

State of Oregon Department of Revenue 955 Center St NE Salem OR 97301-2555

Form 1099-G

Statement for Recipients of CERTAIN GOVERNMENT PAYMENTS Copy B for Recipient 2022

F.E.I.N. 93-6001960

Important: This is not a bill or notice of an additional refund. Do not destroy. Keep with your tax records.

000075596

\*\*\*-\*\*-5265 \*\*\*-\*\*-1950 Recipient's Identification Number Lane Transit District Self-Statewide Transit TriMet Self-employment State Income Tax Refunds **Total Tax Refunds** Refunds for Tax Refunds employment Tax Refunds Individual Tax Refunds Tax Year \$0.00 \$3,467,00 2021 \$0.00 \$0.00 \$3,467.00

Instructions to Recipient

This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable, and the IRS determines that it has not been reported.

If you itemized deductions on your federal income tax return for the tax year shown above, retain this form for use in completing your 2022 federal income tax return. See your federal 1040 instruction booklet for more information.

This notice reports the refunds you were allowed during 2022 for the tax year shown above. An overpayment of income tax is considered to be a refund whether it was mailed to you, deposited into your bank account, credited to estimated tax payments, applied to a balance of tax due for a prior year, applied against other debts owed to the State of Oregon or the IRS, contributed to a charitable agency on Schedule OR-DONATE, deposited into an Oregon College Savings Plan, or contributed to a political party.

Questions? www.oregon.gov/dor; 503-378-4988 or 800-356-4222; or questions.dor@oregon.gov. Contact us for ADA accommodations or assistance in other languages.

150-101-078 (Rev. 08-04-22)

## թվիներկուիքկիրդիիկունոինիդուրուիիիկիկոն

OREGON DEPARTMENT OF REVENUE SALEM OR 97301-2555

Postage Required. Post Office will not deliver without proper postage.



Nikitha Thouta Santosh Naik Karra 4129 SE Powder Ln. Hillsboro, OR 97123-2302 965570000

Page 1 of 1

INTEL CORP. 2200 Mission College Blvd. Santa Clara, CA 95054

Transfer of Stock Acquired Through an Employee Stock Purchase Plan Under Section 423(c)

> Tax Year: 2022 Form 3922 OMB No.1545-2129 Copy B for Employee

CORPORATION'S federal identification number :

94-1672743

ORIGINAL

1 AV 'A-01-RLM-AM-06048-16

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Nikitha Thouta 4129 SE Powder Ln Hillsboro OR 97123-2302



EMPLOYEE'S identification number: XXX-XX-5265

		FMV per	FMV per	Exercise		Date legal	Exercise price per share determined as if the option
Date option granted	Date option exercised	share on grant date	share on exercise date	price paid per share	Number of shares transferred	title transferred	was exercised on the date shown in box 1
(Box 1)	(Box 2)	(Box 3)	(Box 4)	(Box 5)	(Box 6)	(Box 7)	(Box 8)
07/30/2021 01/31/2022	02/18/2022 08/19/2022	\$53.58 \$48.09	\$45.36 \$35.61	\$38.56 \$30.27	177.0000 216.0000	02/18/2022 08/19/2022	\$45.54 \$40.87

This is important tax information and is being furnished to the Internal Revenue Service.

## Instructions for Employee

You have received this form because (1) your employer (or its transfer agent) has recorded a first transfer of legal title of stock you acquired pursuant to your exercise of an option granted under an employee stock purchase plan and (2) the exercise price was less than 100 percent of the value of the stock on the date shown in box 1 or was not fixed or determinable on that date.

No income is recognized when you exercise an option under an employee stock purchase plan. However, you must recognize (report) gain or loss on your tax return for the year in which you sell or otherwise dispose of the stock. Keep this form and use it to figure the gain or loss. For more information, see Pub. 525, Taxable and Nontaxable Income.

- Box 1. Shows the date the option to purchase the stock was granted to you.
- Box 2. Shows the date you exercised the option to purchase the stock.

- Box 3. Shows the fair market value (FMV) per share on the date the option to purchase the stock was granted to you.
- Box 4. Shows the FMV per share on the date you exercised the option to purchase the stock.
- Box 5. Shows the price paid per share on the date you exercised the option to purchase the stock.
- Box 6. Shows the number of shares to which legal title was transferred by you.
- Box 7. Shows the date legal title of the shares was first transferred by you.
- Box 8. If the exercise price per share was not fixed or determinable on the date entered in box 1, box 8 shows the exercise price per share determined as if the option was exercised on the date in box 1. If the exercise price per share was fixed or determinable on the date shown in box 1, then box 8 will be blank.

