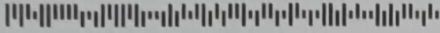


WEBRUNNERS, INC
P.O. BOX 252031
West Bloomfield, MI 48325
US

ZEM0104B AUTO MIXED AADC 604
7000003150 00.0007.0437 3150/1



SUDHARSAN NARAYANAGUPTA
29435 LAUREL DR
FARMINGTON HILLS MI 48331-2831

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WEBRUNNERS, INC P.O. BOX 252031 West Bloomfield, MI 48325 US Phone: 248-358-1002		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023	Nonemployee Compensation 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.
PAYER'S TIN 38-3269301	RECIPIENTS TIN XXX-XX-6243	1 Nonemployee compensation \$ 1,800.00	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SUDHARSAN NARAYANAGUPTA 29435 LAUREL DR FARMINGTON HILLS, MI 48331 US		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 _____ 4 Federal income tax withheld \$ 0.00	
Account number (see instructions) XHOOAIUB9198		5 State tax withheld \$ 0.00 6 State/Payer's state no. MI 383269301 7 State income \$ 1,800.00	
		\$ _____ \$ _____	

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WEBRUNNERS, INC P.O. BOX 252031 West Bloomfield, MI 48325 US Phone: 248-358-1002		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023	Nonemployee Compensation Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S TIN 38-3269301	RECIPIENTS TIN XXX-XX-6243	1 Nonemployee compensation \$ 1,800.00	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SUDHARSAN NARAYANAGUPTA 29435 LAUREL DR FARMINGTON HILLS, MI 48331 US		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 _____ 4 Federal income tax withheld \$ 0.00	
Account number (see instructions) XHOOAIUB9198		5 State tax withheld \$ 0.00 6 State/Payer's state no. MI 383269301 7 State income \$ 1,800.00	
		\$ _____ \$ _____	

Form **1099-NEC** (Rev. 1-2022) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service