## 2022

# Form 1099-NEC Nonemployee Compensation Worksheet

Name(s) Sho		Social Security Number 021-95-4399					
	Payer's EIN 26-1328194 Payer's Name GRUBHUB HOLDI Name (cont.) .	NGS INC					
X Spo	use's 1099-NEC	Do not transfer this	1099-NEC to next year				
Box 1	Nonemployee compensation	orm 1040-NR and Form 8919 Form 8919 (see Help)					
Box 2	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale						
Box 4	Federal income tax withheld						
Box 5 Box 6 Box 7	First state State tax withheld						
Box 5 Box 6 Box 7	Second state State tax withheld						
Medicaid \	Vaiver Payments						
Check this from gross	box if this income is a Medicaid Waiver Payr income						
Additional	Payer and Recipient Information						
Payer's address and ZIP code  Street City State ZIP Code		Recipient's address and Transfer address from Fede Street City State ZIP Co	eral Information Wks .				
Foreign Cou	intry	Foreign Country					

## 2022

# Form 1099-NEC Nonemployee Compensation Worksheet

Name(s) Shown on Return HARITHA VANGALA					Social Security Number 021-95-4399		
	Payer's Name	81-0574547 INTRAEDGE INC					
Х Ѕроц	use's 1099-NEC		Do i	not transfe	r this 1099-NEC to next year		
Box 1	Double click to link to  Report on line If checked, ent Code on 8919		MINEIT m 1040-NR orm 8919 (s	tand Form	· · · · <u> </u>		
Box 2	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale						
Box 4	Federal income tax wit	hheld			· · · · · · · · · · · · · · · · · · ·		
Box 5 Box 6 Box 7	First state State tax withheld						
Box 5 Box 6 Box 7	Second state State tax withheld						
				. (-)			
Medicaid V	Waiver Payments						
Check this from gross	box if this income is a Nincome	Medicaid Waiver Paym	ent that yo	u elect to ex	kclude		
Additional	Payer and Recipien	t Information					
Payer's address and ZIP code		Transfer a		s and ZIP code n Federal Information Wks .			
Street			Street _				
City State	ZIP Code		City State		ZIP Code		
Foreign Cou			Foreign C				

## 2022

# Form 1099-NEC Nonemployee Compensation Worksheet

Name(s) Sho		Social Security Number 021-95-4399					
	Payer's Name						
X Spot	use's 1099-NEC		Do not transfer this	1099-NEC to next year			
Box 1	Double click to link to Report on line If checked, ent Code on 8919	o: Schedule C . ► Schedule F . ► 1 of Form 1040 or For er Reason Code for I	NINEIT LLC  orm 1040-NR and Form 8919  Form 8919 (see Help)				
Box 2	Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale						
Box 4	Federal income tax with	thheld					
Box 5 Box 6 Box 7	First state State tax withheld						
Box 5 Box 6 Box 7	Second state State tax withheld						
	T commit that the state	withinoiding identified	ation number(s) are accurate				
Medicaid V	Waiver Payments						
Check this from gross		Лedicaid Waiver Payı	ment that you elect to exclude	; 			
Additional	Payer and Recipien	t Information					
Payer's address and ZIP code		Recipient's address and Transfer address from Feder					
Street			Street				
City State	ZIP Code		City ZIP Co	nde			
Foreign Cou			Foreign Country				