



Department of the Treasury  
Internal Revenue Service  
OGDEN, UT 84201

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DEBPARNAS  
320 QUEEN ANNE AVE N APT 511  
SEATTLE WA 98109-4512

194783

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service  (Please keep this copy for your records)	Calendar Year  2021
Recipient's Identification Number 210-51-7822	Total Interest Paid or Credited \$17.53
PAYER'S Federal Identification Number 38-1798424 (INTERNAL REVENUE USE ONLY)	

**THIS IS NOT A TAX BILL.** It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.

**Employer-Provided Health Insurance Offer and Coverage**  
 ▶ Do not attach to your tax return. Keep for your records.  
 ▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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 CORRECTED

**Part I Employee**

1 Name of employee (first name, middle initial, last name) DEBPARN A DAS		2 Social security number (SSN) XXX-XX-7822		Applicable Large Employer Member (Employer)			
3 Street address (including apartment no.) 320 QUEEN ANNE AVE N APT 511				7 Name of employer AMAZON.COM SERVICES LLC			
4 City or town SEATTLE		5 State or province WA		6 Country and ZIP or foreign postal code US 98109		8 Employee identification number (EIN) 82-0544687	
9 Street address (including room or suite no.) PO BOX 81226				11 City or town SEATTLE		10 Contact telephone number 866-644-2696	
12 State or province WA		13 Country and ZIP or foreign postal code US 98108					

**Part II Employee Offer of Coverage**

	Employee's Age on January 1:												Plan Start Month (enter 2-digit number): 04														
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of coverage (enter required code)		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E														
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$ 31.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C														
17 ZIP Code																											

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2021)

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage																						
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec											
18	DEBPARN A DAS	XXX-XX-7822					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
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30																											

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BNY MELLON DISBURSEMENT AGENT  
INSPERITY 401K PLAN  
PO BOX 1988  
KINGWOOD, TX 77347

Customer service telephone number: 888-401-5273

RECIPIENT'S name and address

NSP02T

DEBPARNA DAS  
320 QUEEN ANNE AVE N APT 511  
SEATTLE WA 98109-4633



PAYER'S Federal ID number 25-1926855	RECIPIENT'S ID number XXX-XX-7822	Account number (see instructions) NSP02T 180000	13 Date of Payment
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FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 14,051.91	2a Taxable amount \$	OMB No. 1545-0119 <b>2021</b> <b>Form 1099-R:</b> Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	
3 Capital gain (Included in box 2a)	4 Federal income tax withheld	<b>COPY C</b>  For Recipient's Records
\$	\$	
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	12 FATCA filing requirement <input type="checkbox"/>
\$	\$	
7 Distribution code(s) G <input type="checkbox"/>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other
9a Your percentage of total distribution	%	9b Total employee contributions \$
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	16 State distribution \$
14 State tax withheld	15 State/Payer's state no. WA/25-1926855	17 Local tax withheld
\$	\$	18 Name of locality
17 Local tax withheld	\$	19 Local distribution \$

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

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INSPERITY 401K PLAN  
PO BOX 1988  
KINGWOOD, TX 77347

Customer service telephone number: 888-401-5273

RECIPIENT'S name and address

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320 QUEEN ANNE AVE N APT 511  
SEATTLE WA 98109

PAYER'S Federal ID number 25-1926855	RECIPIENT'S ID number XXX-XX-7822	Account number (see instructions) NSP02T 180000	13 Date of Payment
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2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	
3 Capital gain (Included in box 2a)	4 Federal income tax withheld	<b>COPY 2</b> File this copy with your state, city, or local income tax return, when required.
\$	\$	
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	12 FATCA filing requirement <input type="checkbox"/>
\$	\$	
7 Distribution code(s) G <input type="checkbox"/>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other
9a Your percentage of total distribution	%	9b Total employee contributions \$
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FORM 1099-R

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2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	
3 Capital gain (Included in box 2a)	4 Federal income tax withheld	<b>COPY B</b> Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.
\$	\$	
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	12 FATCA filing requirement <input type="checkbox"/>
\$	\$	
7 Distribution code(s) G <input type="checkbox"/>	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other
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