

☐ CORRECTED (if checked)

|                                                                                                                                                                        |                                       |                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYER'S name, address, ZIP/postal code, country & phone no.<br><b>ATERES MORDECHAI<br/>CHALLENGE EARLY INTERVENTION CEN<br/>649 39TH STREET<br/>BROOKLYN, NY 11232</b> |                                       | OMB No. 1545-0116<br>Form <b>1099-NEC</b><br>(Rev. April 2025)<br>For calendar year<br><b>2025</b>                              |                                  | <b>Nonemployee Compensation</b><br><br><b>Copy B<br/>For Recipient</b><br><br><small>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.</small> |
| PAYER'S TIN<br><b>11-3537183</b>                                                                                                                                       | RECIPIENT'S TIN<br><b>153-15-4589</b> | <b>1</b> Nonemployee compensation<br>\$ <b>13056.00</b>                                                                         |                                  |                                                                                                                                                                                                                                                                                                                                                      |
| RECIPIENT'S name, address, ZIP/postal code & country<br><b>Nupur V. Shah, PT<br/>20 Farmhaven Avenue<br/>Edison, NJ 08820</b>                                          |                                       | <b>2</b> Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> |                                  |                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                        |                                       | <b>3</b> Excess golden parachute payments<br>\$                                                                                 |                                  |                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                        |                                       | <b>4 Federal income tax withheld</b><br>\$                                                                                      |                                  |                                                                                                                                                                                                                                                                                                                                                      |
| Account number (see instructions)                                                                                                                                      |                                       | <b>5</b> State tax withheld<br>\$                                                                                               | <b>6</b> State/Payer's state no. | <b>7</b> State income<br>\$                                                                                                                                                                                                                                                                                                                          |

Form **1099-NEC** (Rev. 4-2025)

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Department of the Treasury - Internal Revenue Service

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