| a Employee's SSN 861-94-7716   | D Employer Identification  | 2 Fed inc tax withheld   | 3 Social security wages   | OMB No. 1545-0008  |
|--|--|--|---|--|
| C Employer's name, address, and ZIP code DAVEKARAN INC   | 1 Wgs, tips, other composition 22000.00  | 1045.00  | 22000.00  | Form W-2   |
| 9438 W IRVINGPARK RD   | 4 SS tax withheld<br>1364.00   | 5 Medicare wages & tips<br>22000.00  | 6 Medicare tax withheld 319.00  | Wage and<br>Tax  |
| SCHILLER PARK IL 60176   | 7 Social security tips   | 8 Allocated tips   | 9 (   | Statement  |
| d Control number   | 10 Depdnt care benefits  | 11 Nonqualified plans  | 12a   | 2023   |
| e Employee's name, address, and ZIP code Suff.   | 13   | 14 Other   | 12b   |  |
| TADDEO KAMURALI  | Statutory employee   |  | 12c   | Copy B To Be Filed with<br>Employee's FEDERAL<br>Tax Return  |
| 4161 GRACE STREET<br>SCHILLER PARK IL 60176  | Retirement plan  |  | 12d   | This information is being furnished to the Internal Revenue Service.   |
| 15 State Employer's state ID number 16 State wages, tips, etc 22000.00   | 17 State income tax<br>1089.00   | 18 Local wages, tips, etc  | 19 Local income tax   | 20 Locality name   |
|  |  | A STATE OF THE PARTY OF THE PAR | SU MALIENSEN MARKET   | The state of the s |
| REV 12/19/23 QBDT  |  |  | Depa  | rtment of the Treasury —   |
|  |  |  |   | OMB No. 1545-0008  |
| a Employee's SSN 861-94-7716 C Employer's name, address, and ZIP code  | b Employer Identification of the state of th | number (EIN) 46-27  2 Fed inc tax withheld   | 78558  3 Social security wages  | OMB No. 1545-0008  |
| 8 Employee's SSN 861-94-7716 C Employer's name, address, and ZIP code DAVEKARAN INC  | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld  | number (EIN) 46-27  2 Fed inc tax withheld 1045.00  5 Medicare wages & tips  | 78558 3 Social security wages 22000.00 6 Medicare tax withheld                      | OMB No. 1545-0008 Form W-2 Wage and  |
| 8 Employee's SSN 861-94-7716 C Employee's name, address, and ZIP code DAVEKARAN INC 9438 W IRVINGPARK RD   | b Employer Identification of the second of t | number (EIN) 46-27  2 Fed inc tax withheld 1045.00  5 Medicare wages & tips  | 78558<br>3 Social security wages<br>22000.00  | OMB No. 1545-0008 Form W-2 Wage and Tax  |
| Employee's SSN 861-94-7716 C Employee's SSN 861-94-7716 DAVEKARAN INC DAVEKARAN INC 0438 W IRVINGPARK RD SCHILLER PARK IL 60176  | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld 1364.00  7 Social security tips  | 2 Fed inc tax withheld<br>1045.00<br>5 Medicare wages & tips<br>22000.00<br>8 Allocated tips   | 78558  3 Social security wages  | OMB No. 1545-0008  Form W-2  Wage and  Tax  Statement  |
| Employee's SSN 861-94-7716 C Employee's name, address, and ZIP code DAVEKARAN INC 9438 W IRVINGPARK RD CCHILLER PARK IL 60176 Control number   | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld 1364.00  7 Social security tips  | 2 Fed inc tax withheld 1045.00  Medicare wages & tips 22000.00  Allocated tips  11 Nonqualified plans  | 78558 3 Social security wages 22000.00 6 Medicare tax withheld 319.00 9             | OMB No. 1545-0008 Form W-2 Wage and Tax  |
| Employee's SSN 861-94-7716 C Employee's SSN 861-94-7716 DAVEKARAN INC DAVEKARAN INC 0438 W IRVINGPARK RD SCHILLER PARK IL 60176  | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld 1364.00  7 Social security tips  | 2 Fed inc tax withheld<br>1045.00<br>5 Medicare wages & tips<br>22000.00<br>8 Allocated tips   | 78558  3 Social security wages  | OMB No. 1545-0008  Form W-2 Wage and Tax Statement 2023  Copy 2 To Be  |
| B Employee's SSN 861-94-7716 C Employer's name, address, and ZIP code DAVEKARAN INC 9438 W IRVINGPARK RD CCHILLER PARK IL 60176 C Control number Employee's name, address, and ZIP code Suff. CADDEO KAMURALI  | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld 1364.00  7 Social security tips  10 Depont care benefits   | 2 Fed inc tax withheld 1045.00  Medicare wages & tips 22000.00  Allocated tips  11 Nonqualified plans  | 78558 3 Social security wages 22000.00 6 Medicare tax withheld 319.00 9             | OMB No. 1545-0008  Form W-2  Wage and  Tax  Statement  2023  Copy 2 To Be Filed With Employee's State,   |
| B Employee's SSN 861-94-7716 C Employer's name, address, and ZIP code DAVEKARAN INC 9438 W IRVINGPARK RD CCHILLER PARK IL 60176 Control number Employee's name, address, and ZIP code Suff.  | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld 1364.00  7 Social security tips  10 Depont care benefits  13  Statutory employee.  Retirement plan   | 2 Fed inc tax withheld 1045.00  Medicare wages & tips 22000.00  Allocated tips  11 Nonqualified plans  | 78558 3 Social security wages 22000.00 6 Medicare tax withheld 319.00 9             | OMB No. 1545-0008  Form W-2  Wage and  Tax  Statement  2023  Copy 2 To Be Filed With   |
| B Employee's SSN 861-94-7716 C Employer's name, address, and ZIP code DAVEKARAN INC 9438 W IRVINGPARK RD CCHILLER PARK IL 60176 C Control number C Employee's name, address, and ZIP code CADDEO KAMURALI CADDEO KAMURALI CADDEO KAMURALI CONTROL CONT | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld 1364.00  7 Social security tips  10 Depdnt care benefits  13  Statutory employee.  Retirement plan   | number (EIN) 46-27  2 Fed inc tax withheld 1045.00  5 Medicare wages & tips 22000.00  8 Allocated tips  11 Nonqualified plans  | 78558 3 Social security wages 22000.00 6 Medicare tax withheld 319.00 9             | OMB No. 1545-0008  Form W-2  Wage and  Tax  Statement  2023  Copy 2 To Be Filed With Employee's State, City, or Local Income Tax   |
| Employee's SSN 861-94-7716 Employee's name, address, and ZIP code DAVEKARAN INC  9438 W IRVINGPARK RD  SCHILLER PARK IL 60176  Control number  Employee's name, address, and ZIP code  Suff.  SADDEO KAMURALI  SALOE STREET  SCHILLER PARK IL 60176  | b Employer Identification  1 Wgs, tips, other compn 22000.00  4 SS tax withheld 1364.00  7 Social security tips  10 Depont care benefits  13  Statutory employee.  Retirement plan   | number (EIN) 46-27  2 Fed inc tax withheld 1045.00  5 Medicare wages & tips 22000.00  8 Allocated tips  11 Nonqualified plans  | 78558 3 Social security wages 22000.00 6 Medicare tax withheld 319.00 9 12a 12b 12c | OMB No. 1545-0008  Form W-2  Wage and  Tax  Statement  2023  Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.   |

