

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. IVN Design LLC 1178 Broadway Fl 3 New York NY 100015666		OMB No. 1545-0116
		Form 1099-NEC (Rev. January 2022)
		For calendar year 20 <u>23</u>

Nonemployee Compensation

PAYER'S TIN 93-2661870	RECIPIENT'S TIN 744234997	1 Nonemployee compensation \$ 2350.00	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.	
RECIPIENT'S name Poornima Kannan Elangopandian		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Street address (including apt. no.) 45 River Drive South City or town, state or province, country, and ZIP or foreign postal code Jersey City NJ 07310		3 <input type="checkbox"/>		
Account number (see instructions)		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$