

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. AB STAR GROUP 3885 BEACON AVE STE D FREMONT CA 94538 22326787 (510) 304-8687		1 Rents \$	OMB No. 1545-0115 2017 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy 2 To be filed with recipient's state income tax return, when required.
PAYER'S federal identification number 51-0526098	RECIPIENT'S identification number 071-63-5541	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name JOBISH SOMASUNDARAN Street address (including apt. no.) 320 S PROSPECT AVE APT 25 City or town, state or province, country, and ZIP or foreign postal code REDONDO CA 90277		7 Nonemployee compensation \$ 1040.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions) 000069 R7/FKG A		FATCA filing requirement <input type="checkbox"/>	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	
		10 Crop insurance proceeds \$	11	12
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. CA249-2735 2	18 State income \$ 1040.00

Form 1099-MISC

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

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