					_
Nonemployee compensation	Payer made direct sales totaling \$5,000 or more of consumer	Instructions for Recipient		Note: If you are receiving payments or	
\$ 3282.25	products to recipient for resale	You received this form instead of Form W-2 be consider you an employee and did not withhold		and Medicare taxes are withheld, you payments. See Form 1040-ES (or Form	m 1040-ES (NR)). Individuals must
3	4 Federal income tax withheld	security and Medicare tax. If you believe you are an employee and cann	not get the payer to correct	report these amounts as explained in t Corporations, fiduciaries, and partners	ships must report these amounts on
	\$ 0.00	this form, report the amount shown in box 1 on salaries, tips, etc." of Form 1040, 1040-SR, or	1040-NR. You must also	the appropriate line of their tax returns	
PAYER'S TIN		complete Form 8919 and attach it to your retur Pub. 1779, Independent Contractor or Employe	n. For more information, see ee.	Box 2. If checked, consumer products to you for resale, on a buy-sell, a depo	sit-commission, or other basis.
82-5076530	1 1 7 7 1	If you are not an employee but the amount in	box 1 is not self-	Generally, report any income from you C (Form 1040).	ir sale of these products on Schedule
PAYER'S name, street address, cr	ity, state, ZIP code, and telephone no.	employment (SE) income (for example, it is income a hobby), report the amount shown in box 1	on the "Other income" line	Box 3. Reserved for future use.	
SOLUTIONS UIUX INC		(on Schedule 1 (Form 1040)).	(TIND) Francisco de la della	Box 4. Shows backup withholding. A p	payer must backup withhold on
12902 STARLING DR		Recipient's taxpayer identification number (form may show only the last four digits of your (SSN), individual taxpayer identification number	TIN (social security number	certain payments if you did not give yo Request for Taxpayer Identification Nu information on backup withholding, Inc	umber and Certification, for
ODESSA, FL 33556		identification number (ATIN), or employer identification number (ATIN), or employer identification number (ATIN), or employer identification number identification number (ATIN), or employer identification number identifi	itification number (EIN))	tax return as tax withheld.	aude this amount on your income
		Account number. May show an account or other		Boxes 5-7. State income tax withheld	reporting boxes.
(407) 729-8383		assigned to distinguish your account.	ner unique number me payer	Future developments. For the latest related to Form 1099-NEC and its inst	
		Box 1. Shows nonemployee compensation. If income, report it on Schedule C or F (Form 10-	the amount in this box is SE 40) if a sole proprietor, or on	after they were published, go to www.i	
		Form 1065 and Schedule K-1 (Form 1065) if a recipient/partner completes Schedule SE (Form		Free File Program. Go to www.irs.go no-cost online federal tax preparation,	
				payment options.	
RECIPIENT'S TIN	Account Number (see instructions)				
XXX-XX-0380	<u>L</u>				
RECIPIENT'S name, street addres	CORRECTED Grant State and ZIP code				
SANIT KUMAR BUSANG					
971 0XBOW LN					
LEXINGTON, SC 29073					
_					
5 State tax withheld - line 1	5 State tax withheld - line 2		CANIT	WIIMAD DUCANO	
6 State/Payer's state no line 1	6 State/Payer's state no line 2			KUMAR BUSANGI (BOW LN	
7 State income - line 1	7 State income - line 2			GTON, SC 29073	
\$	\$		LL/\li\	010N, 00 20010	
Nonemployee	1099-NEC				
Compensation	2023				
Copy B - For Recipient	ZUZJ OMB No. 1545-0116	COPY B This is important tax information and is being fu	urnished to the Internal Revenue S	ervice. If you are required to file a return,	a negligence penalty or other
This is important tax information and is be	eing furnished to the Internal Revenue Service.	sanction may be imposed on you if this income			
1 Nonemployee compensation	Payer made direct sales totaling \$5,000 or more of consumer		er made direct sales totaling	1 Nonemployee compensation	Payer made direct sales totaling \$5,000 or more of consumer
\$ 3282.25	products to recipient for resale	\$ 3282.25	ducts to recipient for resale	\$ 3282.25	products to recipient for resale
3	4 Federal income tax withheld	3 4 Fede	eral income tax withheld	3	4 Federal income tax withheld
	\$ 0.00	\$	0.00		\$ 0.00
PAYER'S TIN		PAYER'S TIN		PAYER'S TIN	
82-5076530		82-5076530	-15	82-5076530	
	ity, state, ZIP code, and telephone no.	PAYER'S name, street address, city, state, 2 SOLUTIONS UIUX INC	ZIP code, and telephone no.	SOLUTIONS UIUX INC	y, state, ZIP code, and telephone no.
12902 STARLING DR	SOLUTIONS UIUX INC 12902 STARLING DR			12902 STARLING DR	
ODESSA, FL 33556		12902 STARLING DR		12902 STARLING DR	
ODE33A, FL 33556		12902 STARLING DR ODESSA, FL 33556		12902 STARLING DR ODESSA, FL 33556	
(407) 729-8383					
		ODESSA, FL 33556		ODESSA, FL 33556	
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		ODESSA, FL 33556		ODESSA, FL 33556	
		ODESSA, FL 33556		ODESSA, FL 33556	
		ODESSA, FL 33556		ODESSA, FL 33556	
(407) 729-8383	Account number (see instructions)	ODESSA, FL 33556 (407) 729-8383	ount number (see instructions)	ODESSA, FL 33556 (407) 729-8383	Account number (see instructions)
	Account number (see instructions)	ODESSA, FL 33556 (407) 729-8383	ount number (see instructions)	ODESSA, FL 33556	Account number (see instructions)
(407) 729-8383	Account number (see instructions)	ODESSA, FL 33556 (407) 729-8383 RECIPIENT'S TIN Account	ount number (see instructions)	ODESSA, FL 33556 (407) 729-8383	_
RECIPIENT'S TIN XXX-XX-0380 RECIPIENT'S name, street addres	CORRECTED Coss, city, state, and ZIP code	ODESSA, FL 33556 (407) 729-8383 RECIPIENT'S TIN ACCC XXX-XX-0380 RECIPIENT'S name, street address, city, ste	CORRECTED	ODESSA, FL 33556 (407) 729-8383 RECIPIENT'S TIN XXX-XX-0380 RECIPIENT'S name, street address	CORRECTED S, city, state, and ZIP code
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