BANK OF AMERICA, N.A. TAX REPORTING PO BOX 15293 19850-5293 WILMINGTON, DE

TAX STATEMENT FOR YEAR 2022

THIS STATEMENT REPORTS 1099-INT (OM DEPARTMENT OF THE TREASURY-INTERN

BANK OF AMERICA BANK# 00318

PAYER'S E.I.N.

94-1687665

NIKITHA THOUTA 4129 SE POWDER LN HILLSBORO OR 97123-2302 CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

\*\*\*-\*\*-0000

For Form 1099-A, B, C, DIV, INT, K, MISC, OID, Q, S, and SA: This is important tax information and is being furnished to the IRS. If you are required to file a relative sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2022 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER 0008-2287-2954 REGULAR SVGS .07 INTEREST INCOME BOX 1 BOX 4 FEDERAL INCOME TAX WITHHELD NIKITHA THOUTA

.07 TOTAL INTEREST

## 2022 W-2 and EARNINGS SUMMARY

	. Corp. Employer use only				
00037846 RXE Employer's name, address	PB75   A S 5789				
AMERICAN NATION COMPANY 1 MOODY PLZ GALVESTON, TX 7	IAL INSURANCE				
T Employee's name, addres SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 97	A N 123				
Employer's FED ID numb 74-0484030	er a Employee's SSA number XXX-XX-1950				
Wages, tips, other comp.	2 Federal Income tax withheld				
18741.93	1741.27				
Social security wages	4 Social security tax withheld				
18957.33	1175.35				
Medicare wages and tips	6 Medicare tax withheld				
18957.33	274.88				
Social security tips	8 Allocated tips				
	10 Dependent care benefits				
Nonqualified plans	12a See instructions for box 12 C I 29.53				
4 Other 18.94 OR STT WH	12b D i 215.40				
18.94 OR STT WH	12c I				
	13 Stat emp. Rel, plan 3rd party sick				
5 State Employer's state ID OR 00013136 0	no. 16 State wages, tips, etc. 18741.93				
	18 Local wages, tips, etc.				
7 State income tax 1410.00 9 Local income tax					

Employee Reference Conv

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.

Social Security Number: XXX-XX-1950

2 Federal Income tax with

4 Social security tax with

1741.2

1175.3

SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 97123



1 Wages, tips, other comp.

3 Social security wages

19 Local Income tax

18741.93

18957.33

C 2022 ADP. Inc.

PAGE 1 OF 1

16 Local wages, tips, etc.

20 Locality name

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1 Wages, tips, other comp. 18741.93	2 Federa	al Income tax withheld	1 Wages	tips, other of		
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17 State income tax 1410.00		I wages, tips, etc.	17 State Income tax			
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d Control number 00037846 RXE	Dept.	Corp. Employer use on PB75 A S 5789					
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	10.94 OH 51	. wn	12c						
			12d						
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SAN' 4129	oyee's name, TOSH N K SE POWD SBORO, O	ARRA ER LN		code					
15 State OR	Employer's 1 00013136	state ID no		187	41.93				
17 State	Income tax 141	0.00	18 Loca	wages, tip	s, etc.				

20 Locality name

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	23	22	21	20	19	18	(a) Name First name	Part III Cove	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	14 Offer of Coverage (enter required code)	T-	Part II Emp	Hillsboro	4129 SE Powder Ln	<ol><li>Street address (including apartment no.)</li></ol>	1 Name of employee (hirst name, middle initial, last name) Santosh Кагта
		136 T					(a) Name of covered individual(s) First name, middle initial, last name	Covered Individuals If Employer provided so			\$		All 12 Months	loyee Offer			cluding apartme	e (hrst name, mi
							vidual(s) last name	ded self-insu	To be	2A	€	E	Jan	Employee Offer of Coverage	OR OR		nt no.)	odie inmal, iasti
							(b) SSN or other TIN	red coverage,		2A	S	H	Feb	ge	ā			lame)
The second secon								, check the b	Agr	2A	S	=	Mar		US.			XXX
							other TIN is not available)	ox and enter		2A	4	H	Apr	<b>Employee's</b>	US 97123			XXX-XX-1950
							(d) Covered all 12 months	Covered Individuals  If Employer provided self-insured coverage, check the box and enter the information for		2A	4	=	May	s Age on January 1	US 97123	0.		(OSN)
							Jan			2A	·	E	June	nuary 1	GALVE	ONE MO	9 Street add	American National I
							Feb Mar	individual (		2A	en	H	July		LVESTON	E MOODY PLAZA	ress (including	Vational Insurance
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-							ay June July ,	overage, inc		2A	69	=	oept	rait Moliti	fart Month	12 State or province		
							July Aug	each individual enrolled in coverage, including the employee.		20	w	E	100	Cilial 7-	(Enter 2 die	-		
							Sept Oct	nployee.		2F	\$1450	Œ	Nov	it number):	US 77550	800-899-680:	To contact telepho	74-0484030