

☐ 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 +16506819470		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year <u>2024</u>		Nonemployee Compensation 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.
PAYER'S TIN 46-2852392	RECIPIENT'S TIN XXXXXX3115	1 Nonemployee compensation \$ 5,663.95		
RECIPIENT'S name Jose Sierra		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
Street address (including apt. no.) 593 Summit PT City or town, state or province, country, and ZIP or foreign postal code Canton, GA 30114		3		
Account number (see instructions) acct_1DFQYPBWglBJDxL3		4 Federal income tax withheld \$ 0.00		
		5 State tax withheld \$ 0.00	6 State/Payer's state no.	7 State income \$
				\$