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acct_1LfZGjMHtM3kVupz	Account number (see instructions)	Bentonville, AR 72713	2307 SW Hampton Ave City or town, state or province, country, and ZIP or foreign postal code	Street address (including apt. no.)	RECIPIENT'S name Ramva Samudrala	PAYER'S TIN 46-2852392	+18559731040	San Francisco, CA 94107	303 2nd Street Suite 800	DoorDash, Inc.	PAYER'S name, street address, city or to or foreign postal code, and telephone no	
zdr			e ry, and ZIP or foreign postal code			RECIPIENT'S TIN XXXXXX3215		107	00		PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	CORRE
₩	\$ 0.00	5 State tax withheld	4 Federal income ta: \$ 0.00	3	2 Payer made direct sales totaling \$5,000 o consumer products to recipient for resale	1 Nonemployee compensation \$ 1,284.15						CORRECTED (If checked
		6 Sta	tax withheld		sales tota to recipi	ensation						d)
		6 State/Payer's state no.	ld		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale		20 22	For calendar year	(Rev. January 2022)	Form 1099-NEC	OMB No. 1545-0116	
φ.	\$ 0.00	7 State income	you if this income is taxable and the IRS determines that it has not been reported.	required to file a return, a negligence penalty or other sanction may be imposed on	This is important tax information and is being furnished to the IRS. If you are	Copy B For Recipient		Compensation	Compensation	Nonemployee		

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