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This information is being furnished to the internal Revious Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	9 Local income tax 20	Locality name	This information is being furnished to the Informat Revenue Service	19 Local income tax 20	Locality name
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FEDERAL Tax Return.	Employee's	Form W-2	OMB No.	Copy 2 — To Be Filed With	Employee's		orm W-2	OMB No.
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18 Local wages, tips, etc.	19 Local income tax	20 Locality na	me	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locality nar	ne
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18003 FOXWORTH COURT City or town					stal code		N DRIVE	12 State or prov	nce			13 C	Country and ZI			al code	
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14 Offer of Coverage	All 12 Molitis																
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Employee Required Contribution (see instructions)	\$	s 94.04	s 94.04	\$ 94.04	s 94.04	\$ 94	.04 s 94.04	s 94.04	\$ 94.04	\$ 94.6	04	\$ 94.	.04	\$ 94.0	4 \$	94.0)4
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2н	2н	2н	2н	2	н 2н	2н	2н	2н		2H	4	2н		2н	
п аррпсаме)		211	211	211	211	2		811									
17 ZIP Code For Privacy Act and Pa							Cat. No. 60705M									95-C (20	
Form 1095-C (2022)																6003 Pag	20 ge 3
Form 1095-C (2022) Part III Covere		– If Employer p	provided self-insp	ured coverages	a, check the box	and ent	er the information fo	r each individua	l enrolled in co	verage, inc	luding	the emp	ployee.				
		(a) Name of	f covered individual	(5)	e, check the box	and ent	er the information fo (b) SSN or other TIN	(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
		(a) Name of		(5)	e, check the box	and ent			or other (d) Cov	ered	luding		(e) Mo			Pag	ge 3
Part III Covere		(a) Name of	f covered individual	(5)	e, check the box	and ent		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covere		(a) Name of	f covered individual	(5)	e, check the box	and en		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covere		(a) Name of	f covered individual	(5)	e, check the box	and ent		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered		(a) Name of	f covered individual	(5)	e, check the box	and en		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
		(a) Name of	f covered individual	(5)	e, check the box	and en		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21		(a) Name of	f covered individual	(5)	e, check the box	and end		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21 22 23		(a) Name of	f covered individual	(5)	a, check the box	and en		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21 22 23		(a) Name of	f covered individual	(5)	e, check the box	and en		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21 22 23		(a) Name of	f covered individual	(5)	e, check the box	and em		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21 22 23 24 25		(a) Name of	f covered individual	(5)	e, check the box	and end		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21		(a) Name of	f covered individual	(5)	e, check the box	and en		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21 22 23 24 25		(a) Name of	f covered individual	(5)	e, check the box	and en		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3
Part III Covered 18 19 20 21 22 23 24 25 26		(a) Name of	f covered individual	(5)	e, check the box	and em		(c) DOB (if SSN	or other (d) Cov	ered			(e) Mo	onths of cover		Pag	ge 3



RETURN SERVICE ONLY
PLEASE DO NOT SEND MAIL TO THIS ADDRESS
PO Box 818060
5801 Postal Road
Clareland OH 44181

1/5/23

OUR INFO

ONLINE

www.mrcooper.com

YOUR INFO

LOAN NUMBER 0679570911

PROPERTY ADDRESS
18003 FOXWORTH CT
GERMANTOWN, MD 20874

GEETHALAKSHMI RAMACHANDRAN GANESH DHARMARAJAN 18003 FOXWORTH CT GERMANTOWN, MD 20874

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ANNUAL ESCROW AND INTEREST STATEMENT

GEETHALAKSHMI RAMACHANDRAN GANESH DHARMARAJAN 18003 FOXWORTH CT GERMANTOWN, MD 20874 Nationstar Mortgage LLC d/b/a Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019 TIN#: 75-2921540

