|                                                                                                                       |                                              | RRECTED (if checked)                                             |                               |                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |                                              | FILER'S federal identification no. 452647441                     | OMB No. 1545-2205  o. 2023    | Payment Card and<br>Third Party<br>Network<br>Transactions                                                                                          |  |
| Uber Technologies, Inc. 1725 3rd Street San Francisco, 94158                                                          |                                              |                                                                  |                               |                                                                                                                                                     |  |
|                                                                                                                       |                                              | PAYEE'S taxpayer identification no. XXXXXXX82                    |                               |                                                                                                                                                     |  |
|                                                                                                                       |                                              | 1a Gross amount of payment card/third party network transactions |                               |                                                                                                                                                     |  |
|                                                                                                                       |                                              | \$22,088.99                                                      | Form <b>1099-K</b>            |                                                                                                                                                     |  |
| Check to indicate if FILER is a (an):                                                                                 | Check to indicate transactions reported are: | <b>1b</b> Card not present transactions                          | 2 Merchant category code      | Copy B<br>For Paye                                                                                                                                  |  |
| Payment settlement entity (PSE)                                                                                       | Payment card                                 | 3 Number of payment transactions                                 | 4 Federal income tax withheld |                                                                                                                                                     |  |
| Electronic Payment Facilitator (EPF)/Other third party                                                                | Third party network                          | 2007                                                             | \$0.00                        | 1                                                                                                                                                   |  |
| PAYEE'S name MOHAMMED NIYAZ AHMED                                                                                     |                                              | 5a January                                                       | <b>5b</b> February            | boing familiance to                                                                                                                                 |  |
|                                                                                                                       |                                              | \$0.00                                                           | \$0.00                        |                                                                                                                                                     |  |
|                                                                                                                       |                                              | 5c March                                                         | <b>5d</b> April               | the Internal Revenue<br>Service. If you are                                                                                                         |  |
| Street address (including apt. no.) 6163 N LEAVITT ST                                                                 |                                              | \$2,575.48                                                       | \$3,678.49                    | penalty or other sanction may be imposed on you i taxable income results from this transaction and the IRS determines that if has not been reported |  |
|                                                                                                                       |                                              | <b>5e</b> May                                                    | 5f June                       |                                                                                                                                                     |  |
|                                                                                                                       |                                              | \$2,082.19                                                       | \$2,042.81                    |                                                                                                                                                     |  |
|                                                                                                                       |                                              | <b>5g</b> July                                                   | 5h August                     |                                                                                                                                                     |  |
| City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60659                            |                                              | \$1,778.30                                                       | \$1,854.40                    |                                                                                                                                                     |  |
|                                                                                                                       |                                              | 5i September                                                     | 5j October                    |                                                                                                                                                     |  |
|                                                                                                                       |                                              | \$1,847.72                                                       | \$2,634.16                    |                                                                                                                                                     |  |
| PSE'S name and telephone number                                                                                       |                                              | 5k November                                                      | 5I December                   |                                                                                                                                                     |  |
|                                                                                                                       |                                              | \$1,878.13                                                       | \$1,717.31                    |                                                                                                                                                     |  |
| Account number (see instructions)                                                                                     |                                              | 6 State                                                          | 7 State identification no.    | 8 State income withheld                                                                                                                             |  |
| 549A824B376039FC814D                                                                                                  |                                              | IL                                                               |                               |                                                                                                                                                     |  |

Form **1099-K** 

(keep for your records)

www.irs.gov/form1099K

Department of the Treasury - Internal Revenue Service

## Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see www.IRS.gov/GigEconomy.

Payee's 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 number or other unique number the PSE assigned to distinguish your account.

**Box 1a.** Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

- **Box 1b.** Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, card not present transactions will not be reported.
- **Box 2.** Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.
- **Box 3.** Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.
- **Box 4.** Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Publication 505, Tax Withholding and Estimated Tax, for information on backup withholding. Include this amount on your income tax return as tax withheld.
- **Box 5a-5I.** Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.
- **Box 6-8.** Shows state and local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/form1099k">www.irs.gov/form1099k</a>.

**FreeFile.** Go to www.irs.gov/FreeFile to see if you qualify for nocost online federal tax preparation, e-filing, and direct deposit or payment options.