

a Employee's SSN 861-94-7716		b Employer identification number (EIN) 46-2778558			OMB No. 1545-0008	
c Employer's name, address, and ZIP code DAVEKARAN INC 9438 W IRVINGPARK RD SCHILLER PARK IL 60176		1 Wgs, tips, other compn 22000.00	2 Fed inc tax withheld 1045.00	3 Social security wages 22000.00	Form W-2 Wage and Tax Statement 2023 Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
		4 SS tax withheld 1364.00	5 Medicare wages & tips 22000.00	6 Medicare tax withheld 319.00		
		7 Social security tips	8 Allocated tips	9		
10 Depdnt care benefits	11 Nonqualified plans	12a				
d Control number		13 Statutory employee <input type="checkbox"/>		12b		
e Employee's name, address, and ZIP code TADDEO KAMURALI 4161 GRACE STREET SCHILLER PARK IL 60176		Retirement plan <input type="checkbox"/>		12c		
		Third-party sick pay <input type="checkbox"/>		12d		
		14 Other				
15 State IL	Employer's state ID number 46-2778558 000	16 State wages, tips, etc 22000.00	17 State income tax 1089.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name

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Department of the Treasury - IRS

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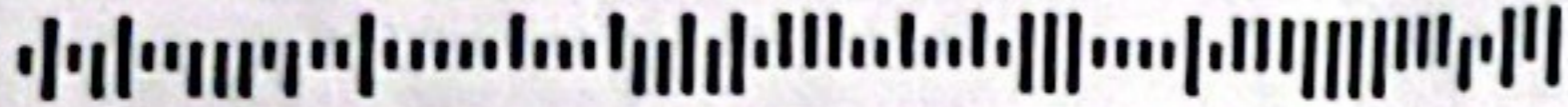
REV 12/19/23 QBDT

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c Employer's name, address, and ZIP code DAVEKARAN INC 9438 W IRVINGPARK RD SCHILLER PARK IL 60176		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.					
		1 Wgs, tips, other compn 22000.00	2 Fed inc tax withheld 1045.00	3 Social security wages 22000.00	Form W-2 Wage and Tax Statement 2023 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)		
		4 SS tax withheld 1364.00	5 Medicare wages & tips 22000.00	6 Medicare tax withheld 319.00			
7 Social security tips	8 Allocated tips	9					
10 Depdnt care benefits	11 Nonqualified plans	12a					
d Control No.		13 Statutory employee <input type="checkbox"/>		12b			
e Employee's name, address, and ZIP code TADDEO KAMURALI 4161 GRACE STREET SCHILLER PARK IL 60176		Retirement plan <input type="checkbox"/>		12c			
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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 or foreign postal code, and telephone no. DoorDash, Inc. 303 2nd Street Suite 800 San Francisco, CA 94107 +18559731040		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23		Nonemployee Compensation
PAYER'S TIN 46-2852392	RECIPIENT'S TIN XXXXX7716	1 Nonemployee compensation \$ 1,698.45		
RECIPIENT'S name Taddeo Kamurali		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.) Apt 2-4161 Grace St City or town, state or province, country, and ZIP or foreign postal code Schiller Park, IL 60176		3		
Account number (see instructions) acct_10BXziMEEp9AICP9		4 Federal income tax withheld \$ 0.00		
		5 State tax withheld \$ 0.00	6 State/Payer's state no.	
		7 State income \$		