

Copy B To Be Filed With Employee's FEDERAL Tax Return		2021 OMB No. 1545-0008	
a Employee's social security number 512-31-6862	1 Wages, tips, other comp. 133879.27	2 Federal income tax withheld 23059.46	
b Employer ID number 45-3767548	3 Social security wages 142654.03	4 Social security tax withheld 8844.57	
	5 Medicare wages and tips 142654.03	6 Medicare tax withheld 2068.48	
c Employer's name, address, and ZIP code Ellucian Company LP 4 Country View Rd Malvern, PA 19355			
d Control Number 46759 30002932			
e Employee's name, address, and ZIP code Shivkumar Jungele 41987 Bushclover Terr Aldie, VA 20105			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code C	232.80
13 Statutory employee	14 Other	12b Code D	8774.76
Retirement plan X		12c Code DD	14975.80
3rd party sick pay		12d Code W	2000.00
VA 30-453767548F-001	133879.27	7162.53	
15 State Emplr.'s state I.D. #	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 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2021 OMB No. 1545-0008	
a Employee's social security number 512-31-6862	1 Wages, tips, other comp. 133879.27	2 Federal income tax withheld 23059.46	
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return		2021 OMB No. 1545-0008	
a Employee's social security number 512-31-6862	1 Wages, tips, other comp. 133879.27	2 Federal income tax withheld 23059.46	
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

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

FROM:
Ellucian Company LP
4 Country View Rd
Malvern, PA 19355



Important Tax Document Enclosed

First-Class Mail

46759 30002932
Shivkumar Jungele
41987 Bushclover Terr
Aldie, VA 20105



Employee Reference Copy
W-2 Wage and Tax Statement **2021**
OMB No. 1545-0008

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

d Control number		Dept.	Corp.	Employer use only	
016902 SANF/BD5		000320		A 4	
c Employer's name, address, and ZIP code					
NATUS MEDICAL INC 12301 LK UNDERHILL #201 ORLANDO FL 32828					
Batch #01673					
e/f Employee's name, address, and ZIP code					
SADHVI AELIMI 41987 BUSHCLOVER TER ALDIE VA 20105					
b Employer's FED ID number			a Employee's SSA number		
77-0154833			XXX-XX-4926		
1 Wages, tips, other comp.		2 Federal income tax withheld			
66067.92		10688.20			
3 Social security wages		4 Social security tax withheld			
69541.44		4311.57			
5 Medicare wages and tips		6 Medicare tax withheld			
69541.44		1008.35			
7 Social security tips		8 Allocated tips			
9		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12			
		C 110.70			
14 Other		12b D 3473.52			
		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 30770154833F001		66067.92			
17 State income tax		18 Local wages, tips, etc.			
3494.84					
19 Local income tax		20 Locality name			

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	69,430.74	69,430.74	69,430.74	69,430.74
Plus GTL (C-Box 12)	110.70	110.70	110.70	110.70
Less 401(k) (D-Box 12)	3,473.52	N/A	N/A	3,473.52
Reported W-2 Wages	66,067.92	69,541.44	69,541.44	66,067.92

2. Employee Name and Address.

SADHVI AELIMI
41987 BUSHCLOVER TER
ALDIE VA 20105

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Fold and Detach Here

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TRUIST BANK
P.O. BOX 26149
RICHMOND, VA 23260-6149

1-800-634-7928

+ 0610255 000014192 05T098 0936633



SHIV KUMAR JUNGELE
41987 BUSHCLOVER TER
ALDIE VA 20105-5632



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.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show any other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.



If you prepaid interest in 2021 that accrued in full by January 15, 2022, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2021 even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

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 made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your 2021 Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the 2021 Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in 2021, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098.

FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

35809

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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. TRUIST BANK P.O. BOX 26149 RICHMOND, VA 23260-6149 PHONE NO. 1-800-634-7928		OMB No. 1545-1380 2021 Substitute Form 1098	Mortgage Interest Statement 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.
RECIPIENT'S/LENDER'S TIN 59-3482833	PAYER'S/BORROWER'S TIN XXX-XX-6862	1 Mortgage interest received from payer(s)/borrower(s) \$13,305.90 2 Outstanding mortgage principal \$488,741.27 3 Mortgage origination date 10/01/20 4 Refund of overpaid interest \$0.00 5 Mortgage insurance premiums \$ 1,373.40	
PAYER S/BORROWER'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code SHIV KUMAR JUNGELE 41987 BUSHCLOVER TERR ALDIE VA 20105		6 Points paid on purchase of principal residence \$0.00 7 <input type="checkbox"/> 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 41987 BUSHCLOVER TERRACE ALDIE VA 20105	
9 Number of properties securing the mortgage 001	10 Other Real Estate Taxes Paid \$5,232.22	11 Mortgage acquisition date	
Account number (see instructions) 4005004058			

Form 1098 (keep for your records)

THE ABOVE INFORMATION WAS REPORTED TO THE IRS UNDER THE PRIMARY BORROWER'S SSN. PLEASE CALL 800.634.7928 WITH QUESTIONS.
 *NOTE: THE AMOUNTS REPORTED MAY NOT BE FULLY DEDUCTIBLE BY YOU DEPENDING ON THE LOAN AMOUNT, THE SECURED PROPERTY'S PURCHASE PRICE, AND THE AMOUNT PAID BY A THIRD PARTY. PLEASE CONSULT A TAX ADVISOR REGARDING DEDUCTIBILITY.



P.O. Box 271629
Salt Lake City, UT 84127-1629

0108778 01 AB 0.458 **AUTO T9 0 4610 20105-563287 -C01-P08896-I



Shivkumar Jungele
41987 Bushclover Terr
Aldie, VA 20105-5632



Important: IRS tax form 5498-SA for your health savings account (HSA)

Dear Shivkumar:

The enclosed IRS tax form 5498-SA shows your 2021 contributions to your HSA. Please use this information to fill out IRS tax form 8889 which is what you'll need to submit your taxes. To access IRS tax form 8889 log in at irs.gov and navigate to Forms and Publications.

Here's what you need to know:

- Box 2 shows your total contributions made for 2021 including those made in 2021 for 2020, if applicable.
- You have until the tax filing deadline of this year to submit contributions for 2021. If you make any contributions in 2022 before the tax deadline for 2021 you will receive an updated 5498-SA in May.
- To get your total contributions for 2021 add Box 2 plus Box 3. Please note if you made any contributions in 2021 for 2020 you need to review your updated 5498 for 2020 and subtract that from Box 3.
- The Fair Market Value consists of your HSA cash balance and any investment balance as of 12/31/2021.
- If you had a reportable distribution for 2021, you'll also get tax form 1099-SA. If you did not use (no distributions) your HSA in 2021 you will not get a 1099-SA.

Ready to say goodbye to printed forms? Sign in to your account, navigate to "Settings and Preferences" and select "Communication Preferences". From there, click the "HSA Communication and Notification" link and select the "email" option to update your communication preferences.

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Optum Bank P.O. Box 271629 Salt Lake City UT 84127-1629		1 Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021 \$ 0	OMB No. 1545-1518 2021 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information Copy B For Participant This information is being furnished to the Internal Revenue Service.
TRUSTEE'S federal identification number 470858534	PARTICIPANT'S social security number *****6862	2 Total contributions made in 2021 \$ 2,101.25	3 Total HSA or Archer MSA contributions made in 2022 for 2021 \$ 0.00	
PARTICIPANT'S name Shivkumar Jungele Street address (including apt. no.) 41987 Bushclover Terr City or town, state or province, country, and ZIP or foreign postal code Aldie VA 20105		4 Rollover contributions \$ 0.00	5 Fair market value of HSA, Archer MSA, or MA MSA \$ 0.00	
Account number (see instructions) 016509038945		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>		

Form 5498-SA

(keep for your records)

www.irs.gov/form5498sa

Department of the Treasury - Internal Revenue Service



P.O. Box 271629
Salt Lake City, UT 84127-1629

020OPTMFSR1026002-46277-01

Shivkumar Jungele
41987 Bushclover Terr
Aldie, VA 20105-5632

Important: IRS tax form 1099-SA for your health savings account (HSA)

Dear Shivkumar:

This enclosed IRS tax form 1099-SA shows your 2021 distributions from your HSA. Please use this information to fill out IRS tax form 8889 which is what you'll need to submit your taxes. To access IRS tax form 8889 log in at irs.gov and navigate to Forms and Publications.

