

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2021

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name GOPAL K REDDY		Box 2. Beneficiary's Social Security Number 625-15-5890	
Box 3. Benefits Paid in 2021 \$11,601.00	Box 4. Benefits Repaid to SSA in 2021 NONE	Box 5. Net Benefits for 2021 (Box 3 minus Box 4) \$11,601.00	
<b>DESCRIPTION OF AMOUNT IN BOX 3</b> Paid by check or Direct deposit \$11,601.00 Benefits for 2021 \$11,601.00		<b>DESCRIPTION OF AMOUNT IN BOX 4</b> NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address GOPAL K REDDY 1514 FROST CREEK LN FRIENDSWOOD TX 77546-4682	
		Box 8. Claim Number (Use this number if you need to contact SSA.) 625-15-5890A	



# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2021

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

SUJATHA K REDDY

Box 2. Beneficiary's Social Security Number

608-13-1288

Box 3. Benefits Paid in 2021

\$6,271.00

Box 4. Benefits Repaid to SSA in 2021

NONE

Box 5. Net Benefits for 2021 (Box 3 minus Box 4)

\$6,271.00

DESCRIPTION OF AMOUNT IN BOX 3

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Paid by check or Direct deposit  
Benefits for 2021

\$6,271.00  
\$6,271.00

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

SUJATHA K REDDY  
1514 FROST CREEK LN  
FRIENDSWOOD TX 77546-4682

Box 8. Claim Number (Use this number if you need to contact SSA.)

608-13-1288A



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2021**

**Copy 1 for employer's records.**  
 d Control number 0000099592 V61  
 e Employer's name, address, and ZIP code  
**SECURITAS SECURITY SERVICES USA**  
**INC**  
**NINE CAMPUS DRIVE**  
**PARSIPPANY, NJ 07054**

e<sup>f</sup> Employer's name, address, and ZIP code  
**GOPAL K REDDY**  
**12005 PIONEER BLVD**  
**NORWALK, CA 90650**

b Employer's FED ID number 71-0912217	a Employee's SSA number XXX-XX-5890
1 Wages, tips, other comp. 23422.57	2 Federal income tax withheld 1121.04
3 Social security wages 23422.57	4 Social security tax withheld 1452.20
5 Medicare wages and tips 23422.57	6 Medicare tax withheld 339.63
7 Social security tips 23422.57	8 Allocated tips 339.63
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 281.07 CA SUI	12b
	12c
	12d
15 State Employer's state ID no. CA 228-5418 6	16 State wages, tips, etc. 23422.57
17 State income tax 191.09	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**GOPAL K REDDY**  
**12005 PIONEER BLVD**  
**NORWALK, CA 90650**

Social Security Number: XXX-XX-5890

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d Control number 0000099592 V61	Dept. Emp. use only SC11 114121

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**GOPAL K REDDY**  
**12005 PIONEER BLVD**  
**NORWALK, CA 90650**

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**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
 Copy 3 to be filed with employer's Federal income tax return.

**CA State Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
 Copy 2 to be filed with employer's State income tax return.

**City or Local Filing Copy**  
**W-2 Wage and Tax Statement 2021**  
 Copy 2 to be filed with employer's City or Local income tax return.





### VEHICLE REGISTRATION RENEWAL NOTICE

VIN	MAKE	YR	BODY TYPE	LICENSE PLATE	AMOUNT DUE	DUE DATE
1HGFA16537L071736	HOND	2007	4D	5YOL014	\$152	04/08/2022

**SMOG Certification Required at a STAR station**  
 (See reverse side of notice)

Please take this notice to a STAR station



To renew, just provide:

- Renewal Fees
- SMOG Certification

(see reverse side of notice)

FEES	
REGISTRATION FEE	\$122
LICENSE FEE (May be an income tax deduction)	\$19
WEIGHT FEE	\$0
SPECIAL PLATE FEE	\$0
COUNTY/DISTRICT FEES	\$11
OWNER RESPONSIBILITY FEE	\$0

**RENEW ONLINE,  
 BY KIOSK, OR PHONE**  
 Your Renewal Identification  
 Number is **846173**  
 VISIT [WWW.DMV.CA.GOV](http://WWW.DMV.CA.GOV) OR  
 CALL 1-800-777-0133

Return by Mail

TOTAL DUE ON OR BEFORE 04/08/2022 \$152

OR \$23 TO FILE PLANNED NONOPERATION

**PLANNED NONOPERATION**  
 If you plan not to operate (PNO) this vehicle, please check the box and return the bottom part with your PNO payment.

