Driver Scenario





Gigi Driver

Here's a summary of your earnings and rides for 2023 Thanks for driving with Lyft!

If you received over \$20,000 in gross ride earnings you will also receive a 1099-K by January 31st, If you received over \$600 in non-ride related earnings you will also receive a 1099-M by January 31st,

Your driving totals

630

7323.51

Rides

Online Miles

Gross earnings

<u> </u>	
Ride payments	\$10,522.66

Non-ride earnings \$416.88

Expenses

Lyft Platform fees		\$2,183.15
Service fees	•	\$1,916.35
Third-party fees		\$456.00
Express Pay fees		\$30.00

Online Miles

The total miles you drove while online, including Miles when you weren't picking up or dropping off a passenger.

Ride Payments

The total amount passengers paid for the rides you gave Including tips from passengers, third party fees, and other Expenses.

Non-ride earnings

The total amount you earned outside of the rides you gave (like bonuses or referrals).

Lyft platform fees

The total Lyft platform fees passengers paid for the rides you Gave. We use platform fees to help maintain the Lyft business.

Service fees

The total service fees passengers paid for the rides you gave. Service fees are added to every ride to support some of Lyft's Operational costs, like insurance and background checks.

Third-party fees

The total third-party fees passengers paid for the rides you gave. Third-party fees include things like airport fees or local taxes.

CORRE	CTED (if checked)	The second set in the second s			
FILER'S name, street address, city or town, state or province, country, ZIP	FILER'S TIN	OMB No. 1549-2205			
or foreign postal code, and telephone no.	45-2647441	Pay	Payment Card and		
Uber Technologies	PAYEE'S TIN		Third Party		
1455 Market St., Suite 400 San Francisco, CA 94103	XXX-XX-2345		Network		
San Transisso, SV S4163	1a Gross amount of payment card/third party network transactions		Transactions		
	\$ 42,904.47	Form 1099-K			
	1b Card Not Present transactions	Merchant category code	Copy B		
Check to indicate if FILER is a (an): Check to indicate transactions reported are:	\$ 0.00		For Payee		
Payment settlement entity (PSE) Payment card	3 Number of payment transactions	4 Federal Income tax withheld	This is important tax		
Electronic Payment Facilitator Third party network	2852	\$	information and is being furnished to		
PAYEE'S name	5a January	5b February	the IRS If you are required to file a		
	\$ 2594.46	\$ 3033.62	return, a negligence		
Gigi Driver	5c March	5d April	genalty or other sanction may be		
Street address (including apt. no.)	\$ 4460.35	\$ 4992.34	imposed on you		
	5e May	5f June	taxable income		
925 Old Hickory Blvd Apt 1745	\$ 5134.88	THE REAL PROPERTY OF THE COURT OF THE PROPERTY	transaction and the		
	5g July	5h August	IRS determines that it has not been		
City or town, state or province, country, and ZIP or foreign postal code	\$ 1985.38	delinterent personalista de la companie de la compa	reported		
Nashville, TN 37209	51 September	5) October			
PSE'S name and telephone number	\$ 4021.20	SALES OF THE PARTY OF THE PROPERTY ASSESSMENT OF THE PARTY OF THE PART			
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	\$ 3779.73	A CONTRACTOR OF THE PROPERTY O	THE RESIDENCE OF THE PROPERTY OF THE PARTY O		
Account number (see instructions)	6 State	 State identification no. 	8 State income tax withheld		
	**********		D		
			\$		

Form 1099-K

(Keep for your records)