Here's what you need to know:

- Box 1 includes your total distributions for 2021.
- Box 2 shows any earnings on the excess while it was in the account.
- Box 3 shows the distribution code. Different codes will display depending on the situation. Code 1 summarizes all reportable distributions made in 2021. This does not include fees or investment losses as these are not reportable. Code 2 reports any excess contribution corrected that were processed against your account. For all other code descriptions please contact a tax professional.
- Any corrections processed before 1/1/2022 are reflected on this form. However, any corrections processed in 2022 will cause a corrected tax document to be generated shortly.
- If you had any contributions that apply to 2021, you'll also get tax form 5498-SA.

Ready to say goodbye to printed forms? Sign in to your online account, navigate to "Settings and Preferences" and select "Communication Preferences". From select the "HSA Communication and Notification" link and select the "email" option to update your communication preferences.

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Optum Bank P.O. Box 271629 Salt Lake City UT 84127-1629		OMB No. 1545-1517 2021 Form 1099-SA		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 470858534	RECIPIENT'S identification number *****6862	1 Gross distribution on \$ 0.00	2 Earnings on excess cont. \$ 0	
RECIPIENT'S name Shivkumar Jungele Street address (including apt. no.) 41987 Bushclover Terr City or town, state or province, country, and ZIP or foreign postal code Aldie VA 20105		3 Distribution code 1	4 FMV on date of death \$ 0	
		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions) 1714736855				

Form **1099-SA**

(keep for your records)

www.irs.gov/form1099sa

Department of the Treasury - Internal Revenue Service



Robert S. Wertz, Jr.
 Commissioner of the Revenue
 County of Loudoun
 PO Box 8000 Leesburg, VA 20177-9804

RETURN SERVICE REQUESTED



*****AUTO**S-DIGIT 20105 22 292
 JUNGELE, SHIV KUMAR & AELIMI, SADHVI
 41987 BUSHCLOVER TER
 ALDIE, VA 20105-5632

REAL ESTATE ASSESSMENT NOTICE FOR TAX YEAR 2022

Parcel ID: 205168755000

Acres: 0.06

Property Address: 41987 BUSHCLOVER TER
 ALDIE VA 20105

Legal Description: STONE RIDGE-SOUTH SEC 43
 200807280045985 200411160121876P
 LOT 39

Magisterial District: DULLES

Property Location: Dulles District

Property Owner: JUNGELE, SHIV KUMAR & AELIMI, SADHVI

LOUDOUN COUNTY ASSESSMENT EFFECTIVE DATE	1/1/2022	1/1/2021	1/1/2020
LAND	185,000	165,000	140,000
STRUCTURE (includes wells, septic fields, buildings, and other structures)	418,050	368,900	347,720
TOTAL FAIR MARKET VALUE	603,050	533,900	487,720
TOTAL TAXABLE VALUE	603,050	533,900	487,720
LOUDOUN COUNTY TAX RATE PER \$100	*Not Yet Set	0.980	1.035
TOTAL TAX	N/A	5,232.22	5,047.90
PERCENT CHANGE IN TAX LEVIED	N/A	3.65%	4.34%

Office hours are Monday - Friday, 8:30 a.m. to 5:00 p.m.

Should you desire to have a discussion about your real estate assessment, your appraiser, **Lesley Kelley**, can be reached at 703-777-0142 or lesley.kelley@loudoun.gov.

ABOUT THE ASSESSMENT: The Commissioner of the Revenue is charged with establishing for tax purposes, on an annual basis, the January 1 value of real property in Loudoun County. This notice represents our determination of the fair market value of the property as prescribed by the Code of Virginia § 58.1-3201. If you are not the owner of this property, the Code of Virginia § 58.1-3330 requires that the recipient of this notice immediately forward it to the proper owner at the last known address.

In an effort to ensure the accuracy of our assessment records, County personnel who are required to carry County identification may make a physical inspection of your property to confirm its physical characteristics or when requested by the owner. Please visit www.loudoun.gov/parceldatabase to review our record of the details of your property as well as sales of similar property.