LATE PAYMENT			
POSTMARKED	RENEWAL	PNO	
After 04/08/22 through 04/18/22	\$174	\$35	
After 04/18/22 through 05/08/22	\$186	\$42	
After 05/08/22 through 07/07/22	\$223	\$64	
AFTER 07/07/2022	\$223	NO PNO	

DETACH AND RETURN

Planned Nonoperation Change of Address (see back) For DMV Use Only

S

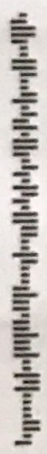
020101 05342421000104 0015200 08620701070100  
 00050306000 0000007100 16036999 52

AM1111A	B011322S01	21592	P10001
LICENSE NUMBER	MAKE		
5YOL014	HOND		
VIN			
1HGFA16537L071736			
DMV USE DUE DATE	AMOUNT DUE		
04/08/2022	\$152		

MAKE PAYMENT TO:

REDDY GOPAL KALAM  
 12005 PIONEER BLVD  
 NORWALK CA 90650-1768

DMV GENERAL  
 P.O. BOX 942897  
 SACRAMENTO CA 94297-0897





VOID  CORRECTED (if checked)

Street address, city or town, state or province, country, ZIP  
 100 Pioneer Blvd., Suite 110  
 Artesia, CA 90701  
 (562)-445-2800

FILER'S Federal identification number 82-3984818	TRANSEFEROR'S identification number 625-15-5890
TRANSEFEROR'S name Gopal Reddy	
Street address (including apt. no.) 1514 Frost Creek Lane	
City or town, state or province, country, and ZIP or foreign postal code Friendswood, TX 77546	
Account or escrow number (see instructions) 5172-SL	

1 Date of closing September 17, 2021	OMB No. 1545-0997 <b>2021</b> Form 1099-S
2 Gross proceeds \$711,000.00	
3 Address or legal description 12005 Pioneer Blvd Norwalk, CA 90650	

4 Transferee received or will receive property or services as part of the consideration (if checked) ..... [ ]
5 If checked, transferee is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) ..... [ ]
6 Buyer's part of real estate tax \$ .00

**Proceeds From Real Estate Transactions**

**Copy B For Transferee**  
 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 item is required to be reported and the IRS determines that it has not been reported.

(KEEP FOR YOUR RECORDS)

Department of the Treasury - Internal Revenue Service

**Instructions for Transferor**

For sales or exchanges of certain real estate, the person responsible for closing a real estate transaction must report the real estate proceeds to the IRS and must furnish this statement to you. To determine if you have to report the sale or exchange of your main home on your tax return, see the instructions for Schedule D (Form 1040). If the real estate was not your main home, report the transaction on Form 4797, Form 6252, and/or the Schedule D for the appropriate income tax form. If box 4 is checked and you received or will receive like-kind property, you must file Form 8824. Federal mortgage subsidy. You may have to recapture (pay back) all or part of a federal mortgage subsidy if all the following apply.

- You received a loan provided from the proceeds of a qualified mortgage bond or you received a mortgage credit certificate.
- Your original mortgage loan was provided after 1990.
- You sold or disposed of your home at a gain during the first 9 years after you received the federal mortgage subsidy.
- Your income for the year you sold or disposed of your home was over a specified amount.

This will increase your tax. See Form 8828 and Pub. 523. Transferee's taxpayer identification number. For your protection, this form may show only the last four digits of your 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 identification number to the IRS. Account number. May show an account or other unique number the filer assigned to distinguish your account.

Box 1. Shows the date of closing.

