

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NORTHWEST FEDERAL CREDIT UNION 200 SPRING STREET HERNDON VA 20170 (703) 709-8900		*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.	OMB No. 1545-1380 2021 Form 1098	CORRECTED (if checked) <input type="checkbox"/>	Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN 53-0216888	PAYER'S/BORROWER'S TIN XXX-XX-9777	1 Mortgage interest received from payer(s)/borrower(s)* \$ 9,777.15		Copy B For Payer/ Borrower 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 nondeductible item.	
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ANAND M DHARMAPURI 42303 STONEMONT CIRCLE ASHBURN VA 20148-1798		2 Outstanding mortgage principal \$ 305,303.91	3 Mortgage origination date 05/30/2013		
		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00		
		6 Points paid on purchase of principal residence \$ 0.00			
9 Number of properties securing the mortgage	10 Other YTD Taxes \$ 4434.70 YTD Late Charges \$.00	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) 6110039493		8 Address or description of property securing mortgage 42552 Magellan Square Ashburn VA 20148		11 Mortgage acquisition date	

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

Box 2. Shows the outstanding principal on the mortgage as of January 1, 2021. If the mortgage originated in 2021, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2021, shows the mortgage principal as of the date of acquisition.
Box 3. Shows the date of the mortgage origination.
Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you

Copy B - To Be Filed With Employee's FEDERAL Tax Return.		OMB No. 1545-0008	
a Employee's soc. sec. no. 018-43-4688	1 Wages, tips, other comp. 58479.50	2 Federal income tax withheld 7570.86	
	3 Social security wages 61571.74	4 Social security tax withheld 3817.45	
b Employer ID number (EIN) 61-1776778	5 Medicare wages and tips 61571.74	6 Medicare tax withheld 892.79	
c Employer's name, address, and ZIP code WVNH EMP LLC 4700 Ashwood Drive Suite 200 Cincinnati, OH 45241			
d Control number			
e Employee's name, address, and ZIP code Haripriya Govardhanam 42303 Stonemont Circle Ashburn, VA 20148			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 3092.24	
13 Statutory employee	14 Other	12b Code AA 4313.76	
Retirement plan X		12c Code DD 20094.10	
Third-party sick pay		12d Code	
VA 30-611776778F001	58479.50	2739.39	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return		OMB No. 1545-0008	
a Employee's soc. sec. no. 018-43-4688	1 Wages, tips, other comp. 58479.50	2 Federal income tax withheld 7570.86	
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Retirement plan X		12c Code DD 20094.10	
Third-party sick pay		12d Code	
VA 30-611776778F001	58479.50	2739.39	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		OMB No. 1545-0008	
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	3 Social security wages 61571.74	4 Social security tax withheld 3817.45	
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Third-party sick pay		12d Code	
VA 30-611776778F001	58479.50	2739.39	
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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the IRS. 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.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return		OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

BW24UP NTF 2584428 1 BW24UP

2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2 Wage and Tax Statement		2021	
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000021921 UPS		CGB6	S 8463
c Employer's name, address, and ZIP code			
INOVA HEALTH SYSTEM AGENT FOR:INOVA HEALTH CARE 8110 GATEHOUSE ROAD SUITE 410W FALLS CHURCH, VA 22042			
e/f Employee's name, address, and ZIP code			
HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148			
b Employer's FED ID number	a Employee's SSA number		
54-1773443	XXX-XX-4688		
1 Wages, tips, other comp.	2 Federal income tax withheld		
6703.72	410.98		
3 Social security wages	4 Social security tax withheld		
6875.44	426.28		
5 Medicare wages and tips	6 Medicare tax withheld		
6875.44	99.69		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D 171.72		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
VA	30-541773443F-001	6703.72	
17 State income tax	18 Local wages, tips, etc.		
266.32			
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

HARIPRIYA GOVARDHANAM
42303 STONEMONT CIRCLE
ASHBURN, VA 20148

Social Security Number: XXX-XX-4688



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0000021921 UPS		CGB6	8463
c Employer's name, address, and ZIP code			
INOVA HEALTH SYSTEM AGENT FOR:INOVA HEALTH CARE 8110 GATEHOUSE ROAD SUITE 410W FALLS CHURCH, VA 22042			
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Federal Filing Copy	
W-2 Wage and Tax Statement	2021
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008	

VA. State Filing Copy	
W-2 Wage and Tax Statement	2021
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

City or Local Filing Copy	
W-2 Wage and Tax Statement	2021
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008	