Property owners have the right to review and obtain copies of all assessment records pertaining to the appraiser's determination of fair market value of their real property, and the right to request a physical examination of such property.

ABOUT THE COUNTY TAX RATE: The Loudoun County Board of Supervisors will solicit feedback regarding the 2022 real estate tax rate and Fiscal Year 2023 Budget during public hearings to be held at the Loudoun County Government Center (1 Harrison St, SE, Leesburg) on Thursday, February 24, 2022 at 3:00 p.m and 6:00 p.m and on Saturday, February 26, 2022 at 9:00 AM at the Loudoun County Public School Administration Building (21000 Education Court, Ashburn). Additional information regarding the 2022 real property tax rate and the Fiscal Year 2023 Budget is available online at www.loudoun.gov/budget.



H. Roger Zurn, Jr.

Treasurer of Loudoun County

P.O. BOX 1000
LEESBURG, VA 20177-1000
703-777-0280
www.loudoun.gov/taxes

ACCOUNT NUMBER: 91803

BILL YEAR/INSTALLMENT: 2021/2

PAGE 1 OF 1

FY 2022 ALLOCATION OF PROPERTY TAX

COUNTY SCHOOL BOARD	65%
COUNTY GENERAL BUDGET	35%

JUNGELE, SHIV KUMAR & AELIMI, SADHVI
41987 BUSHCLOVER TER
ALDIE, VA 20105-5632

Pay online (Pague en linea): www.loudounportal.com/taxes
Pay by phone (Pague por telefono): 703-777-0280 or 1-800-269-5971

2ND HALF 2021 REAL ESTATE TAX BILL – DUE DECEMBER 6, 2021

IDENTIFICATION NUMBER/ PROPERTY ADDRESS	TAX YEAR HALF	ACRES	YEARLY				TAX RATE	TAX RELIEF	HALF YEAR TOTAL	PAYMENT(S) APPLIED	REMAINING			AMOUNT DUE
			LAND VALUE	IMPROVEMENTS	LAND USE DEFERRED	TAXABLE ASMT					TAX	PENALTY	INTEREST	
205168755000 41987 BUSHCLOVER TER ALDIE VA 20105	2021-2	0.06	165,000	368,900		533,900	0.980	N	2,616.11	0.00	2,616.11	0.00	0.00	2,616.11

Register for E-Bill at www.loudounportal.com/taxes

DELINQUENT AMOUNT	\$0.00
CURRENT AMOUNT	\$2,616.11
MISCELLANEOUS FEES	\$0.00
TOTAL AMOUNT DUE	\$2,616.11

IMPORTANT NOTICE

Escrowed Taxes: Our records indicate that your Mortgage Company is SUNTRUST BANK. We have forwarded a copy of this bill to them on your behalf. If the mortgage company referenced is incorrect, please forward this bill to your current mortgage company and contact the Treasurer's Office to update our records.
Supplemental Taxes: If this bill includes a Supplemental (SUPP) tax, please contact your mortgage company to discuss payment. Mortgage companies often only pay Supplemental taxes when requested by the parcel owner.
Non-Escrowed Taxes: If you no longer escrow your taxes for this parcel, please remit payment using the below bill coupon. To update your records to reflect no mortgage company, contact the Treasurer's Office. Tax payments postmarked after 12/06/2021 will incur 10% penalty and interest. Any such penalty, when assessed, shall become part of the tax with interest accruing on both the tax and penalty at a rate of 10% annually.
 If you are in Bankruptcy, this bill is being provided for informational purposes and per Federal Law, no collection actions will be pursued.
 Please be advised that the property owner is ultimately responsible for all taxes.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND PAYMENT OPTIONS. KEEP THIS PORTION FOR YOUR RECORDS.

