OMB No. 1545-0118	Copy 2	Copy 2	OMB No. 1545-0116	Copy 2
2023	Compensation	ensation	3033 2003	Compensation
S ADOUNED		\$ 4000		
7 State income - line 2	7 State income - line 1	7 State income - line 1 7 State income - line 2	7 State Income - line 2	7 State income - line 1
6 State/Payer's state no line 2	6 State/Payer's state no line 1	6 State/Payer's state no line 1 6 State/Payer's state no line 2	6 Stale/Payer's state no line 2	6 State/Payer's state no line 1
5 State tax withheld - line 2	State tax withheld - line 1	State tax withheld - line 1	5 State tax withheld - line 2	5 State tax withheld - line 1
city, state, and ZIP code	eet address, EEK TX 7764	SRUJAN R KALAM 1614 FROST CREEK FRIENDSWOOD, TX 77646	dress, city, state, and ZIP code	SRUJAN R KALAM 1614 FROST CREEK FRIENDSWOOD, TX 7
instruction	XXX-XX-3800	Instruction	Account number (see instructions)	XXX-XX-3800
	(972) 514-2174	(972) 614-2174		(972) 514-2174
	MYSAPGROUP INC 6666 N MACARTHUR BLV IRVING, TX 75039	ARTHUR BLVD SI	BLVD SUITE 225	@ ₹ ₹
8.11	46-6429286	45-5429286		PAYER'S TIN 45-5429286
4 Federal Income tax withheld \$	All Sales	4 Federal income tax withheld	4 Federal income tax withheld \$	3
Payer made direct sales \$5,000 or more of consu products to recipient for	1 Nonemployee compensation 2 \$ 25000.00	Nonemployee comp	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	1 Nanemployee compensation \$ 25000.00
negligence penalty or other	SWOO an	COPY B This is important tax information and is being furnished to the Internal Revenue Se sanction may be imposed on you if this income is taxable and the IRS determines	7 State income - line 2 1099-NEC 2023 ONB No. 1545-0110 In being furnished to the Internal Revenue Service.	Nonemployee Compensation Copy B - For Recipier
	RKALAM	SRUJA	State tax withheld - line 2 State/Payer's state no line 2	5 State tax withheld - line 1 \$ State/Payer's state no line 1
			Account Number (see instructions) CORRECTED C	RECIPIENT'S TIN XXX-XX-3800 RECIPIENT'S name, street act SRUJAN R KALAM 1614 FROST CREEK FRIENDSWOOD, TX 7
ructions, such as ingistation enacted in gov/Form 1099NEC. WFreeFile to see if you quality for e-filing, and direct deposit or	d its inst	I. Shows nonemployee come, report it on Schedule C of 1065 and Schedule K-1 (For ent/partner completes Sche		
	1 .	Account number. May show an account or other unique number the payer assigned to distinguish your account.		(972) 514-2174
s backup withholding. A payer must backup withhold on ents if you did not give your TIN to the payer. See Form W-9, axpayer identification Number and Certification, for n backup withholding, include this amount on your income tax withheld.	Box 4. Shows backup withholding. A pa certain payments If you did not give you Request for Taxpeyer Identification Numinformation on backup withholding. Inch. tax return as tax withheld.	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 (ITIN), adoption taxpayer identification number (ATIN).	BLVD SUITE 226	6566 N MACARTHUR IRVING, TX 75039
sale of these products on Echedule	Generally, report any income from your C (Form 1040). Box 2. Reserved for future use.	<u> </u>	s, city, state, ZIP code, and telephone no.	45-5429286 PAYER'S name, street address
into as explained in these part i instructions. Iciarles, and partnerships must report these amounts on the of their tax returns. I, consumer products totaling \$5,000 or more were sold on a buy-sell, a deposit-commission, or other basis.	ations, fiducia propriate line of checked, of	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.		PAYER'S TIN
are withheld, you should make estimated tax in 1040-ES (or Form 1040-ES (NR)). Individuals must	Note: If you are receiving payments on and Medicare taxes are withheld, you si payments. See Form 1040-ES (or Form	20	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale 00	1 Nonemployee compensation \$ 25000.0