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 2023	PAYER'S TIN 45-5510807		PIENT'S TIN 2973329		Account number (s 0041-18034909	ee instructions) - 42 24005		
PAYER'S name, street address, city or town postal code, and telephone no. GLOBULETECH LLC 2607 NADIA CT ANN ARBOR, MI 48105	n, state or province, country, ZIP or foreign	SRIN 3497	IPIENT'S name, street address, city or town, state or nce, country, ZIP or foreign postal code NIX TECH LLC 2 NEWARK BLVD UNIT 154 VARK 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 \$ 30000.00	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 sta	ate no.		7 State income \$		

Form 1099 - NEC	Nonemployee Compensation		VOID		CORRECTED	COPY B, FOR RECIPIENT	
CALENDAR YEAR 2023	PAYER'S TIN 45-5510807		PIENT'S TIN 2973329		Account number (s 0041-18034909	ee instructions) - 42 24005	
PAYER'S name, street address, city or town postal code, and telephone no. GLOBULETECH LLC 2607 NADIA CT ANN ARBOR, MI 48105	n, state or province, country, ZIP or foreign	SRIN 3497	PIENT'S name, street a nee, country, ZIP or fore IIX TECH LLC 2 NEWARK BLVD U VARK CA 94560			This is important tax information and is be furnished to the IRS. If you are required to 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 \$ 30000.00	2 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 CA/	tate no.		7 State income \$ 3000	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	ee instructions)	
2023	45-5510807	87-2973329 00				- 42 24005	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GLOBULETECH LLC		RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code SRINIX TECH LLC				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	
2607 NADIA CT		3497	2 NEWARK BLVD UNI	T 154	sanction may be imposed on income is taxable and the IRS		
ANN ARBOR, MI 48105		NEWARK CA 94560				that it has not been reported.	
1 Nonemployee Compensation \$ 30000.00	2 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 state	e no.		7 State income \$	

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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.

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Boxes 5-7. State income tax withheld reporting boxes.

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Form 1099 - NEC	Nonemployee Compensation		VOID		CORRECTED		BE FILED WITH STATE TURN IF NECESSARY	E INCOME TAX
CALENDAR YEAR 2023	PAYER'S TIN 45-5510807		PIENT'S TIN 2973329		Account number (s 0041-18034909		ructions) 24005	
PAYER'S name, street address, city or town postal code, and telephone no. GLOBULETECH LLC 2607 NADIA CT ANN ARBOR, MI 48105	n, state or province, country, ZIP or foreign	SRIN 3497	IPIENT'S name, street address, city or town, state or nce, country, ZIP or foreign postal code IIX TECH LLC 2 NEWARK BLVD UNIT 154 /ARK 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 \$ 30000.00	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 stat	e no.		7 \$	State income 30000).00

Form 1099 - NEC	Nonemployee Compensation	Χ	VOID		CORRECTED		
CALENDAR YEAR 2023	PAYER'S TIN	RECIPIENT'S TIN Ad		Account number (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 town, state or province, country, ZIP or foreign postal code			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 \$	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale		3			4 Federal income tax wi	hheld
	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 Accou			Account number (see instructions)		
2023							
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, state or province, country, ZIP or foreign postal code			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 \$	2 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 state	e no.		7 State income \$	