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Department of Taxation  
 P.O. Box 1115  
 Richmond, Virginia 23218-1115  
 Federal I.D. #54-6001734



OMB No. 1545-0120  
 OMB No. 1545-0112  
 Statement for  
 Recipients of  
 Certain  
 Government  
 Payments  
 Including  
 Interest Income

**2020**

Copy B  
 For  
 Recipient

Recipient's Identifying Number	1. Income Tax Refunds, Credits, or Offsets	2. Interest Paid on Tax Refund	3. Tax Year
XXX-XX-9777	1,716.00		2019

ANAND M DHARMA & HARI GOVARD  
 42303 STONEMONT CIR  
 ASHBURN VA 20148-1798

THIS FORM TAKES  
 THE PLACE OF  
 FEDERAL FORMS  
 1099-G AND 1099-INT

This information is being furnished to the Internal Revenue Service.

**THIS IS NOT A BILL**

**Box 1 - Shows the TOTAL OVERPAYMENT** before credits, refunds, contributions, consumer's use tax payments, and offsets of state and local income tax for a previous taxable year. Any refund or overpayment for this amount should have previously been issued or credited to your account. If there is an entry in this box, that amount may be taxable on your federal return if you deducted the tax paid as an itemized deduction for that taxable year. See the instructions for Forms 1040 or 1040-A for more information.

**Box 2 - Amount of interest paid on tax refunds.** This amount should be reported on your federal return.

**Box 3 - This identifies the taxable year of the refund shown in Box 1.**

**Instructions to Recipient:** This is important tax information and is being furnished to the Internal Revenue Service. 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.

Distribution From: 07C67R2W  
RAPIDIT, INC. 401(K) PLAN  
ANAND M DHARMAPURI

PAYER'S name, street address, city, state, and ZIP code <b>Matrix Trust Company</b> <b>FBO: RAPIDIT, INC. 401(K) PLAN</b> <b>717 17th Street, Suite 1300</b> <b>Denver, CO 80202</b>		(if checked) <input type="checkbox"/> CORRECTED	OMB No. 1545-0119 <b>Copy B</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc
PAYER'S Federal identification number <b>75-3182674</b>		RECIPIENT'S identification number <b>XXX-XX-9777</b>	Form <b>1099-R</b>	CALENDAR YEAR <b>2020</b>
1 Gross distribution \$ <b>613.60</b>	2a Taxable amount \$ <b>613.60</b>	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> X	3 Amount in Box 2a eligible for capital gain election \$	7 Distribution code <b>8</b>
4 Federal income tax withheld \$ <b>61.36</b>	5 Employee Contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	9a Your % Total Distr. %	9b Total Employee Contribution \$
RECIPIENT'S name, street address (including apt.no), city, state, and ZIP code <b>ANAND M DHARMAPURI</b> <b>42303 STONEMONT CIRCLE</b> <b>ASHBURN, VA 20148</b>		8 Other \$	12 State income tax withheld \$ <b>24.54</b>	13 State / Payer's state number <b>VA 0021648639</b>
Form <b>1099-R</b> Department of the Treasury Internal Revenue Service		Account number (optional) <b>07C67R2W-2201471E413-3720</b>	15 Local Income Tax Withheld \$	16 Name of locality
		11 1st yr of desig. Roth contrib	10 Amount allocated to IRR within 5 years \$	17 Local Distribution \$

If you have questions about your payment, please call your employer or plan administrator.

Gross Cash  
Fed Tax

613.60 VA TAX  
61.36 Loan DEFT

24.54

NET 527.70

Description: (8) Excess Contr & Earnings/Excess Def.-Curr Yr

CK#: 3093334  
Date: 05/26/2020

PAYER'S name, street address, city, state, and ZIP code <b>Matrix Trust Company</b> <b>FBO: RAPIDIT, INC. 401(K) PLAN</b> <b>717 17th Street, Suite 1300</b> <b>Denver, CO 80202</b>		(if checked) <input type="checkbox"/> CORRECTED	OMB No. 1545-0119 <b>Copy C</b> <b>For Recipient's Records</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc
PAYER'S Federal identification number <b>75-3182674</b>		RECIPIENT'S identification number <b>XXX-XX-9777</b>	Form <b>1099-R</b>	CALENDAR YEAR <b>2020</b>
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TAX INFORMATION - RETAIN FOR YOUR FILES

