	co	RRECTED (If checked)			
FILER'S name, street address, city or ZIP or foreign postal code, and telepho		FILER'S federal identification no. 452647441	OMB No. 1545-2205	205	
Uber Technologies, Inc.		PAYEE'S taxpayer identification no	-	Payment Card and	
1515 3rd Street		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2021	Third Party	
San Francisco, CA 94158		1a Gross amount of payment card/third party network transactions	2021	Network Transactions	
		13527.22	Form 1099-K		
Check to indicate if FILER is a (an):	Check to indicate transactions reported are:	1b Card not present transactions	2 Merchant category cod 000	For Payer	
Payment settlement entity (PSE)	Payment card	3 Number of payment transactions	4 Federal income tax withheld		
Electronic Payment Facilitator (EPF)/Other third party	Third party network	784			
PAYEE'S name		5a January	5b February	This is important tax	
RIGEL SELMANI		457.79	1237.8	nough en une son en	
		Sc March 1198.39	5d April 1021.17	the Internal Revenue Service. If you are required to file a return, a negligenos	
Street address (including apt. no.) 807G, Edwards Ferry Rd Ne #101		5e May 5046.41	5F June 1322.68	penalty or other sanction may be imposed on you if	
		5g July 244.57	5h August 152.34	taxable income results from this transaction and the IRS determines that it	
City or town, state or province, country, and ZIP or foreign postal code Leesburg, VA 20176		5i September 259.77	5j October 54.79	has not been reported.	
PSE'S name and telephone number		5k November 722.75	5I December 1808.76		
Account number (see manuscrist)		6 State	7 State identification no.	B State income withheld	
		VA			

Form 1099-K

(keep for your records)

www.irs.gov/form1099K

Department of the Treasury - Internal Revenue Service

LYFT, INC 185 BERRY ST. SUITE 5000 SAN FRANCISCO, CA 94107

> Have questions? Visit the Lyft Help Center for more information: https://www.lyft.com/driver/taxes

RIGEL 21029 ASHBURN HEIGHTS DR ASHBURN, VA 20148

FILEFI'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LYFT, INC	FILER'S TIN 20-8809830	OMB No. 1545-2205	Payment Card and Third Party Network Transactions		
185 BERRY ST. SUITE 5000 SAN FRANCISCO, CA 94107	PAYEE'S TIN *****4701	2021			
	1s Gross amount of payment card/third party network transactions \$3,463.0				
Check to Indicate if FILER is a (an): Payment settlement entity (PSE) Check to Indicate transactions reported are:	1b Card Not Present transactions	2 Merchant category code	4121	Copy B For Payee	
Electronic Payment Facilitator (EPF)/Other third party Payment card Payment card Third party network X	3 Number of payment transactions 17	The same of the sa		This is important tax information and is being	
PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code	- 5a January \$196.2		\$298.60	furnished to the IRS. If 98.60 you are required to file	
RIGEL 21029 ASHBURN HEIGHTS DR	5c March \$172.5		\$637.88	a return, a negligence 7.88 penalty or other	
ASHBURN, VA 20148	5e May \$1,951.3	5f June 9	\$119.65 imposed on you if		
	5g July \$36.9	5h August \$49.82		taxable income results from this transaction and the IRS determines that it has not been reported.	
PSE'S name and telephone number	5i September •	5j October			
	5k November	5I December			
Account number (see instructions) 1084232902816526526	6 State VA	State identification no.	8	State income tax withheld	

1099-K Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 650W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see www.IRS.gov/GigEconomy.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (TTIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/ third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment-card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505, Include this amount on your income tax return as tax withheld.

Boxes 5a-5i. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

Copy B - For Employee's Fe		2021 CAME NA. 1545-0008	Copy 2 - For Employee	's State Income Tax Return	[VA] 2021 CMB No. 1545-000
830-37-4701	gers. Epus, other comps. 8380.76	2 Federal ecoses las withheld 656,56	a Employee's social security number 830-37-4701	1 Wayee, too, other comp. 8380,76	2 Federal income lax withheld 656,56
54-1371815 TME	8380.76 Scare seges and tips	4 Social security law starteds 519.61	54-1371815	8380.76 5 Medicare renges and type 8380.76	519.61 8 Medicaeo lax editriell 121.53
c Employer's name, address, and ZP c J127 Education Fo 9211 Arlington Bl Fairfax, VA 22031	itide	121.53	a Employer's name, address, an J127 Education 9211 Arlington Pairfax, VA 22	Poundation - Merri Blvd	tt Academy
3862 195854			d Control number 3862 195854		
e Employees came. address, and ZPP. Rigel Selmani 807G Edwards Ferr #101 Leesburg, VA 2017	y Road NE		e Employee's name, address, ar Rigel Selmani 807G Edwards F \$101 Leesburg, VA 2	erry Road NE	
	Allocated tips	9 Advance EIC payment	7 Social security tips	8 Allocated tips	9 Advance EIC payment
	1 Nonqualited plans		10 Dependent care benefits	11 Nonqualified plans	loyee Retirement plan 3rd-party sick pa
12a 12b		oloyee Retirement plan 3rd-party sick pay	12a 12b	13 Statutory empa	oyee Residents pain 35 pain 35 pain
12c	14 Other		12c		71. 191
N/A 15 State Employer's State ID#	N/A 16 State wages, tips, etc.	N/A	VA 30-54137183	16 State wages, lips, etc.	253.71 17 State income tax
18 Local wagos, tips, etc. N/A	19 Local income tax N/A	20 Cocality name N/A	18 Local wages, tips, etc., N/A	19 Local income lax N/A	20 Locality name N/A
Form W-2 Wage and Tax Statement This information is being funished to the	e Internal Revenue Service	Dept, of the Treasury - IRS	Form W-2 Wage and Tax State	ment	Dept, of the Treasury - I