

RB/GVM/2023/4/91152 / /000126
23407793

SICL AMERICA INC
101 ROUTE 130 S
SUITE 411
CINNAMINSON NJ 08077

UMA RUKMINI DEVI BATCHU
TX 78664

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 self-employment (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.

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SICL AMERICA INC 101 ROUTE 130 S SUITE 411 CINNAMINSON NJ 08077		23407793 (856) 312-3001	OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23	Nonemployee Compensation
PAYER'S TIN 61-1773696	RECIPIENT'S TIN XXX-XX-4313	1 Nonemployee compensation \$ 25000.00		
RECIPIENT'S name UMA RUKMINI DEVI BATCHU		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 2 To be filed with recipient's state income tax return, when required.
Street address (including apt. no.)		3		
City or town, state or province, country, and ZIP or foreign postal code TX 78664		4 Federal income tax withheld \$		
Account number (see instructions) 000126 RB/GVM A		5 State tax withheld \$	6 State/Payer's state no. TX	

Form **1099-NEC** (Rev. 1-2022)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service



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CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. SICL AMERICA INC 101 ROUTE 130 S SUITE 411 CINNAMINSON NJ 08077		23407793 (856) 312-3001	OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23	Nonemployee Compensation
PAYER'S TIN 61-1773696	RECIPIENT'S TIN XXX-XX-4313	1 Nonemployee compensation \$ 25000.00		
RECIPIENT'S name UMA RUKMINI DEVI BATCHU		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		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.
Street address (including apt. no.)		3		
City or town, state or province, country, and ZIP or foreign postal code TX 78664		4 Federal income tax withheld \$		
Account number (see instructions) 000126 RB/GVM A		5 State tax withheld \$	6 State/Payer's state no. TX	

Form **1099-NEC** (Rev. 1-2022)

(keep for your records)

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