For questions call (888)917-7191

PAYER'S name, street address, city, state, and ZIP code <b>Matrix Trust Company</b> <b>FBO: RAPIDIT, INC. 401(K) PLAN</b> <b>717 17th Street, Suite 1300</b> <b>Denver, CO 80202</b>		(if checked) <input type="checkbox"/> CORRECTED	OMB No. 1545-0119 <b>Copy 2</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc
PAYER'S Federal identification number <b>75-3182674</b>		RECIPIENT'S identification number <b>XXX-XX-9777</b>	Form <b>1099-R</b>	CALENDAR YEAR <b>2020</b>
1 Gross distribution \$ <b>613.60</b>	2a Taxable amount \$ <b>613.60</b>	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> X	3 Amount in Box 2a eligible for capital gain election \$	7 Distribution code <b>8</b>
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 ANAND M DHARMAPURI

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PAYER'S Federal identification number <b>75-3182674</b>		RECIPIENT'S identification number <b>XXX-XX-9777</b>		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> X 3 Amount in Box 2a eligible for capital gain election \$		7 Distribution code <b>8</b> IRA/SEP/SIMPLE <input type="checkbox"/>	
4 Federal income tax withheld \$ <b>1,240.71</b>		5 Employee Contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		9a Your % Total Distr. % %	
RECIPIENT'S name, street address (including apt.no), city state, and ZIP code <b>ANAND M DHARMAPURI</b> <b>42303 STONEMONT CIRCLE</b> <b>ASHBURN, VA 20148</b>		8 Other \$		12 State income tax withheld \$ <b>496.28</b>		13 State / Payer's state number <b>VA 0021648639</b>	
Account number (optional) <b>07C67R2W-2201131F53C-3674</b>		15 Local Income Tax Withheld \$		16 Name of locality \$		14 State Distribution \$	
Form 1099-R Department of the Treasury Internal Revenue Service		11 1st yr of desig. Roth contrib \$		10 Amount allocated to IRR within 5 years \$		17 Local Distribution \$	

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Gross Cash 12,407.07 VA TAX 496.28 NET 10,670.08  
 Fed Tax 1,240.71 Loan DEFT 0.00  
 Description: (8) Excess Contr & Earnings/Excess Def.-Curr Yr  
 CK#: 3073930  
 Date: 04/22/2020

PAYER'S name, street address, city, state, and ZIP code <b>Matrix Trust Company</b> <b>FBO: RAPIDIT, INC. 401(K) PLAN</b> <b>717 17th Street, Suite 1300</b> <b>Denver, CO 80202</b>		(if checked) <input type="checkbox"/> CORRECTED 1 Gross distribution \$ <b>12,407.07</b> 2a Taxable amount \$ <b>12,407.07</b>		OMB No. 1545-0119 <b>Copy C</b> <b>For Recipient's Records</b> <b>Form 1099-R</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. CALENDAR YEAR <b>2020</b>	
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Account number (optional) <b>07C67R2W-2201131F53C-3674</b>		15 Local Income Tax Withheld \$		16 Name of locality \$		14 State Distribution \$	
Form 1099-R Department of the Treasury Internal Revenue Service		11 1st yr of desig. Roth contrib \$		10 Amount allocated to IRR within 5 years \$		17 Local Distribution \$	

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Form 1099-R Department of the Treasury Internal Revenue Service		11 1st yr of desig. Roth contrib \$		10 Amount allocated to IRR within 5 years \$		17 Local Distribution \$	

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d Control number <b>00953987</b>	1 Wages, tips, other compensation <b>41151.14</b>	2 Federal income tax withheld <b>3040.05</b>
OMB NO. 1545-0008	3 Social security wages <b>43340.48</b>	4 Social security tax withheld <b>2687.11</b>
	5 Medicare wages and tips <b>43340.48</b>	6 Medicare tax withheld <b>628.44</b>

c Employer's name, address and ZIP code  
**Kindred Healthcare Operating, LLC  
 Agent for RehabCare Group East, LLC  
 680 South 4th Street  
 Louisville KY 40202**

