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Form 1095-C (2020)

(keep for your records)

Instructions for Recipient

Form 1099-DIV

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 (TIN), 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 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also, report it on Schedule B (Form 1040 or 1040-SR), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Instructions for Forms 1040 and 1040-SR for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for

any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the Instructions for Schedule D (Form 1040 or 1040-SR). But, if no amount is shown in boxes 2c and 2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Forms 1040 and 1040-SR.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR).

Box 2c. Shows the portion of the amount in box 2a that is section 1202

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040 or 1040-SR) instructions.

Box 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR).

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

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.

Box 5. Shows the portion of the amount in box 1a that may be eligible for

the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions Box 11. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Forms 1040 and 1040-SR for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 12. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 11. See the Instructions for Form 6251. Boxes 13-15. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the 2020 General Instructions for Certain Information Returns.

Future developments. For the latest information about developments related to Form 1099-DIV and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099DIV.



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FLUSHING BANK 220 RXR Plaza Uniondale NY 11556 (800)581-2889

Return Service Requested



003207 M3029 1099INT 003207-001 FSB 0 OR 0 0114 HETALI S SHAH 445 DIVISION AVE HICKSVILLE NY 11801-6338

FLUSHING BANK IMPORTANT: Recipient Copy 220 RXR Plaza Interest Income Uniondale NY 11556 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 (800)581-2889 Copy B / Form 1099-INT Department of the Treasury - Internal Revenue Service B. INTEREST ON U.S. SAVINGS BOND & TREASURY OBLIGATIONS INTEREST 4. FEDERAL 15. STATE 16. STATE 17. STATE TAX WITHDRAWAL INCOME NOT INCOME TAX CODE ACCOUNT NUMBER DESCRIPTION IDENTIFICATION INCLUDED IN PENALTY (see instructions) NO. BOX 3 10 8900303279 CHECKING 175.00 NY The amount of interest paid has been listed under one Social Security number. Please keep this form for your records. Do not attach it to your income tax return. See instructions for recipients printed on the back of this form. TOTALS 175.00 PAYER'S TIN RECIPIENT'S TIN 5. INVESTMENT EXPENSES 6. FOREIGN TAX PAID 7. FOREIGN COUNTRY OR U.S. ***-**-3732 POSSESSION 41-2231564 PAYER'S RTN (optional) 8. TAX EXEMPT INTEREST 9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST Corrected 2nd TIN 10. MARKET DISCOUNT VOID (if checked) Notice 11. BOND PREMIUM FAT CA FILING 12. BOND PREMIUM TREASURY 13. BOND PREMIUM TAX EXEMPT BOND 14. TAX-EXEMPT & TAX CREDIT BOND CUSIP REQUIREMENT C 2020 0 D PAGE 1 OF 1 **HETALIS SHAH** 1099 INT - 2020 E 445 DIVISION AVE S STATEMENT FOR RECIPIENTS OF INTEREST INCOME **HICKSVILLE NY 11801-6338**



FILER'S name, street address, city or town foreign postal code, and telephone number State University of New York Stony Brook University P.O. Box 619 Stony Brook NY 11790 Contact: ECSI: 866-428-1098	, state or province, country, ZIP or	1 Payments received for qualified tuition and related expenses \$9,571.56	OMB No. 1545-1574 2020 Form 1098-T		Tuition Statement
FILER'S federal identification no. 16-1514621	*****3732	3			Copy B
STUDENT'S name, street address, city, st SHAH,HETALI 445 DIVISION AVE HICKSVILLE NY 11801-6		4 Adjustments made for a prior year	5 Scholarships or grants		This is important tax information and is being furnished to the
	5550	6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021	[]	Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to
Service Provider/Acct No. (see instr.) 113169179	8 Checked if at least half-time student [X]	9 Checked if a graduate student [X]	10 Ins. contract reimb./refun	nd	prepare the tax return.

Form 1098-1

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

Please Note: If your SSN is incorrect on this form, you did not provide it to your institution. To request that your SSN be corrected, please contact your institutions campus contact listed

Campus Contact Information http://www.stonybrook.edu/bursar Contact: Office of Student Accounts Phone Number: (631) 632-2455 E-Mail: StudentBilling@stonybrook.edu

The University cannot provide you with tax advice or assistance related to the credit or how to claim the credit. For assistance, please contact a tax professional or refer to IRS Publication 970 (Tax Benefits for Higher Education). For detailed charges and payment information, please access the Stony Brook University SOLAR system at: www.stonybrook.edu/solarsystem Student login information is required.

> Access your electronic tax document at https://heartland.ecsi.net. Create a profile and connect your Heartland key (01449-35374938E148) to view your tax profile.

Form W-2 Wage and	Tax		COP MPLOYE lotice to Emple	E'S RECC				
Stateme	ent	Er	nployee Earni	ngs Statemen	t.)	OMB No. 1545-0008		
a Control		1 Wage	s, tips, other		2 Fee	deral income tax withheld		
85	519		1	6847.00		1694.82		
b Employe	er's EIN	3 Socia	security wa	ages	4 So	cial security tax withheld		
47-26	322978		1	6847.00		1044.51		
d Employe	ee's SSN	5 Medic	are wages	and tips	6 Me	edicare tax withheld		
746-53-3	746-53-3732					244.27		
TRI-ME 49 PIEI	er's name, a ED STAFF RMONT A ETT NY 1	ING ING VE	211 0000					
13 Statuto	y employee	R	etirement pl	lan	Т	hird-party sick pay		
HICKS	VISION A'VILLE NY		8 Alloca	ated tips		9		
10 Depend	dent care be	nefits	11 Nonq	ualified plan	IS			
12 See ins	tructions for	box 12		14 Other UI/DB 6	1.15			
15 State NY		state ID n 22978	o. 16 State	wages, tips		17 State income tax 671.75		
18 Local v	vages, tips, o	etc. 6847.00		income tax	9.74	20 Locality name NYLOC		
Service. If y penalty or o	ation is being ou are require other sanction exable and yo	d to file a t may be im	ax return, a n	egligence		Dept. of the Treasury - IRS		

