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.

| Form 1099 - NEC | Nonemployee Compensation | | VOID | | CORRECTED | COPY B, FOR RECIPIENT | |
|---|---|--|---------------------------------|----------|--|-------------------------|--------|
| CALENDAR YEAR 2022 | PAYER'S TIN 27-2837612 | | IPIENT'S TIN -88-1351 | | Account number (s 0919-11016481 | , | |
| PAYER'S name, street address, city or town postal code, and telephone no. RICEFW TECHNOLOGIES INC 4295 OKEMOS ROAD SUITE 102 OKEMOS, MI 48864 | n, state or province, country, ZIP or foreign | RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code LAKSHMI PRASANNA PEPOLLA 38040 SALTY COVE RD, NEWARK CA 94560 | | | 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 \$ 35700.00 | Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale | | 3 | | | 4 Federal income tax wi | thheld |
| | 5 State tax withheld \$ | | 6 State/Payer's s | tate no. | | 7 State income \$ | |

| Form 1099 - NEC | Nonemployee Compensation | | VOID | CORRECTED | со | PY B, FOR RECIPIENT | |
|---|---|-------------|--|------------------------------------|------------------------------------|--|--|
| CALENDAR YEAR 2022 | PAYER'S TIN 27-2837612 | | PIENT'S TIN -88-1351 | Account number (s 0919-11016481 | | | |
| PAYER'S name, street address, city or town postal code, and telephone no. RICEFW TECHNOLOGIES INC 4295 OKEMOS ROAD SUITE 102 OKEMOS, MI 48864 | n, state or province, country, ZIP or foreign | LAK 3804 | PIENT'S name, street a nce, country, ZIP or for SHMI PRASANNA P 0 SALTY COVE RD, VARK CA 94560 | ty or town, state or code | furnis a retu sanct incon | is important tax informat whed to the IRS. If you an urn, a negligence penalt ion may be imposed on ne is taxable and the IR t has not been reported. | re required to file y or other you if this |
| 1 Nonemployee Compensation \$ 35700.00 | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale | | 3 | | 4 \$ | Federal income tax wit | thheld |
| | 5 State tax withheld | | 6 State/Payer's s CA/022-4961-3 | | 7 \$ | State income 35700 | 0.00 |

| Form 1099 - NEC | Nonemployee Compensation | | VOID | | CORRECTED | TO BE FILED WITH FEDE TAX RETURN IF NECESS | | |
|---|---|-----------------|--|-------|-------------------|--|--------|--|
| CALENDAR YEAR | PAYER'S TIN | RECIPIENT'S TIN | | | Account number (s | see instructions) | | |
| 2022 | 27-2837612 | 712 | -88-1351 | | 0919-11016481 | - 181 23009 | | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. RICEFW TECHNOLOGIES INC 4295 OKEMOS ROAD SUITE 102 OKEMOS, MI 48864 | | | RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code LAKSHMI PRASANNA PEPOLLA 38040 SALTY COVE RD, NEWARK CA 94560 | | | 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. | | |
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| Form 1099 - NEC | Nonemployee Compensation | | VOID | | CORRECTED | | E FILED WITH STATE | INCOME TAX |
|---|---|---|-------------------------------------|---------|------------------------------------|--|------------------------|------------|
| CALENDAR YEAR 2022 | PAYER'S TIN 27-2837612 | | IPIENT'S TIN -88-1351 | | Account number (s 0919-11016481 | ee instru - 181 2 | , | |
| PAYER'S name, street address, city or town postal code, and telephone no. RICEFW TECHNOLOGIES INC 4295 OKEMOS ROAD SUITE 102 OKEMOS, MI 48864 | n, state or province, country, ZIP or foreign | RECIPIENT'S name, street address, city or town, state province, country, ZIP or foreign postal code LAKSHMI PRASANNA PEPOLLA 38040 SALTY COVE RD, NEWARK CA 94560 | | | ty or town, state or code | This is important tax information and is being furnished to the IRS. If you are required to file a returm, 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 \$ 35700.00 | 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale | | 3 | | | 4 F \$ | Federal income tax wit | hheld |
| | 5 State tax withheld \$ | | 6 State/Payer's st CA/022-4961-3 | ate no. | | 7 S \$ | State income 35700 | 0.00 |

| Form 1099 - NEC | Nonemployee Compensation | Χ | VOID | | CORRECTED | | |
|--|---|---|-----------------------|-------|---|-------------------------|--|
| CALENDAR YEAR 2022 | PAYER'S TIN | RECIPIENT'S TIN Account number (se | | | see instructions) | | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | RECIPIENT'S name, street address, city or to province, country, ZIP or foreign postal code | | | y or town, state or code This is important tax information and i furnished to the IRS. If you are require a return, a negligence penalty or othe sanction may be imposed on you if thi income is taxable and the IRS determ that it has not been reported. | | re required to file y or other you if this S determines |
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| | 5 State tax withheld \$ | | 6 State/Payer's state | e no. | | 7 State income \$ | |

| Form 1099 - NEC | Nonemployee Compensation | Χ | VOID | | CORRECTED | | | |
|--|---|--|-----------------------|-----|------------------------------|--|--------|--|
| CALENDAR YEAR | PAYER'S TIN | RECIPIENT'S TIN Account number (se | | | ee instructions) | | | |
| 2022 | | | | | | | | |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. | | RECIPIENT'S name, street address, city or town, sta province, country, ZIP or foreign postal code | | | ty or town, state or code | state or 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. | | |
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