge Counseling Services, LLC
4030 Mt. Carmel Tobacco Road
Suite 102
Cincinnati, OH 45255

PAYER'S TIN: 47-3454347
RECIPIENT'S TIN: 694-75-1384

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code
Aakanksha Nyati
505 Ludlow Avenue #16
Cincinnati OH 45220
Account number (see instructions)

OMB No. 1545-0116
Form **1099-NEC**
(Rev. January 2022)
For calendar year 2022

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.

1 Nonemployee compensation		\$ 740.00
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.	\$
7 State income		\$