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD <b>857.50</b>
12b C <b>21.11</b>	12c D <b>2189.34</b>	12d

b Employer identification number (EIN) **52-2085484** a Employee's social security number **018-43-4688**

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	<b>X</b>		

e Employee's name, address and ZIP code  
**Haripriya Govardhanam 3779  
 42303 Stonemont Circle  
 Ashburn VA 20148**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

<b>2020</b>	15 State Employer's state ID No. VA <b>30522085484F001</b>	16 State wages, tips, etc. <b>41151.14</b>
Form <b>W-2 Wage and Tax Statement</b> Copy C-For <b>EMPLOYEE'S RECORDS</b> (See Notice to Employee on the back of Copy B.)	17 State income tax <b>2108.06</b>	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number <b>00953987</b>	1 Wages, tips, other compensation <b>41151.14</b>	2 Federal income tax withheld <b>3040.05</b>
OMB NO. 1545-0008	3 Social security wages <b>43340.48</b>	4 Social security tax withheld <b>2687.11</b>
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 Louisville KY 40202**

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12b C <b>21.11</b>	12c D <b>2189.34</b>	12d

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	<b>X</b>		

e Employee's name, address and ZIP code  
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 42303 Stonemont Circle  
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<b>2020</b>	15 State Employer's state ID No. VA <b>30522085484F001</b>	16 State wages, tips, etc. <b>41151.14</b>
Form <b>W-2 Wage and Tax Statement</b> Copy B-To Be Filed With Employee's <b>FEDERAL Tax Return</b>	17 State income tax <b>2108.06</b>	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number <b>00953987</b>	1 Wages, tips, other compensation <b>41151.14</b>	2 Federal income tax withheld <b>3040.05</b>
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 Louisville KY 40202**

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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	<b>X</b>		

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Form <b>W-2 Wage and Tax Statement</b> Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax <b>2108.06</b>	18 Local wages, tips, etc.
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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Form <b>W-2 Wage and Tax Statement</b> Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax <b>2108.06</b>	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

<b>Copy B—To Be Filed With Employee's FEDERAL Tax Return.</b>		41-0852411 OMB No. 1545-0008	
<b>a</b> Employee's soc. sec. no. 018-43-4688	<b>1</b> Wages, tips, other comp. 42427.75	<b>2</b> Federal income tax withheld 1069.53	
	<b>3</b> Social security wages 42427.75	<b>4</b> Social security tax withheld 2630.52	
<b>b</b> Employer ID number (EIN) 61-1776778	<b>5</b> Medicare wages and tips 42427.75	<b>6</b> Medicare tax withheld 615.20	
<b>c</b> Employer's name, address, and ZIP code WVNH EMP, LLC (TWV) 4700 Ashwood Dr. Ste 200  Cincinnati, OH 45241			
<b>d</b> Control number 2467193			
<b>e</b> Employee's name, address, and ZIP code Suff. Haripriya Govardhanam 42303 Stonemont Circle  Ashburn, VA 20148			
<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> Code See inst. for box 12 AA 325.96	
<b>13</b> Statutory employee	<b>14</b> Other	<b>12b</b> Code	
Retirement plan X		<b>12c</b> Code	
Third-party sick pay		<b>12d</b> Code	
VA 30-611776778F-C	42427.75	2083.51	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

**Form W-2 Wage and Tax Statement 2020** Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service. [www.irs.gov/efile](http://www.irs.gov/efile)

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<b>d</b> Control number 2467193			
<b>e</b> Employee's name, address, and ZIP code Suff. Haripriya Govardhanam 42303 Stonemont Circle  Ashburn, VA 20148			
<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> Code AA 325.96	
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VA 30-611776778F-C	42427.75	2083.51	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