RETURN THIS PORTION WITH YOUR PAYMENT

CHECK PAYABLE TO: COUNTY OF LOUDOUN
US DOLLARS ONLY H. Roger Zurn, Jr., Treasurer
PO BOX 1000
LEESBURG VA 20177-1000



JUNGELE, SHIV KUMAR & AELIMI, SADHVI
41987 BUSHCLOVER TER
ALDIE, VA 20105-5632



078902

ACCOUNT: 91803

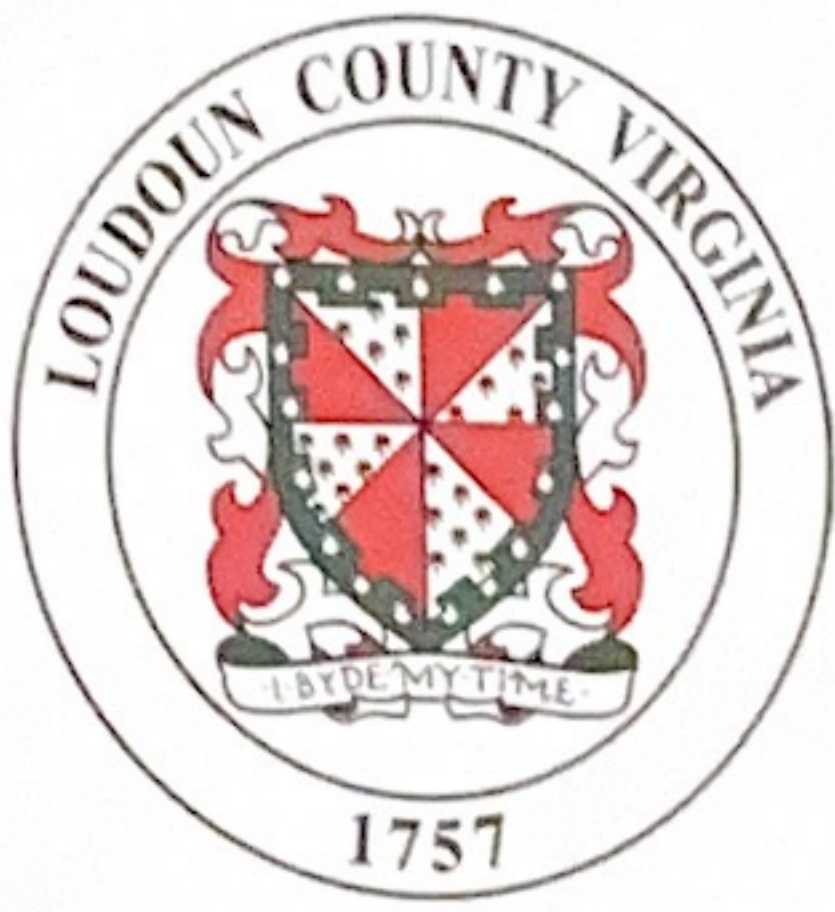
AMOUNT DUE: \$2,616.11

Amounts good through 12/06/2021



10715098

LC RE 00000000091803202100 00 00000000 000000 120621 0000261611 N



H. Roger Zurn, Jr.

Treasurer of Loudoun County

P.O. BOX 1000
LEESBURG, VA 20177-1000
703-777-0280
www.loudoun.gov/taxes

ACCOUNT NUMBER:	664307
BILL YEAR/INSTALLMENT: 2021/2	PAGE: 1 OF 1

2021 PERSONAL PROPERTY TAX RELIEF ACT (PPTRA) RATES	
LOUDOUN COUNTY	35.00%

JUNGELE, SHIV K
41987 BUSHCLOVER TER
ALDIE, VA 20105-5632

Pay online (Pague en linea): www.loudounportal.com/taxes
Pay by phone (Pague por telefono): 703-777-0280 or 1-800-269-5971

2021 PERSONAL PROPERTY TAXES DUE DECEMBER 6, 2021

IDENTIFICATION NUMBER/ DESCRIPTION	TAX YEAR HALF	TAX PERIOD	MONTHS BILLED	ASSESSED VALUE	TAX RATE	ASSESSED TAX	PPTRA QUALIFY	PPTRA AMOUNT	PAYMENT(S) APPLIED	REMAINING					AMOUNT DUE
										TAX	LATE FILING	PENALTY	INTEREST	LICENSE FEE	
5YJYGAE1MF194070 2021 TESLA MODEL Y 1909186302	2021-1	06/01/2021- 06/30/2021	1	49761.00	4.20	174.16	Y	24.50	0.00	149.66	0.00	0.00	0.00	0.00	149.66
5YJYGAE1MF194070 2021 TESLA MODEL Y 1909186302	2021-2	07/01/2021- 12/31/2021	6	49761.00	4.20	1044.98	Y	147.00	0.00	897.98	0.00	0.00	0.00	0.00	897.98

