

Internal Revenue Service **OGDEN, UT 84201**

194783.200082.264468.13204 1 AV 0.426 371 իլիկել մեկիի իրիրենից հայինի ինդել ինկանի ինչի



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

194783

orm 1099-INT (Rev. 10-2013)	Statement Showing Interest Income from the Internal Revenue Service	Calendar Year			
	(Please keep this copy for your records)	2021			
	Recipient's Identification Number	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.

Part I Employee Applicable Large Employer Member (Employer) 1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) XXX-XX-7822 Name of employer
AMAZON.COM SERVICES LLC DAS 8 Employer identification number (EIN) 82-0544687 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number 866-644-2696 320 QUEEN ANNE AVE N APT 511 PO BOX 81226 4 City or town SEATTLE 5 State or province WA 6 Country and ZIP or foreign postal code 11 City or town SEATTLE 12 State or province WA 13 Country and ZIP or foreign postal code U.S. 981 0.8 Part II Employee Offer of Coverage Plan Start Month (enter 2-digit number): 04 Employee's Age on January 1: All 12 Months Feb Mar Apr May June Sept Oct July Aug Nov Dec 14 Offer of Coverage 1H 1H (enter required code) 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 2A 2A 2C 2C 2C 2C 2C 2C if applicable) 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) P00350 Form 1095-C (2021) Page 3 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 X (e) Months of coverage (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered all 12 months (a) Name of covered individual(s) First name, middle initial, last name May June July Aug Sept Oct Nov Dec Jan Feb Mar Apr TIN is not available) 18 DEBPARNA X X X X X X X X X X DAS XXX-XX-7822 20 22 23 24