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

		ORREC	/IEU	OMB No. 1545-0116	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Uber Technologies 1455 Market St., Suite 400 San Francisco, CA 94103		itry, ZIP		Nonemployee Compensation	
		Ī	1 Nonemployee compens	ation	Copy 1
			\$	2,014.9	
AYER'S TIN	RECIPIENT'S TIN	NO AND SQUARES OF THE SQUARES	2		Department
45-2647441	45-2647441 XXX-XX-2345				
RECIPIENT'S name			3	一个数据	
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25 Old Hickory Blvd			\$		
City or town, state or province, co	untry, and ZIP or foreign postal co	de			
Nashville, TN 37209		100			
		CA filling uirement			
Account number (see instructions)	elemente 19 i i i i i i i i i i i i i i i i i i	100	5 State tax withheld	6 State/Payer's state no.	7 State income
		1	\$ \$		\$
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SCHEDULE C DATA SHEET FOR GIG ECONOMY

Use this form to help you organize your delivery info. All income and expenses must be reported, including cash and bartering.

Diahfarm Face		14 400 45 55	1		\$44919.3
Platform Fees		\$ 19347.38		Uber	
3rd Party Fees		\$ 2077.05		Lyft	
Instant Pay Fees		\$ 150.00		Amazon Flex	
Splitfare Fee		\$	Shipt		\$
Airport surcharge Fee		\$	Instacar		\$
Parking		\$		Door Dash	
Tolls		\$	Uber Ea	ts	\$
Vehicle Registration		\$	Postmat	tes	\$
Supplies offered to passenge	ers	\$ 12	Other:		\$
AAA Membership			Other:		\$
Sirus XM		\$	Other:		\$
Detailing/Cleaning Vehicle		\$			\$
Cell phone (work percentag	e)	\$			\$
Other non-vehicle expenses	5	\$			\$
Total		\$	Total		\$
Must have records or recei	ipts if requested	by the IRS. (Initi	ou must use the s	same method)	_)
Did you claim this activity on you Must have records or recei CIRCLE ONE: Standard Mileage of Standard	ipts if requested	by the IRS. (Initi	ial that you u		_) laiming mileage
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Customer Data Sheet

We Must see a PHOTO

Primary Name (as shown on SS Card)					Spouse Name (as shown on SS Card)				
Gigi Driver									
Social Security #	Date of Bir	Date of Birth (MM/DD/YYYY)			Social Security #			rth (MM/DD/YYYY)	
414-00-2345									
Can anyone claim you as a dependent? YES or (C)				If married	, Live together	? Y or N			
Were you married as of Dec 31st? Yes or 10			If no wher	n did you separ	ate?(MM/DD,	/YYYY)			
Occupation: self emplyed			Occupation:						
Email Address: gigi@gmail.com				Email Address:					
Address IRS can send no			City:	State: Zip:					
925 Old Hickory Blv	d Apt 1745		Nashville		TN	l L			
Phone: Primary 615-97	77-3908			Phone: Spo	use				
Dependents:									
Name		DOB	SS#		SS Card	Relations	ship	Months in Home in	
					(Y or N)			2022	
			DEPEND	ENTS					
	*	**Can anyone else	e claim your depend	ent(s) listed al	oove? YES or NC) <u>. ***</u>			
Did you, any dependen	its, or Anyone o	n your behalf Pu	rchase HEALTH INS	SURANCE FRO	OM THE MARK	ETPLACE? YE	S OR NO	?	
Do you or you spouse o	we the IRS or ha	ve Student Loan	debt? no	Who c	wes the debt?				
Incorrect informa If you cannot provide a information you will	all your income o	or expenses at the at a cost of \$10		hould not file es and could	this return. If possibly owe	you file and l	later find	you have additional	
DIRECT DEPOSIT AUT	THORIZATION F	ORM			DRIVERS	LICENSE IN	NFORMA	TION	
Name of Financial I	nstitution				LICENSE NUMBER				
Routing #					ISSUE D	ATE			
Account #					EXPIRAT	ION DATE			
	hooking/ Dron	old Cord/ Sovi							
Type of Account: Checking/ Prepaid Card/ Savings By signing below you certify that all the information is true, correct, and comp			LICENSE NUMBER						
				ISSUE DATE					
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Giai Driver	Verified by pdfl 08/01/2023	Filler							
Primary		D	ate						
Spouse		D	ate						