Box 2. Shows the gross proceeds from a real estate transaction, generally the sales price. Gross proceeds include cash and notes paid off at notes assumed by the transferee (buyer), and any notes paid or services settlement. Box 2 does not include the value of other property or services you received or will receive. See Box 4.

Box 3. Shows the address or legal description of the property transferred.

Box 4. If marked, shows that you received or will receive services or property (other than cash or notes) as part of the consideration for the property transferred. The value of any services or property (other than cash or notes) is not included in box 2.

Box 5. If checked, shows that you are a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust).

Box 6. Shows certain real estate tax on a residence charged to the buyer at settlement. If you have already paid the amount in box 6 from the amount that includes the sale date, subtract the amount in box 6 from the amount already paid to determine your deductible real estate tax. But if you have already deducted the real estate tax in a prior year, generally report this amount as income on the "Other Income" line of the appropriate income tax form. For more information, see Pub. 523, Pub. 525, and Pub. 530.



Taxable Year  
**2021**

**California Health Insurance  
Marketplace Statement**

California Form  
**3895**

VOID  CORRECTED

Recipient's name <b>SUJATHA</b>	Initial	Last Name <b>REDDY</b>	Suffix	Recipient's SSN <b>608131288</b>	Recipient's date of birth <b>11/08/1957</b>
Spouse's name <b>GOPAL</b>	Initial	Last Name <b>REDDY</b>	Suffix	Spouse's SSN <b>625155890</b>	Spouse's date of birth <b>10/05/1948</b>
Address (apt./ste, room, PO box, or PMB no.) <b>1514 Frost creek lane</b>					
City (If you have a foreign address, see instructions.) <b>Friendwood</b>				State <b>TX</b>	ZIP Code <b>77546</b>
Marketplace identifier <b>California</b>		Marketplace-assigned policy number <b>14035082</b>		Policy issuer's name <b>LA Care</b>	
Policy start date <b>01/01/2021</b>		Policy termination date <b>06/30/2021</b>		<input type="checkbox"/> Repayment cap may not apply	

**Part I Covered Individuals**

	(a) Covered individual name		(b) Covered Individual SSN	(c) Covered individual date of birth	(d) Coverage start date	(e) Coverage termination date
	First name	Last name				
1	SUJATHA	REDDY	608131288	11/08/1957	01/01/2021	06/30/2021
2						
3						
4						
5						

**Part II Coverage Information**

Month	(a) Monthly enrollment premiums	(b) Monthly second lowest cost silver plan (SLCSP) premium	(c) Monthly advance payment of premium assistance subsidy
6 January	\$584.85	\$755.72	\$18.19
7 February	\$584.85	\$755.72	\$18.19
8 March	\$584.85	\$755.72	\$18.19
9 April	\$584.85	\$755.72	0
10 May	\$584.85	\$755.72	0
11 June	0	0	0
12 July	0	0	0
13 August	0	0	0
14 September	0	0	0
15 October	0	0	0
16 November	0	0	0



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.

LoanCare, LLC.  
P.O. Box 8068  
Virginia Beach, VA 23450  
(800) 274-6600

PAYER'S/BORROWER'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code

GOPAL REDDY  
SUJATHA REDDY  
12005 PIONEER BLVD  
NORWALK CA 90650

\* 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

**Mortgage Interest Statement**

Account number (see instructions)  
0035527845

**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.

1 Mortgage interest received from payer(s)/borrower(s)\*

\$3,273.52

2 Outstanding mortgage principal

\$151,927.03

3 Mortgage origination date

03/06/15

4 Refund of overpaid interest

\$

5 Mortgage insurance premiums

\$0.00

6 Points paid on purchase of principal residence

\$0.00

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.