**Form W-2 Wage and Tax Statement 2020** Dept. of the Treasury -- IRS

<b>Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)</b>		41-0852411 OMB No. 1545-0008	
<b>a</b> Employee's soc. sec. no. 018-43-4688	<b>1</b> Wages, tips, other comp. 42427.75	<b>2</b> Federal income tax withheld 1069.53	
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<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
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VA 30-611776778F-C	42427.75	2083.51	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
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**Form W-2 Wage and Tax Statement 2020** Dept. of the Treasury -- IRS  
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<b>a</b> Employee's soc. sec. no. 018-43-4688	<b>1</b> Wages, tips, other comp. 42427.75	<b>2</b> Federal income tax withheld 1069.53	
	<b>3</b> Social security wages 42427.75	<b>4</b> Social security tax withheld 2630.52	
<b>b</b> Employer ID number (EIN) 61-1776778	<b>5</b> Medicare wages and tips 42427.75	<b>6</b> Medicare tax withheld 615.20	
<b>c</b> Employer's name, address, and ZIP code WVNH EMP, LLC (TWV) 4700 Ashwood Dr. Ste 200  Cincinnati, OH 45241			
<b>d</b> Control number 2467193			
<b>e</b> Employee's name, address, and ZIP code Suff. Haripriya Govardhanam 42303 Stonemont Circle  Ashburn, VA 20148			
<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> Code AA 325.96	
<b>13</b> Statutory employee	<b>14</b> Other	<b>12b</b> Code	
Retirement plan X		<b>12c</b> Code	
Third-party sick pay		<b>12d</b> Code	
VA 30-611776778F-C	42427.75	2083.51	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

**Form W-2 Wage and Tax Statement 2020** Dept. of the Treasury -- IRS  
L4UP

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Mindlance Inc 1095 Morris Avenue Union NJ 07083 US - Phone: 2013865400			OMB No. 1545-0116  <b>2020</b>  Form <b>1099-NEC</b>	<b>Nonemployee Compensation</b>
FATCA filing requirement <input type="checkbox"/>				
RECIPIENT'S name, address, ZIP/ postal code & Country Thirumala Venkata Anand Mohan Dharmapuri Thirumala Venkata Anand Mohan Dharmapuri 42303 Stonemont Cir Ashburn VA 20148 US		1 Nonemployee compensation \$ 750.00 2 3 4 Federal income tax withheld \$ 0.00	<b>Copy B For Recipient</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.	
PAYER'S TIN  22-3688948	RECIPIENT'S TIN  667-34-9777			
Account number (see instructions)  5FTLJU12W491	5 State tax withheld \$ 0.00 \$ 0.00	6 State/Payer's state no	7 State income \$ 0.00 \$ 0.00	

**Instructions for Recipient**

**Recipient'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 (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**FATCA filing requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

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

**Box 1.** Shows nonemployee compensation and/or nonqualified deferred compensation (NQDC). If you are in the trade or business of catching fish, box 1 may show cash you received for the sale of fish. If the amount in this box is self-employment (SE) income, report it on Schedule C or F (Form 1040 or 1040-SR), and complete Schedule SE (Form 1040 or 1040-SR). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR.

You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line (on Schedule 1 (Form 1040 or 1040-SR); or on Form 1040-NR).

The amounts being reported as NQDC are includible in gross income for failure to meet the requirements under section 409A. This amount is also reported on Form 1099-MISC for additional tax calculation. See the Instructions for Forms 1040 and 1040-SR, or the Instructions for Form 1040-NR.

