

OMB No. 1545-0008
d Control Number

1 Wages, tips, other compensation	2 Federal income tax withheld
253741.04	43341.91

b Employer identification number (EIN)
53-0088710

3 Social security wages	4 Social security tax withheld
147000.00	9114.00

a Employee's social security number
XXX-XX-1293

5 Medicare wages and tips	6 Medicare tax withheld
274241.04	4644.67

c Employee's name, address and ZIP code
FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.
9509 KEY WEST AVENUE
ROCKVILLE MD 20850

7 Social security tips	8 Allocated tips	9

10 Dependent care benefits	11 Nonqualified plans	12a Code C	385.68

12b Code D	20500.00	12c Code DD	30026.88	12d See instructions for box 12

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
GEETHALAKSHMI RAMACHANDRAN
18003 FOXWORTH CT
GERMANTOWN MD 20874

2022 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
MD 02118402	253741.04

Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

17 State income tax	18 Local wages, tips, etc.
20754.60	
19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue 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.

Department of the Treasury - Internal Revenue Service

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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
GEETHALAKSHMI RAMACHANDRAN
18003 FOXWORTH CT
GERMANTOWN MD 20874

2022 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
MD 02118402	253741.04

Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

17 State income tax	18 Local wages, tips, etc.
20754.60	
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0009
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FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.
9509 KEY WEST AVENUE
ROCKVILLE MD 20850

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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
GEETHALAKSHMI RAMACHANDRAN
18003 FOXWORTH CT
GERMANTOWN MD 20874

2022 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
MD 02118402	253741.04

Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

17 State income tax	18 Local wages, tips, etc.
20754.60	
19 Local income tax	20 Locality name

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Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008
d Control Number

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5 Medicare wages and tips	6 Medicare tax withheld
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FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.
9509 KEY WEST AVENUE
ROCKVILLE MD 20850

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e Employee's name, address and ZIP code
GEETHALAKSHMI RAMACHANDRAN
18003 FOXWORTH CT
GERMANTOWN MD 20874

2022 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
MD 02118402	253741.04

Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

17 State income tax	18 Local wages, tips, etc.
20754.60	
19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

Part I Employee

1 Name of employee (first name, middle initial, last name)
GEETHALAKSHMI RAMACHANDRAN

2 Social security number (SSN)
 ***-**-1293

7 Name of employer
FINANCIAL INDUSTRY REGULATORY AUTHORITY INC

3 Street address (including apartment no.)
18003 FOXWORTH CT

9 Street address (including room or suite no.)
9509 KEY WEST AVENUE

10 Contact telephone number
240-386-6801

4 City or town
GERMANTOWN

5 State or province
MD

6 Country and ZIP or foreign postal code
20874

11 City or town
ROCKVILLE

12 State or province
MD

13 Country and ZIP or foreign postal code
20850

8 Employer identification number (EIN)
53-0088710

14 Offer of Coverage (enter required code)
1E

15 Employee Required Contribution (see instructions)
\$ 130.00

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)
2C

17 ZIP Code

Employee's Age on January 1

Plan Start Month (enter 2-digit number): **01**

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$ 130.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

600320
 Page 3

Part III Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 GEETHALAKSHMI RAMACHANDRAN	***-**-1293		X													
19 GANESH DHARMARAJAN	***-**-6595		X													
20 GAUTAM GANESH	***-**-2703		X													
21 GRISHHA GANESH	***-**-3327		X													
22																
23																
24																
25																
26																
27																
28																
29																
30																

This information is being furnished to the Internal Revenue Service.

Copy B — To Be Filed With Employee's FEDERAL Tax Return.		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2022		1 Wages, tips, other comp.	2 Federal income tax withheld	
		152619.05	15112.15	
a Employee's SSN XXX-XX-6595	3 Social security wages 147000.00	4 Social security tax withheld 9114.00		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 160369.13	6 Medicare tax withheld 2325.35		
c Employer's name, address and ZIP code WEST PUBLISHING CORPORATION 610 OPPERMAN DRIVE EAGAN, MN 55123				
d Control number				
e — f Employee's name, address and ZIP code GANESH MANGUDI DHARMARAJAN 18003 FOXWORTH COURT GERMANTOWN, MD 20874				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code	See instr. for box 12	
		C	126.10	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code	
			D	7750.08
14 Other			12c code	
			12d code	
15 State MD	Employer's state ID no. 00640224	16 State wages, tips, etc. 152619.05	17 State income tax	12158.01
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2022		1 Wages, tips, other comp.	2 Federal income tax withheld	
		152619.05	15112.15	
a Employee's SSN XXX-XX-6595	3 Social security wages 147000.00	4 Social security tax withheld 9114.00		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 160369.13	6 Medicare tax withheld 2325.35		
c Employer's name, address and ZIP code WEST PUBLISHING CORPORATION 610 OPPERMAN DRIVE EAGAN, MN 55123				
d Control number				
e — f Employee's name, address and ZIP code GANESH MANGUDI DHARMARAJAN 18003 FOXWORTH COURT GERMANTOWN, MD 20874				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code	See instr. for box 12	
		C	126.10	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code	
			D	7750.08
14 Other			12c code	
			12d code	
15 State MD	Employer's state ID no. 00640224	16 State wages, tips, etc. 152619.05	17 State income tax	12158.01
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

This information is being furnished to the Internal Revenue 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.