8 Address or description of property securing mortgage

12005 PIONEER BLVD  
NORWALK CA 90650

9 Number of properties securing the mortgage

01

RECIPIENT'S/LENDER'S TIN  
54-1322898

PAYER'S/BORROWER'S TIN  
###-##-5890

10 Other Real Estate Taxes Paid \$0.00

11 Mortgage acquisition date

Form 1098

(keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



RENTAL AGREEMENT NUMBER 393109102

RESERVATION NUMBER 45043804-US-4

Customer Name : REDDY, SAJJAN

Budget Car Num : 9 4 3 0 7 5 3 3

Drivers Lic Number : USCAXXXX7540

Plate Number : HI EFQ2827

Budget Corp Disc. : HOTWIRE OTA MARKETING

Veh Description : SIL NISSAN ALTIMA SEDAN

Methods of Payment : VISA XI4871

Odometer Out : 39546 MIs

Fuel Gauge Reading: Full

Pickup Date/Time : AUG 25, 2021@10:34 AM

Return Date/Time : SEP 11, 2021@10:30 AM

Pickup Location : 1212 WEST WHITTIER BOULEVARD  
MONTEBELLO, CA, 90640, US

Return Location : 9775 AIRPORT BOULEVARD  
LOS ANGELES, CA, 90045, US

Additional Fees May Apply If Changes Are Made To Your Return Date, Time And/Or Location.

OUR ESTIMATED VEHICLE CHARGES

RATE CHART	TIME AND MILEAGE	
WEEKLY : 27.38		
PER DAY : 31.29		
PER HOUR : 531.87	PER	531.87=
MILES : Unlimited		531.87
	Less 10.0% Discount =	53.19
Your Estimated Time & Mileages:		478.68
VEH LICENSE RECOUP 1.40 /DY	+	23.80
Estimated Subtotal Charges:		502.48
Sales Tax 10.250%	+	51.50
OUR ESTIMATED TOTAL CHARGES X		553.98

YOUR OPTIONAL PRODUCTS/SERVICES

Loss Damage Waiver	17.00/Day	Declined
Personal Accident and Effects	9.95/Day	Declined
Emergency Sickness Plan	5.00/Day	Declined
Supplemental Liability Insurance	14.00/Day	Declined

By my initials I accept or decline optional services/products as shown above. X K.S.

Please return the vehicle with the same fuel level as you received it. Please provide a receipt for fuel purchased. If you do not, additional fuel fees may apply:

.3567 per MI or 9.990 per Gal. X K.S.

I understand that important information on cashless toll roads and e-Toll services can be found at budget.com/etoll. X K.S.

Prior written approval and the purchase of Mexican insurance are required otherwise you are prohibited from traveling into Mexico.

NOTICES-----BUDGET-----NOTICES

Renter's liability insurance: renter accepts or declines primary third party automobile liability up to minimum statutory limits of the jurisdiction where the accident occurred. XX K.S. Accept XX K.S. Decline

I AGREE TO: BE CONTACTED ABOUT THE RENTAL BY CALLS OR TEXTS AT THE PHONE NUMBER(S) PROVIDED; BUDGET'S COLLECTION AND USE OF VEHICLE DATA (INCLUDING DIAGNOSTIC, LOCATION, DAMAGE, PERFORMANCE & OPERATIONAL DATA LIKE MILEAGE, FUEL, CONDITION & OTHER DATA RELATED TO THE VEHICLE & ITS USE) PER OUR PRIVACY NOTICE AT WWW.BUDGET.COM/privacy; AND MANUFACTURERS' COLLECTION AND USE OF DATA FROM THE RENTAL VEHICLE PER THEIR PRIVACY NOTICE.

Loss Damage Waiver is optional. An added daily cost of 17.00 covers your responsibility for damage to our car. Check with your insurer as this may be duplicative of your own car insurance. I agree the charges listed above are estimates.

I agree to all terms herein and in the separate Rental Terms and Conditions document ("RTC"), including the arbitration/class action waiver provision. I understand the RTC will be provided to me prior to leaving the counter, but I can also request a copy to review at any time as well as review it at WWW.BUDGET.COM/TERMSCA. No additional drivers allowed without prior written consent. Tickets, fines and admin fees to be charged to this rental. X K.S.

