

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

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

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

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Postage
Required.
Post Office will
not deliver
without proper



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)

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



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

THIS STATEMENT REPORTS 1099-INT (OMB No. 15 DEPARTMENT OF THE TREASURY-INTERNAL REVI

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, a negliother 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 BOX 1 BOX 4 INTEREST INCOME FEDERAL INCOME TAX WITHHELD NIKITHA THOUTA

.07

TOTAL INTEREST

.07

| W. | | ige ar Statem | nd Tax | |
|--|---|------------------------------------|---|---|
| Contr | ol number | Dept. | Corp. | Employer use only |
| 0003784 | 46 RXE | | PB75 | A S 5789 |
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| SANT 4129 S HILLS | yee's name, a OSH N KA SE POWDE BBORO, OR | RRA R LN 97123 | 3 | |
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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

Fold and Detach Here

C 2022 ADP, Inc.

PAGE 1 OF 1

| 1 Wages, tips, other comp. 18741.93 | 2 Federal income tax withheld 1741.27 | 1 Wages, tips, other comp. 18741.93 | 2 Federal Income tax withheld 1741.27 | | | | | |
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| 3 Social security wages 18957.33 | 4 Social security tax withheld 1175.35 | 3 Social security wages 18957.33 | 4 Social security tax withheld 1175.35 | | | | | |
| 5 Medicare wages and tips 18957.33 | 6 Medicare tax withheld 274.88 | 5 Medicare wages and tips 18957.33 | 6 Medicare tax withheld 274.88 | | | | | |
| d Control number Dept. 00037646 RXE | PB75 A S 5789 | d Control number Dept. 00037846 RXE | PB75 A S 5789 | | | | | |
| Employers name, address, AMERICAN NATIONA COMPANY 1 MOODY PLZ GALVESTON, TX 775 | and ZIP code L INSURANCE | c Employer's name, address, AMERICAN NATIONA COMPANY 1 MOODY PLZ GALVESTON, TX 775 | and ZIP code L INSURANCE | | | | | |
| b Employer's FED ID number 74-0484030 | a Employee's SSA number XXX-XX-1950 | b Employer's FED ID number 74-0484030 | er a Employee's SSA number XXX-XX-1950 | | | | | |
| 7 Social security tips | 8 Allocated tips | 7 Social security tips | 8 Allocated tips | | | | | |
| 4 | 10 Dependent care benefits | g: | 10 Dependent care benefits | | | | | |
| 11 Nonqualified plans | 12a See Instructions for box 12 C 29,52 | 11 Nonqualified plans | 12a C 29.52 | | | | | |
| 14 Other 18.94 OR STT WH | 12b D 215,40 | 14 Other 18.94 OR STT WH | 12bD 215.40 | | | | | |
| 16.94 ON SIT WH | 12c | 18.94 ON 511 WH | 12c | | | | | |
| | 12d | | 12d | | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick pay | | 13 Stat emp. Ret. plan 3rd party sick | | | | | |
| ef Employee's name, address SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 9712 | | e/f Employee's name, address SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 9712 | | | | | | |
| 15 State Employer's state ID no OR 00013136 0 | . 16 State wages, tips, etc. 18741.93 | 15 State Employer's state ID no | o. 16 State wages, tips, etc. 18741.93 | | | | | |
| 17 State income tax 1410.00 | 18 Local wages, tips, etc. | 17 State income tax 1410.00 | | | | | | |
| 19 Local income tax | 20 Locality name | 19 Local Income tax | 20 Locality name | | | | | |
| W-2 Wage ar Staten Copy B to be filed with employee | nd Tax 2022 | W-2 Wage at Stater Copy 2 to be filed with employee | nd Tax 2022 | | | | | |

| 1 Wages, tips, other c 18741 | | 2 Federal Income tax withher 1741.27 | | | | | | |
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| 3 Social security wage 18957 | | 4 Social security tax withheld 1175.35 6 Medicare tax withheld 274.88 | | | | | | |
| 5 Medicare wages and 18957 | | | | | | | | |
| d Control number 00037846 RXE | Dept. | Corp. PB75 | Employer use only A S 5789 | | | | | |
| AMERICAN NA COMPANY 1 MOODY PLZ GALVESTON, | ATIONA | L INSUR | 7934 | | | | | |
| b Employer's FED IC 74-04840 | number | a Employee's SSA number XXX-XX-1950 | | | | | | |
| 7 Social security tips | | 8 Alloca | ted tips | | | | | |
| g::::::::::::::::::::::::::::::::::::: | | 10 Dene | ndent care benefits | | | | | |