YEAR: 2022 ACCT #: 0679570911 SSN/TIN: XXX-XX-1293

DISBURSEMENTS FROM ESCROW

PROPERTY TAXES: \$4,384.82 HAZARD INSURANCE: \$1,643.49

CURRENT TOTAL PYMT: \$2,172.07 CURRENT ESCROW PYMT: \$588.72 CURRENT OPTIONAL INS PYMT: \$0.00

PRINCIPAL RECONCILIATION

BEG BAL: \$290,079.94 APPLIED BALANCE: \$11,883.77

ENDING BAL: \$278,196.17
INTEREST RECONCILIATION

INTEREST PAID: \$7,116.43

MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWER(S): \$7,116.43

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, st province, country, ZIP or foreign p Nationstar Mortgage LL 8950 Cypress Waters Bly Coppell, TX 75019 Customer Service: 888-4	C d/b/a Mr. Cooper d.	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 20 22	Mortgage Interest Statement
		1 Mortgage interest received fr \$ 7,116.43	om payer(s)/borrower(s)*	Copy B For Payer/
RECIPIENT'S/LENDER'S TIN '75-2921540	PAYER'S/BORROWER'S TIN XXX-XX-1293	2 Outstanding mortgage principal \$ 290,079.94	3 Mortgage origination date 03/09/2021	Borrower The information in boxes 1 through 9 and 11 is
PAYER'S/BORROWER'S name		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	important tax information and is being furnished to the IRS. If you are required
GEETHALAKSHMI RA GANESH DHARMARA.		6 Points paid on purchase of p	I T	to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines
Street address (including apt. no.) 18003 FOXWORTH CT		7 X If address of property se as PAYER'S/BORROWER'S at the address or description is e	ddress, the box is checked, or	that an underpayment of tax results because you overstated a deduction for this mortgage interest or for
City or town, state or province, co GERMANTOWN, MD 20	untry, and ZIP or foreign postal code 0.874	8 Address or description of pro	operty securing mortgage	these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or
9 Number of properties securing to mortgage	he 10 Other			because you claimed a nondeductible item.
Account number (see instructions				11 Mortgage acquisition date
0679570911				

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

BANK OF AMERICA BANK# 00358

MANGUDI D GANESH 18003 FOXWORTH CT GERMANTOWN MD 20874-2267 TAX STATEMENT FOR YEAR 2022

THIS STATEMENT REPORTS 1099-INT (OMB No. 1545-0112), DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

* * * - * * - 6595

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 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.

2022 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER
ADVANTAGE SVGS 0044-6860-7931
BOX 1 INTEREST INCOME

MANGUDI D GANESH

ADV REL BANKING 4460-0609-4658
BOX 1 INTEREST INCOME

MANGUDI D GANESH

TOTAL INTEREST

168.42

67.89

100.53

FC

TOTAL TRACTIONS

INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER NUMBER NUMBER AND CALL THE NUMBER NUMBER

BANKOFAMERICA.COM
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE



REAL PROPERTY CONSOLIDATED TAX BILL

ANNUAL BILL
TAX PERIOD 07/01/2022-06/30/2023
FULL LEVY YEAR
LEVY YEAR 2022

Department of Finance Division of Treasury 27 Courthouse Square, Suite 200 Rockville, MD 20850

Hours: 8:00 a.m. - 4:30 p.m. Mon. - Fri.

BILL DATE
04/06/2023
PROPERTY DESCRIPTION

COUNTY RATE OF 0.6940 IS LESS THAN

THE CONSTANT YIELD RATE OF 0.7071 BY

DHARMARAJAN GANESH RAMACHANDRAN GEETHALAKSHMI 18003 FOXWORTH CT GERMANTOWN, MD 20874-2267

PRINCIPAL RESIDENCE

					FROFERITO	LOCKIF HOW
				-	KINGSVIEV	V VILLAGE
LOT	BLOCK	DISTRICT	SUB	TAX CLASS	BILL#	ACCOUNT#
36	L	06	058	R042	42290148	03275176
MORTGAGE I	NFORMATION		PROPERTY ADDRESS		REFUSE AREA	REFUSE UNITS
	LC DBA MR. COOPER	18	3003 FOXWORTH C	г	R17	1
TAX DESCRIPTION		ASSESSMENT	RATE	TAX/CHARGE	*PER \$100 OF	ASSESSMENT
STATE PROPERTY TAX COUNTY PROPERTY TA	7.50	428,533 428,533	.1120 .9915	479.96 4,248.91		FULL CASH VALUE SSESSMENT
SOLID WASTE CHARGE WATER QUALITY PROTI TOTAL			288.2000	288.20 59.75 5,076.82	42	8,533
CREDIT DESCRIPTION COUNTY PROPERTY TA TOTAL CREDITS	X CREDIT	ASSESSMENT	RATE	AMOUNT -692.00 -692.00	CONSTANT YIELD I	RATE INFORMATION

Total Annual Amount Due:

0.00

4384.82

0.0131

YOU CAN VIEW AND PAY YOUR BILL ON THE INTERNET AT apps.montgomerycountymd.gov/realpropertytax

PLEASE RETAIN THE TOP PORTION FOR YOUR RECORDS.



PRIOR PAYMENTS ****

INTEREST

RETURN THIS PORTION WITH PAYMENT

TAX PERIOD 07/01/2022 - 06/30/2023

FULL LEVY YEAR

BILL# 42290148

Make Check Payable to: Montgomery County, MD

Check here if your address changed & enter change on reverse side.

ACCOUNT # LEVY YEAR

2022

AMOUNT DUE
0.00

DUE APR 30 2023
PLEASE INDICATE AMOUNT BEING PAID

03275176

AMOUNT PAID

DHARMARAJAN GANESH RAMACHANDRAN GEETHALAKSHMI 18003 FOXWORTH CT GERMANTOWN, MD 20874-2267