**Box 2.** Reserved.

**Box 3.** Reserved.

**Box 4.** Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

**Boxes 5-7.** State income tax withheld reporting boxes.

**Future developments.** For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC).

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>CITIBANK, N.A.</b> <b>2 COURT SQUARE - 8TH FLOOR</b> <b>LONG ISLAND CITY, NY 11101</b>		Payer's RTN (optional)		OMB No. 1545-0112  <b>2020</b>  Form <b>1099-INT</b>		<b>Interest Income</b>  <b>Copy B</b>  <b>For Recipient</b>
(800) 248-4674 <b>CUSTOMER SERVICE</b>		1 Interest income <b>\$ 162.64</b>		2 Early withdrawal penalty \$		
PAYER'S TIN <b>13-5286470</b>	RECIPIENT'S TIN <b>XXX-XX-9777</b>	3 Interest on U.S. Savings Bonds and Treas. obligations \$		4 Federal income tax withheld \$		
RECIPIENT'S name <b>ANANDMOHAN THIRUMALAVENKATA DHARMAPURI</b>  Street address (including apt. no.) <b>42303 STONEMONT CIRCLE</b>  City or town, state or province, country, and ZIP or foreign postal code <b>ASHBURN, VA 20148</b>		5 Investment expenses \$		6 Foreign tax paid \$		
FATCA filing requirement <input type="checkbox"/>		7 Foreign country or U.S. possession \$		8 Tax-exempt interest \$		
Account number (see instructions) <b>RCA5275732558</b>		9 Specified private activity bond interest \$		10 Market discount \$		
11 Bond premium \$		12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$		
14 Tax-exempt and tax credit bond CUSIP no.		15 State <b>VA</b>	16 State identification no.	17 State tax withheld \$		

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.

Form **1099-INT** (keep for your records) [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT) Department of the Treasury - Internal Revenue Service

CITIBANK NRI BUSINESS  
 CITIBANK NRI, PO BOX 431  
 NEW YORK, NY 10013

055211 CTTAXCD1 055211  
 ANANDMOHAN THIRUMALAVENKATA DHARMAPURI  
 42303 STONEMONT CIRCLE  
 ASHBURN, VA 20148



E 055211 CTTAXCD1 055211 000000 S

IF YOU HAVE QUESTIONS CONTACT:  
DISCOVER BANK  
PHONE: 800-347-7000



TEP436445\_12344\_49373 1 of 4

ANAND MOHAN DHARMAPURI  
42303 STONEMONT CIR  
ASHBURN, VA 20148

**Instructions for Recipient**

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

**Recipient'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 (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**FATCA filing requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

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

**Box 1.** Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2020 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

**Box 2.** Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Forms 1040 and 1040-SR to see where to take the deduction.

**Box 3.** Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

**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. Include this amount on your income tax return as tax withheld.

**Box 5.** Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. **Note:** This amount is not deductible.

**Box 6.** Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

**Box 7.** Shows the country or U.S. possession to which the foreign tax was paid.

**Box 8.** Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Forms 1040 and 1040-SR. This amount may be subject to backup withholding. See Box 4

above. See the instructions above for a tax-exempt covered security acquired at a premium.

**Box 9.** Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

**Box 10.** For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the Instructions for Forms 1040 and 1040-SR. Market discount on a tax-exempt security is includable in taxable income as interest income.

**Box 11.** For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040 or 1040-SR) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1 if the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

**Box 12.** For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040 or 1040-SR) to determine the net amount of interest includable in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

**Box 13.** For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

**Box 14.** Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

**Boxes 15-17.** State tax withheld reporting boxes.

**Nominees.** If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

**Future developments.** For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT).

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>DISCOVER BANK</b> 502 EAST MARKET STREET GREENWOOD, DE 19950		CORRECTED (if checked)		Payer's RTN (optional)	OMB No. 1545-0112	<b>2020</b>	<b>Interest Income</b>
PAYER'S TIN 51-0020270		RECIPIENT'S TIN XXX-XX-9777		1 Interest income	Form 1099-INT		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>ANAND MOHAN DHARMAPURI</b> 42303 STONEMONT CIR ASHBURN, VA 20148		FATCA filing requirement		2 Early withdrawal penalty			<b>Copy B For Recipient</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.
				3 Interest on U.S. Savings Bonds and Treas. obligations			
				4 Federal income tax withheld	\$	5 Investment expenses	
				6 Foreign tax paid	\$	7 Foreign country or U.S. possession	
				8 Tax-exempt interest	\$	9 Specified private activity bond interest	
				10 Market discount	\$	11 Bond premium	
				12 Bond premium on Treasury obligations	\$	13 Bond premium on tax-exempt bond	
Account number (see instructions) 5221870450				14 Tax-exempt and tax credit bond CUSIP no.		15 State	
						16 State identification no.	
						17 State tax withheld	
							\$