| b Employer's FED ID number 74-0484030 | r a Employee's SSA number XXX-XX-1950 | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 7 Social security tips | 8 Allocated tips | | | | | | | |
| 4 | 10 Dependent care benefits | | | | | | | |
| 11 Nonqualified plans | 12a C 29.52 | | | | | | | |
| 14 Other 18.94 OR STT WH | 12b D 215.40 | | | | | | | |
| 18.94 OR 511 WR | 12c | | | | | | | |
| | 12d | | | | | | | |
| | 13 Stat emp. Ret. plan 3rd party sick p | | | | | | | |

SANTOSH N KARRA 4129 SE POWDER LN HILLSBORO, OR 97123

| 15 State OR | Employer's state ID no. 00013136 0 | 16 State wages, tips, etc. 18741.93 |
|----------------|---------------------------------------|--|
| 17 State | 1410.00 | 18 Local wages, tips, etc. |
| 19 Local | Income tax | 20 Locality name |

City or Local Filing Cony Wage and Tax

Statement Copy 2 to be filed with employee's City or Local Income Tax Helu

| | 22 | 21 | 20 | 19 | 18 | (a) Name of covered individual(s) First name, middle initial, last name | Part III Covered If Employ | 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 Employe | Hillsboro | 4 City or town | 4129 SE Powder Ln | 3 Street address (including apartment no.) | Santosh Karra | 1 Name of employee (first name, middle initial, last name) | Part Employee | Department of the Treasury Internal Revenue Service |
|---|-----|------|--|-------|------|---|---|-------------|---|---|--|---------------|----------------------------|-----------|---|-------------------|--|-------------------------------------|--|---|--|
| | 71: | | a de la companya de l | | | vered individ | Covered Individuals If Employer provided so | | And the second | W | and the same | All 12 Months | Employee Offer of Coverage | - | 5 | - | gapartment | | name, midd | e | |
| | | | | | | ual(s) name | als d self-insu | Top. | 2A | | E | Jan | f Covera | OR | State or province | | 10.) | | le initial, last | | |
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| | | 6/96 | | we mi | - 68 | (b) SSN or other TIN | je, check ti | | 2A | σ. | = | Mar | | | 6 0 | 1980 | | | 2 5 | | www.irs.go |
| | | | | | | other TIN is not available) | he box and e | | 2A | W | = | | Employee's | US 97123 | ountry and ZIP o | | | XXX-XX-1950 | 2 Social security number (SSN) | | v/Form 1095C |
| | | | | | | all 12 months | 1 = | | 2A | 4 | = | Мау | ee's Age on | | r foreign postal coo | ONE MOODY PLAZA | | 0 | mber (SSN) | | Go to www.irs.gov/Form1095C for instructions and the latest information. |
| | | | | | | ed iths Jan | ation for each | | 2A | 4 | E | June | Age on January 1 | GALV | de 11 City or to | ONE N | 9 Street ad | Americar | 7 Name of employer | M. o. fortill | and the later |
| | | | | | | Feb Mar | ch individua | | 24 | 49 | = | July | 1 | GALVESTON | own | 100DY PL | dress (includin | American National Insurance Company | | 10.0 | st informatio |
|] | | | | | | Apr | l enrolled in | | 2A | S | | + | | 1 | | - | g room or same | nce Company | | pilcapic L | n. |
| | | | | | | May Ju | coverage | | | w | | Buy | Start M | | 12 State or province | | ino.) | | | ai de Elli | |
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| | | | | | | Sept 0 | ployee. | | 2F | \$1450 | Œ | Nov | t number | US 77550 | Country and Z | 800-899-6803 | 10 Contact telephone number | 74-0484030 | Employerider | Applicable Large Employer Member (Employer) | |
| | | | | | | Oct Nov | | | | \$1450 | E | ov Dec | 01 | | 13 Country and ZIP or foreign postal co | 303 | hone number | 0 | 8 Employer identification number | | 2022 |