Register for E-Bill at www.loudounportal.com/taxes

DELINQUENT AMOUNT	\$0.00
CURRENT AMOUNT	\$1,047.64
MISCELLANEOUS FEES	\$0.00
TOTAL AMOUNT DUE	\$1,047.64

IMPORTANT NOTICE

Failure to pay by the original tax due date results in 10% penalty and interest. Any such penalty, when assessed, shall become part of the tax with interest accruing on both the tax and penalty at a rate of 10% annually. Personal Property taxes remaining unpaid after 60 calendar days from the original due date will incur an additional 15% penalty.
If you are in Bankruptcy, this bill is being provided for informational purposes and per Federal Law, no collection actions will be pursued.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND PAYMENT OPTIONS. KEEP THIS PORTION FOR YOUR RECORDS.

RETURN THIS PORTION WITH YOUR PAYMENT

CHECK PAYABLE TO: COUNTY OF LOUDOUN
US DOLLARS ONLY H. Roger Zurn, Jr., Treasurer
PO BOX 1000
LEESBURG VA 20177-1000

046733



JUNGELE, SHIV K
41987 BUSHCLOVER TER
ALDIE, VA 20105-5632



ACCOUNT:	664307
AMOUNT DUE:	\$1,047.64
Amounts good through 12/06/2021	



10907428

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name) Shivkumar		2 Social security number (SSN) XXX-XX-6862	
3 Street address (including apartment no.) 41987 Bushclover Terr			
4 City or town Aldie	5 State or province VA	6 Country and ZIP or foreign postal code 20105	

Part II Employee Offer of Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code) 1E						
15 Employee Required Contribution (see instructions) \$24.00						
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C						
17 ZIP Code						

Part III Covered Individuals If Employer Provided self-insured coverage

check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18 Shivkumar Jungele	XXX-XX-6862		<input checked="" type="checkbox"/>
Sadhvi Aelimi	XXX-XX-4926		<input checked="" type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer Ellucian Company LP		8 Employer Identification Number (EIN) 45-3767548	
9 Street address (including room or suite no.) 4 Country View Rd		10 Contact Telephone Number 800-223-7036	
11 City or town Malvern	12 State or province PA	13 Country and ZIP or foreign postal code 19355	

Employee's Age on January 1: _____ Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

VOID
 CORRECTED

600120
 OMB No. 1545-2251
2021

Part I Employee				Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name) Sadhvi Aelimi		2 Social security number (SSN) XXX-XX-4926		7 Name of employer Natus Medical, Incorporated				8 Employer identification number (EIN) 77-0154833			
3 Street address (including apartment no.) 41987 Bushclover Ter				9 Street address (including room or suite no.) 6701 Koll Center Parkway, Suite 120				10 Contact telephone number 321-235-8258			
4 City or town Aldie		5 State or province VA		6 Country and ZIP or foreign postal code 20105		11 City or town Pleasanton		12 State or province CA		13 Country and ZIP or foreign postal code 94566	

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (Enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 112.67	\$ 112.67	\$ 112.67	\$ 112.67	\$ 112.67	\$ 112.67	\$ 112.67	\$ 112.67	\$ 112.67
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2H	2H	2H	2H	2H	2H	2H	2H	2H
17 ZIP Code															

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. <input type="checkbox"/>												
(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	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FROM:
 Natus Medical, Incorporated
 6701 Koll Center Parkway
 Suite 120
 Pleasanton, CA 94566

Hasler FIRST-CLASS MAIL
 01/28/2022
US POSTAGE \$000.48

 ZIP 32624
 011E126508

Important Tax Document Enclosed
 787 of 881

First-Class Mail

Sadhvi Aelimi
 41987 Bushclover Ter
 Aldie, VA 20105