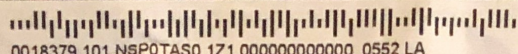


P.O. BOX 182051
COLUMBUS OH 43218-2051

**Tax Year 2020 Form 1099-MISC
Miscellaneous Income (Copy B)**

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.

Recipient's Information



0018379 101 NSPOTAS0 1Z1 000000000000 0552 LA
DEVENDER RAPOLU
4033 BURBANK DR
APT 13
BATON ROUGE LA 70808-4468

Payer's Information

Federal ID Number: 13-4994650
JPMORGAN CHASE BANK, N.A.

COPIES OF YOUR 2020 FORM 1099 STATEMENTS
ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-MISC Questions

Phone Support: 1-800-935-9935

Recipient's ID Number: 000000000

Original

Summary of Form 1099-MISC Miscellaneous Income

(OMB No. 1545-0115)

Box	Description	Amount	Box	Description	Amount
1.	Rents	\$0.00	9.	Crop insurance proceeds	\$0.00
2.	Royalties	\$0.00	10.	Gross proceeds paid to an attorney	\$0.00
3.	Other Income	\$250.00	12.	Section 409A deferrals	\$0.00
4.	Federal income tax withheld	\$60.00	13.	Excess golden parachute payments	\$0.00
5.	Fishing boat proceeds	\$0.00	14.	Nonqualified deferred compensation	\$0.00
6.	Medical and health care payments	\$0.00	15.	State tax withheld	(See Details)
7.	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale (See Details)	(See Details)	16.	State/payer's state no.	(See Details)
8.	Substitute payments in lieu of dividends or interest	\$0.00	17.	State income	(See Details)
				FATCA Filing requirement	(See Details)

Details of Form 1099-MISC Miscellaneous Income

(OMB No. 1545-0115)

Account Number	Box #1	Box #2	Box #3	Other Boxes	
Account Description	Rents	Royalties	Other Income		
802809702	\$0.00	\$0.00	\$250.00	#4 Federal inc tax withheld	\$60.00
MARKETING AND MORTGAGE PROMOTIONS SWEEPSTAKES, PRIZES, BOOKS OR APOLOGY CREDITS				#7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	No
				#16 State/payer's state no.	LA
				FATCA Filing requirement	NO

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