Federal Filing Copy - COPY B 5050 W-2 Wage and Tax To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008 Statement 2 Federal income tax withheld 1 Wages, tips, other comp a Control number 16847.00 1694.82 8519 4 Social security tax withheld **b** Employer's EIN 3 Social security wages 1044.51 16847.00 47-2622978 6 Medicare tax withheld 5 Medicare wages and tips d Employee's SSN 16847.00 244.27 746-53-3732 c Employer's name, address and ZIP code
TRI-MED STAFFING INC
49 PIERMONT AVE
HEWI FTT NY 44555 **HEWLETT NY 11557** Retirement plan Third-party sick pay 13 Statutory employee e Employee's name, address and ZIP code HETALI S SHAH 445 DIVISION AVE HICKSVILLE NY 11801 8 Allocated tips 9 7 Social security tips 11 Nonqualified plans 10 Dependent care benefits 14 Other UI/DB 61.15 12 See instructions for box 12 Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 15 State I 16847.00 671.75 NY 472622978 19 Local income tax 20 Locality name 18 Local wages, tips, etc. 16847.00 469.74 NYLOC

Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service.

2020 EMPLOYEE EARNINGS STATEMENT

This Earnings Statement provides you with more information pertaining to your W-2 and tax status, Also see the reverse side for IRS instructions.

1. W-4 information reflects data submitted to employer on Form W-4

Soc. Sec. No.: 746-53-3732 Marital Status: Single Exemptions

Federal: 0 State: 0 Local: 0

2. Taxable W-2 Wages

Gross Pay

Reported on W2

Wages, Tips Soc. Sec.
Other Comp. Wages
Box 1 Box 3

Medicare State
Wages
Box 5
Box 16
16847.00
State
Wages
Box 16

16847.00 16 16847.00 16

16847.00 16847.00 16847.00 16847.00

16847.00 16

16847.00 168

Form	State or Local Copy — C	OPY 2 2020
W-2 Wage and Tax Statement	To Be Filed With Employee's City, or Local Income Tax Re	State,
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld
8519	16847.00	1694.82
b Employer's EIN	3 Social security wages	4 Social security tax withheld
47-2622978	16847.00	1044.51
d Employee's SSN	5 Medicare wages and tips	6 Medicare tax withheld
746-53-3732	16847.00	244.27
c Employer's name.	address and ZIP code	

c Employer's name, address and ZIP code TRI-MED STAFFING INC 49 PIERMONT AVE HEWLETT NY 11557

e Employee's name, address and ZIP code HETALI S SHAH

445 DIVISION AVE HICKSVILLE NY 11801

13 Statutory employee

7 Social security tips 8 Allocated tips 9

10 Dependent care benefits 11 Nonqualified plans

Retirement plan

12 See instructions for box 12

UI/DB 61.15

 15 State NY
 Employer's state ID no. 472622978
 16 State wages, tips, etc. 16847.00
 17 State income tax 671.75

 18 Local wages, tips, etc. 16847.00
 19 Local income tax 469.74
 20 Locality name NYLOC

Dept. of the Treasury - IRS

Third-party sick pay



P.O. BOX 182051 COLUMBUS OH 43218-2051

Recipient's Information

Tax Year 2020 Form 1099-INT Interest 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.

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-INT Questions

Phone Support: 1-800-935-9935

Reci	Recipient's ID Number: XXX-XX-3732			Oi	riginal				
Sun	nmary of Form 1099-INT In	nterest Income					(OMB No. 154	5-0112)	
Box	Description		Amount	Box	Description			Amount	
1.	. Interest income		\$100.00	9.	Specified private acti	ivity bond interest		\$0.00	
2.	Early withdrawal penalty		\$0.00	10.	Market discount	\$0			
3.	Interest on U.S. Savings Bor	nds and		11.	Bond premium			\$0.00	
	Treasury Obligations	easury Obligations	\$0.00	12.	Bond premium on Tr	easury obligations		\$0.00	
4.	Federal income tax withhe	ld	\$0.00	13.	Bond premium on tax		\$0.00		
5.	Investment expenses		\$0.00	\$0.00 14. Tax-exempt and tax credit bond CUSIP no		credit bond CUSIP no.	(See Details (See Details		
6	Foreign tax paid		\$0.00	15.	State				
7.	Foreign country or U.S. poss	session	(See Details)	16.	State identification no	0.		Details)	
8.	Tax exempt interest		\$0.00	17.	State tax withheld			Details)	
					FATCA Filing require	ement		Details)	
Deta	ails of Form 1099-INT Inte	rest Income					(OMB No. 154	5-0112)	
	ount Number ount Description	Box #1 Interest income	Box # withdrawal	2 Early penalty		Other Boxes			
CHE	75797 CKING UDES CASH BONUS(ES) OF \$1	\$100.00		\$0.00	\$0.00	#15 State FATCA Filing requirement		OH NO	