

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Los Angeles Rams, LLC 29899 Agoura Road Agoura Hills CA 91301-2497 (818) 338-0011 Ext. 0000		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>22</u>	Nonemployee Compensation
PAYER'S TIN 43-1717152	RECIPIENT'S TIN 795-332741	1 Nonemployee compensation \$ 6620.00	
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code LAKSHMAN RAJU DANDU 8787 LEGACY DRIVE FRISCO TX 75034		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3	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.
		4 Federal income tax withheld \$	
Account number (see instructions)		5 State tax withheld \$ 6 State/Payer's state no.	
		7 State income \$	