

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 2021 TriMet Self-employment Tax Refunds \$0.00 Lane Transit District Selfemployment Tax Refunds \$0.00 Statewide Transit Individual Tax Refunds \$0.00 State Income Tax Refunds

\$3,467.00

Total Tax Refunds

\$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)

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OREGON DEPARTMENT OF REVENUE 955 CENTER STREET NE 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 000075596

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

94-1672743

ORIGINAL

Nikitha Thouta 4129 SE Powder Ln Hillsboro OR 97123-2302

CORPORATION'S federal identification number :



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 (Box 2)	share on grant date (Box 3)	share on exercise date (Box 4)	price paid per share (Box 5)	Number of shares transferred (Box 6)	title transferred	was exercised on the date shown in box 1
(Box 1) 07/30/2021	02/18/2022	\$53.58	\$45.36	\$38.56	177.0000	(Box 7) 02/18/2022	(Box 8) \$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



NIKITHA THOUTA 4129 SE POWDER LN HILLSBORO OR 97123-2302 TAX STATEMENT FOR YEAR 2022

THIS STATEMENT REPORTS 1099-INT (OMB NO DEPARTMENT OF THE TREASURY-INTERNAL

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

***-**-0000

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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

TOTAL INTEREST

ACCOUNT NUMBER
REGULAR SVGS 0008-2287-2954
BOX 1 INTEREST INCOME .07
BOX 4 FEDERAL INCOME TAX WITHHELD .01
NIKITHA THOUTA

Employee Reference Copy
Wage and Tax
Statement
Copy C for employee's records.

d Control number
CO037846 RXE

Employer's name, address, and ZIP code
AMERICAN NATIONAL INSURANCE
COMPANY
1 MOODY PLZ
GALVESTON, TX 77550

ef Employee's name, address, and ZIP code SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 97123

b Employer's FED ID number 74-0484030	a Employee's SSA number 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 12a See instructions for box 12 C I 29.52								
11 Nonqualified plans									
14 Other	12b D 215.40								
18.94 OR STT WH	12c								
	12d								
	13 Stat emp. Ret, plan 3rd party sick p								
15 State Employer's state ID no	. 16 State wages, tips, etc.								
OR 00013136 0	18741.93								
17 State Income tax 1410.00	18 Local wages, tips, etc.								
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

15 State Employer's state ID OR 00013136 0	no. 16 State wages, tips, etc. 18741.93	Theory.							
17 State Income tax 1410.00	18 Local wages, tips, etc.								
19 Local Income tax	20 Locality name	© 2022 ADP, Inc	PAGE 1 OF 1	1					
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7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	7 Social security tips 8 Allocated tips					
9	10 Dependent care benefit	9	10 Dependent care benefits	9	10 Dependent care benefits				
11 Nonqualified plans	12a See Instructions for box		12a C 29.52	11 Nonqualified plans	12a C 29.52				
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M-2 Wage	ng Copy and Tax	OR. State Fi	ling Copy and Tax 2022	M-City or Loca Wage a	I Filling Copy nd Tax 2022				

23	22	22	21	20	19	18	(a) Name First name	Part III Cove	de	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	ee (see	14 Offer of Coverage (enter required code)		Part III Emp	Hillshoro	4129 SE Powder Ln 4 City or town	Street address (including apartment no.)	Santosh Karra	1 Name of employee (first name, middle initial, last name)
	Action of States	30 N					(a) Name of covered individual(s) First name, middle initial, last name	Covered Individuals If Employer provided so			€		All 12 Months	loyee Offe			cluding apartme		ployee (first name, m
	A London Sand Security						lividual(s) last name	duals ided self-insi	1004	2A	4		Jan	Employee Offer of Coverage	OR	5 State or province	ent no.)		niddle initial, las
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			27.34					check the	12	2A	S	Ħ	Mar		SII	6 Cou		×	2 Soci
							other TIN is not available)	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.		2A	€9	H	Apr	Employee's	97123	6 Country and ZIP or foreign postal code		XXX-XX-1950	2 Social security number (SSN)
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-							Sept	nployee.			\$1450		-	Plan Start Month (Enter 2-digit number):	US 77550	800-899-6803 13 Country and ZIP or	Contact telephone nun	74-0484030	8 Employer identification
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