If you have questions regarding this rental, call us at 323-726-8798 This vehicle was rented to you by ANHTAR



**Goodwill**  
 12827 Pioneer Blvd  
 NORMALK - 431  
 (562)-864-0662  
 Station #: 8  
 09/20/2021 10:14:56

Process By: 0 City: 5  
 Description: 1  
 Other (Piece)  
 Other (Bag)

Thank you for your donation!  
 The usable item(s) which you donated assist Goodwill with its mission of assisting, training, and placing people with barriers to employment, educating them to achieve economic and personal independence.

Goodwill is a community resource, providing skill development and work opportunities, to help people feel whole through the power of work.

RECEIPT FOR TAX PURPOSES: This receipt is a record of your tax-deductible contribution.

**Goodwill**  
 12827 Pioneer Blvd  
 NORMALK - 431  
 (562)-864-0662  
 Station #: 8  
 06/28/2016 08:55:12

Process By: 0 City: 1  
 Donor #: 31014995  
 SHAPNA REDDY

Thank you for your donation!  
 The usable item(s) which you donated assist Goodwill with its mission of assisting, training, and placing people with barriers to employment, educating them to achieve economic and personal independence.

Goodwill is a community resource, providing skill development and work opportunities, to help people feel whole through the power of work.

RECEIPT FOR TAX PURPOSES: This receipt is a record of your tax-deductible contribution.

**Goodwill**  
 12827 Pioneer Blvd  
 NORMALK - 431  
 (562)-864-0662  
 Station #: 8  
 09/03/2021 11:06:27

Process By: 0 City: 2  
 Description: 1  
 Clothing (bags) (Bag)

Thank you for your donation!  
 The usable item(s) which you donated assist Goodwill with its mission of assisting, training, and placing people with barriers to employment, educating them to achieve economic and personal independence.

Goodwill is a community resource, providing skill development and work opportunities, to help people feel whole through the power of work.

SAVE THIS RECEIPT FOR TAX PURPOSES! This receipt is the only record of your tax-deductible donation. The IRS does not allow Goodwill to make a dollar valuation of your contribution, but you may claim the deduction in "good" condition per the 2006 IRS rules change.

Visit us at [www.thinkgood.org](http://www.thinkgood.org)

**Goodwill**  
 Serving the People of Southern Orange County  
 800 W. Pacific Coast Hwy., Long Beach, CA 90806 (562) 435-3411

**Donation**  
 Date: 08-04  
 Donor's Name: [Redacted]  
 Address: [Redacted]  
 City: [Redacted]  
 Email Address: [Redacted]

Books  
 Clothing  
 Computer/TV  
 Electronics  
 Furniture  
 Housewares  
 Attendant: [Redacted]

Turning Point  
 - Save This Receipt

**Goodwill**  
 Serving the People of Southern Orange County  
 800 W. Pacific Coast Hwy., Long Beach, CA 90806 (562) 435-3411

**Donation**  
 Date: 8/24  
 Donor's Name: [Redacted]  
 Address: [Redacted]  
 City: [Redacted]  
 Email Address: [Redacted]

Books  
 Clothing  
 Computer/TV  
 Electronics  
 Furniture  
 Housewares  
 Attendant: [Redacted]

This receipt is a record of your tax-deductible contribution.

**Goodwill**  
 Serving the People of Southern Orange County  
 800 W. Pacific Coast Hwy., Long Beach, CA 90806 (562) 435-3411

**Donation Receipt**  
 Date: 8/24  
 Donor's Name: [Redacted]  
 Address: [Redacted]  
 City: [Redacted]  
 Zip Code: [Redacted]

Books  
 Clothing  
 Computer/TV  
 Electronics  
 Furniture  
 Housewares  
 Jewelry  
 Special Appliances  
 Toys & Games  
 Other Items  
 Attendant: [Redacted]

This receipt is a record of your tax-deductible contribution.



WIRE TYPE: WIRE...  
TRN:XXXXXXXXXXXX669632 SERVICE...

Customer Withdrawal Image

Debit

-\$4,512.73

Wire Transfer Fee

Bank Charge

-\$15.00

WIRE TYPE: WIRE IN DATE: 04/02/2024