46-2778558 OMB No. 1545-0008 a Employee's SSN 861-94-7716 b Employer Identification number (EIN) This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. C Employer's name, address, and ZIP code DAVEKARAN INC 2 Fed inc tax withheld 3 Social security wages Wgs, tips, other compn Form W-2 1045.00 22000.00 22000.00 9438 W IRVINGPARK RD 5 Medicare wages & tips 6 Medicare tax withheld 4 SS tax withheld Wage and 22000.00 1364.00 319.00 Tax IL 60176 SCHILLER PARK 9 7 Social security tips 8 Allocated tips Statement d Control No. 12a 10 Depdnt care benefits 11 Nonqualified plans 2023 Suff. e Employee's name, address, and ZIP code 13 12b 14 Other Statutory employee. Copy C For EMPLOYEE'S TADDEO KAMURALI 12c 4161 GRACE STREET Retirement plan . . RECORDS. IL 60176 (See Notice to SCHILLER PARK 12d Employee.) Third-party sick pay 17 State income tax 16 State wages, tips, etc 20 Locality name 15 State Employer's state ID No. 19 Local income tax 18 Local wages, tips, etc 1089.00 46-2778558 000 22000.00 IL

REV 12/19/23 QBDT

DOORDASH, INC. 303 2ND STREET, SOUTH TOWER SUITE 800 ATTN: TAX REPORTING SAN FRANCISCO, CA 94107

010547
T20 P1 ""AUTO"ALL FOR AADC 601
TADDEO KAMURALI
4161 GRACE ST APT 2
SCHILLER PARK IL 60176-1965

CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, country, ZIP OMB No. 1545-0116 or foreign postal code, and telephone no. Form 1099-NEC Nonemployee DoorDash, Inc. Compensation 303 2nd Street Suite 800 (Rev. January 2022) San Francisco, CA 94107 For calendar year 20 23 +18559731040 Copy B RECIPIENT'S TIN 1 Nonemployee compensation PAYER'S TIN XXXXX7716 1,698.45 46-2852392 For Recipient This is important tax 2 Payer made direct sales totaling \$5,000 or more of RECIPIENT'S name information and is being consumer products to recipient for resale Taddeo Kamurali furnished to the IRS. If you are required to file a return, a negligence panalty or other Street address (including apt. no.) sanction may be imposed on you if this income is taxable Apt 2-4161 Grace St 4 Federal income tax withheld and the IRS determines that it \$ 0.00 City or town, state or province, country, and ZIP or foreign postal code has not been reported. Schiller Park, IL 60176 7 State income 5 State tax withheld 6 State/Payer's state no. 0.00 Account number (see instructions) acct\_10BXziMEEp9AiCP9



Form 1099-NEC (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service