107500-10



ANAND MOHAN DHARMAPURI OR  
 42303 STONEMONT CIR  
 ASHBURN VA 20148-1798

For questions please call: 1-800-655-2265



CORRECTED (if checked)

Date Printed 01/16/2021

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CAPITAL ONE N.A. 1680 CAPITAL ONE DR MCLEAN, VA 22102		Payer's RTN (optional)	OMB No. 1545-0112  <h1 style="text-align: center;">2020</h1> Interest Income	
PAYER'S TIN 72-0210640		1 Interest income <p style="text-align: right;">\$3.44</p> 2 Early withdrawal penalty	Form 1099-INT	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ANAND MOHAN DHARMAPURI OR 42303 STONEMONT CIR ASHBURN, VA 20148		3 Interest on U.S. Savings Bonds and Treas. obligations	<b>Copy B</b> <b>For Recipient</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 TIN ***-**-9777		4 Federal income tax withheld	5 Investment expenses	
Account number (see instructions) See Detail Below		6 Foreign tax paid	7 Foreign country or U.S. possession	
FATCA filing requirement <input type="checkbox"/>		8 Tax-exempt interest	9 Specified private activity bond interest	
Form 1099-INT (keep for your records)		10 Market discount	11 Bond premium	
www.irs.gov/Form1099INT		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond	
14 Tax-exempt and tax credit bond CUSIP no.		15 State VA	16 State identification no. 30-720210640F-002	17 State tax withheld

See Details

PRODUCT DESCRIPTION	ACCOUNT NUMBER	INTEREST INCOME	EARLY W/DRAWAL PENALTY	INTEREST ON U.S. BONDS	FED INCOME TAX WITHHELD
CHECKING	****5606	\$3.44			
		\$3.44			

NORTHWEST FEDERAL CREDIT UNION  
 220 SPRING STREET  
 HERNDON, VA 20170

# IMPORTANT TAX RETURN INFORMATION BELOW

ANAND MOHAN DHARMAPURI  
 42303 STONEMONT CIRCLE  
 ASHBURN, VA 20148

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>NORTHWEST FEDERAL CREDIT UNION</b> <b>220 SPRING STREET</b> <b>HERNDON, VA 20170</b> <b>703-709-8900</b>		<i>* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.</i>		OMB No. 1545-1380  <b>2020</b>  Form 1098	<b>Mortgage          Interest          Statement</b>
RECIPIENT'S/LENDER'S TIN <b>53-0216888</b>	PAYER'S/BORROWER'S TIN <b>*****9777</b>	1 Mortgage interest received from payer(s)/borrower(s)* <b>\$ 10,090.36</b>		<b>COPY B</b> <b>For Payer/Borrower</b> The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.	
PAYER'S/BORROWER'S name <b>ANAND MOHAN DHARMAPURI</b> Street address (including apt. no.) <b>42303 STONEMONT CIRCLE</b> City or town, state or province, country, and ZIP or foreign postal code <b>ASHBURN, VA 20148</b>		2 Outstanding mortgage principal <b>\$ 314,797.79</b>	3 Mortgage origination date <b>05/30/2013</b>		
		4 Refund of overpaid interest <b>\$ 0.00</b>	5 Mortgage insurance premiums <b>\$ 0.00</b>		
		6 Points paid on purchase of principal residence <b>\$ 0.00</b>			
9 Number of properties securing the mortgage	10 Other	7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. <input type="checkbox"/>			
Account number (see instructions) <b>6110039493</b>		8 Address or description of property securing mortgage (see instructions)  <b>42552 Magellan Square Ashburn VA 20148</b>		11 Mortgage acquisition date	

Form 1098 (keep for your records) www.irs.gov/Form1098 Department of the Treasury-Internal Revenue Service

### Additional Information Regarding Your Account

Principal Balance: \$ 305,303.91	Taxes Paid YTD: \$ 4,529.98	Late Chgs Pd YTD: \$ 0.00
T & I Balance: \$ 899.96	Principal Paid YTD: \$ 9,493.88	Haz/Fld Ins Pd YTD: \$ 539.00
Int on T & I YTD: \$ 0.85	Int on Loss Draft YTD: \$ 0.00	