



State of Oregon
 Department of Revenue
 955 Center St NE
 Salem OR 97301-2555
 F.E.I.N. 93-6001960

Form 1099-G

Statement for
 Recipients of
 CERTAIN
 GOVERNMENT
 PAYMENTS
 Copy B
 for Recipient

2022

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

000075596

Recipient's Identification Number ***-**-5265 ***-**-1950

Refunds for Tax Year	TriMet Self-employment Tax Refunds	Lane Transit District Self-employment Tax Refunds	Statewide Transit Individual Tax Refunds	State Income Tax Refunds	Total Tax Refunds
2021	\$0.00	\$0.00	\$0.00	\$3,467.00	\$3,467.00

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.

Instructions to Recipient

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)



OREGON DEPARTMENT OF REVENUE
 955 CENTER STREET NE
 SALEM OR 97301-2555

000075596

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



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

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

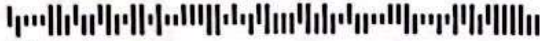
Transfer of Stock Acquired Through an Employee Stock
Purchase Plan Under Section 423(c)

CORPORATION'S federal identification number : 94-1672743

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

ORIGINAL

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



Nikitha Thouta
4129 SE Powder Ln
Hillsboro OR 97123-2302



EMPLOYEE'S identification number : XXX-XX-5265

Date option granted (Box 1)	Date option exercised (Box 2)	FMV per share on grant date (Box 3)	FMV per share on exercise date (Box 4)	Exercise price paid per share (Box 5)	Number of shares transferred (Box 6)	Date legal title transferred (Box 7)	Exercise price per share determined as if the option was exercised on the date shown in box 1 (Box 8)
07/30/2021	02/18/2022	\$53.58	\$45.36	\$38.56	177.0000	02/18/2022	\$45.54
01/31/2022	08/19/2022	\$48.09	\$35.61	\$30.27	216.0000	08/19/2022	\$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
WILMINGTON, DE 19850-5293

TAX STATEMENT FOR YEAR 2022

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

BANK OF AMERICA  BANK# 00318

NIKITHA THOUTA
4129 SE POWDER LN
HILLSBORO OR 97123-2302

PAYER'S E.I.N.

94-1687665

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 return, other 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	
REGULAR SVGS	0008-2287-2954	
BOX 1		INTEREST INCOME .07
BOX 4		FEDERAL INCOME TAX WITHHELD .01
NIKITHA THOUTA		
TOTAL INTEREST		.07

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2022	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
00037846 RXE		PB75	A S 5789
c Employer's name, address, and ZIP code			
AMERICAN NATIONAL INSURANCE COMPANY 1 MOODY PLZ GALVESTON, TX 77550			
e/f Employee's name, address, and ZIP code			
SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 97123			
b Employer's FED ID number	a Employee's SSA number		
74-0484030	XXX-XX-1950		
1 Wages, tips, other comp.	2 Federal income tax withheld		
18741.93	1741.27		
3 Social security wages	4 Social security tax withheld		
18957.33	1175.35		
5 Medicare wages and tips	6 Medicare tax withheld		
18957.33	274.88		
7 Social security tips	8 Allocated tips		
9			
10 Dependent care benefits			
11 Nonqualified plans			
12a See instructions for box 12			
C 29.52			
12b D 215.40			
12c			
12d			
13 Stat emp. Ret. plan 3rd party sick pay			
X			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
OR	00013136 0	18741.93	
17 State income tax		18 Local wages, tips, etc.	
1410.00			
19 Local income tax		20 Locality name	

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

SANTOSH N KARRA
4129 SE POWDER LN
HILLSBORO, OR 97123



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