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

► Go to www.irs.gov/Form1095C for instructions and the latest information

₹1095-C

Department of the Treasury Internal Revenue Service

26 27 28

30

□ VOID

CORRECTED

OMB No. 1545-2251

2021

P00750

	PAYER'S name, street address, of	city or town, state or province	ce, country, and ZIP or foreign pos	stal code	1 Gross distribution	2a Taxable amount	OMB No. 1545-0119
	PO BOX 1988 KINGWOOD, TX 77347			\$ 14,051.91	\$	2021 Form 1099-R:	
				2b Taxable amount not determined	Total X	Distributions	
				3 Capital gain (Included in box 2a)	4 Federal income tax withheld	From Pensions, Annuities,	
				(Included III box 2a)	c tax withheid	Retirement or	
	Customer service telephone number: 888-401-5273		5 Employee contributions	6 Net unrealized appreciation	Profit-Sharing Plans, IRAs,		
	RECIPIENT'S name and address				/Designated Roth	in employer's securities	Insurance
					contributions or insurance premiums		Contracts, etc. This information is being
					S	s	furnished to the Internal Revenue Service.
						Other	COPY C
			NSP02T		code(s) SEP/ SIMPLE		001 0
6252	08				G S	%	For
330	E DEBPARNA DA	c			9a Your percentage of	gh Total employee	Recipient's
	1 200 01111111 3	NNE AVE N APT 511			total distribution %	contributions	Records
	∾ ► SEATTLE WA	98109-4633			10 Amount allocable to	11 1st year of desig.	12 FATCA filing
	իցիկիդիիդարեսայերունդիրարականոններ				IRR within 5 years	Roth contrib.	requirement
					\$	45.00.00	
					14 State tax withheld	15 State/Payer's state no. 1 WA/25-1926855 \$	o State distribution
	PAYER'S Federal ID number R	RECIPIENT'S ID number	Account number (see Instructions)	13 Date of Payment	17 Local tax withheld		9 Local distribution
	23-1320833	XXX-XX-7822	NSP02T 180000		\$	s	
	ronm 1099-11 (keep to	r your records)	www.irs.go	v/form1099r	Departmen	t of the Treasury - Interna	al Revenue Service
	PAYER'S name, street address,	city or town, state or provin	nce, country, and ZIP or foreign po	stal code	1 Gross distribution	los Tarrellos servicios	laure of the same
			or ionorgh po	otar cocc	\$ 14,051.91	2a Taxable amount	OMB No. 1545-0119 2021
	BNY MELLON DISBURS INSPERITY 401K PLA	EMENT AGENT			2b Taxable amount	Total	Form 1099-R:
	PO BOX 1988				not determined 3 Capital gain	Total distribution X	Distributions From Pensions,
	KINGWOOD, TX 77347	1			(Included in box 2a)	4 Federal income tax withheld	Annuities,
	Customer service telephone	number: 888-401-527:	3		\$	\$	Retirement or Profit-Sharing
					5 Employee contributions /Designated Roth	6 Net unrealized appreciation in employer's securities	Plans, IRAs,
	RECIPIENT'S name and addr	ress			contributions or	an omproyer a securities	Insurance Contracts, etc.
					insurance premiums		John Ladis, Ctc.
					7 Distribution IRA/ 8	Sther	
					code(s) SEP/	Outer	COPY 2
					SIMPLE		File this copy with your state,
					9a Your percentage of	9b Total employee	city, or local income tax
	DEBPARNA DAS				total distribution	contributions	return, when
					10 Amount allocable to	\$ 11.104	required.
	SEATTLE WA	NNE AVE N APT 511 98109			IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement
					\$		
					14 State tax withheld	15 State/Payer's state no. 1	6 State distribution
	PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)	13 Date of Payment	17 Local tax withheld	WA/25-1926855 \$ 18 Name of locality 11	9 Local distribution
	25-1926855	XXX-XX-7822	NSP02T 180000		\$	s	cocai distribution
	FORM 1099-R www.irs.gov/form1099r				Departmen	t of the Treasury - Interna	Revenue Service
	PAYER'S name, street address	ss, city or town, state or prov	vince, country, and ZIP or foreign p	ostal code	1 Gross distribution	On Touchi	
	PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code BNY MELLON DISBURSEMENT AGENT				\$ 14,051.91	2a Taxable amount	OMB No. 1545-0119 2021
	INSPERITY 401K PL				2b Taxable amount	Total X	Form 1099-R:
	PO BOX 1988				not determined 3 Capital gain		Distributions From Pensions,
	KINGWOOD, TX 7734	7			(Included in box 2a)	4 Federal income tax withheld	Annuities,
	Customer service telephone	number: 888-401-527	'3		\$ Employee	\$	Retirement or Profit-Sharing
					5 Employee contributions /Designated Roth	6 Net unrealized appreciation in employer's securities	Plans, IRAs,
	RECIPIENT'S name and add	ress			contributions or insurance premiums	p-y	Insurance Contracts, etc.
					insurance premiums		This information is being furnished to the Internal
					7 Distribution IRA/ 8	Sther State	Revenue Service.
					code(s) SEP/ SIMPLE	Suite	COPY B
				G G		Report this income on your federal tax return.	
					9a Your percentage of	9b Total employee	If this form shows federal income tax withheld in
					total distribution	contributions	Box 4, attach this copy to your return.
	DEBPARNA DAS 320 QUEEN ANNE AVE N APT 511 SEATTLE WA 98109			10 Amount allocable to	\$ 11 1st year of desig.		
				IRR within 5 years	Roth contrib.	12 FATCA filing requirement	
					\$		
				14 State tax withheld	15 State/Payer's state no. 1	6 State distribution	
	PAYER'S Federal ID number I	RECIPIENT'S ID number I	Account number (see instructions)	13 Date of Payment	17 Local tax withheld	WA/25-1926855	
	25-1926855	XXX-XX-7822	NSP02T 180000	- Date of Faying it	\$	is manie of locality	9 Local distribution
	FORM 1099-R			ov/form1099r	Departme	nt of the Treasury - Interna	I Day on a contract of