Copy C — For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2022		1 Wages, tips, other comp.	2 Federal income tax withheld	
		152619.05	15112.15	
a Employee's SSN XXX-XX-6595	3 Social security wages 147000.00	4 Social security tax withheld 9114.00		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 160369.13	6 Medicare tax withheld 2325.35		
c Employer's name, address and ZIP code WEST PUBLISHING CORPORATION 610 OPPERMAN DRIVE EAGAN, MN 55123				
d Control number				
e — f Employee's name, address and ZIP code GANESH MANGUDI DHARMARAJAN 18003 FOXWORTH COURT GERMANTOWN, MD 20874				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code	See instr. for box 12	
		C	126.10	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code	
			D	7750.08
14 Other			12c code	
			12d code	
15 State MD	Employer's state ID no. 00640224	16 State wages, tips, etc. 152619.05	17 State income tax	12158.01
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2022		1 Wages, tips, other comp.	2 Federal income tax withheld	
		152619.05	15112.15	
a Employee's SSN XXX-XX-6595	3 Social security wages 147000.00	4 Social security tax withheld 9114.00		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 160369.13	6 Medicare tax withheld 2325.35		
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d Control number				
e — f Employee's name, address and ZIP code GANESH MANGUDI DHARMARAJAN 18003 FOXWORTH COURT GERMANTOWN, MD 20874				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code	See instr. for box 12	
		C	126.10	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code	
			D	7750.08
14 Other			12c code	
			12d code	
15 State MD	Employer's state ID no. 00640224	16 State wages, tips, etc. 152619.05	17 State income tax	12158.01
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

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Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251 **600120**
2022

Part I Employee		2 Social security number (SSN) ***-**-6595	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 41-1426973
1 Name of employee (first name, middle initial, last name) GANESH MANGUDI DHARMARAJAN			7 Name of employer WEST PUBLISHING CORPORATION		
3 Street address (including apartment no.) 18003 FOXWORTH COURT			9 Street address (including room or suite no.) 610 OPPERMAN DRIVE		10 Contact telephone number 866-443-6947
4 City or town GERMANTOWN	5 State or province MD	6 Country and ZIP or foreign postal code 20874	11 City or town EAGAN	12 State or province MN	13 Country and ZIP or foreign postal code 55123

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
Employee Required Contribution (see instructions)	\$	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04	\$ 94.04
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2022)

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage														
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
18																		
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CHANGING THE FACE OF HOME LOANS

RETURN SERVICE ONLY
PLEASE DO NOT SEND MAIL TO THIS ADDRESS
PO Box 818060
5801 Postal Road
Cleveland, 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, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Nationstar Mortgage LLC d/b/a Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019 Customer Service: 888-480-2432		*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 <u>22</u>		Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
1 Mortgage interest received from payer(s)/borrower(s)* \$ 7,116.43		2 Outstanding mortgage principal \$ 290,079.94		3 Mortgage origination date 03/09/2021		
RECIPIENT'S/LENDER'S TIN 75-2921540		PAYER'S/BORROWER'S TIN XXX-XX-1293		4 Refund of overpaid interest \$ 0.00		
PAYER'S/BORROWER'S name GEETHALAKSHMI RAMACHANDRAN GANESH DHARMARAJAN		5 Mortgage insurance premiums \$ 0.00		6 Points paid on purchase of principal residence \$ 0.00		
Street address (including apt. no.) 18003 FOXWORTH CT		7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.				
City or town, state or province, country, and ZIP or foreign postal code GERMANTOWN, MD 20874		8 Address or description of property securing mortgage				
9 Number of properties securing the mortgage 01		10 Other		11 Mortgage acquisition date		
Account number (see instructions) 0679570911						

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

TAX STATEMENT FOR YEAR 2022

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

BANK OF AMERICA  BANK# 00358

MANGUDI D GANESH
18003 FOXWORTH CT
GERMANTOWN MD 20874-2267

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 BOX 1 MANGUDI D GANESH	0044-6860-7931	INTEREST INCOME 100.53
ADV REL BANKING BOX 1 MANGUDI D GANESH	4460-0609-4658	INTEREST INCOME 67.89
TOTAL INTEREST		168.42

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

BANKOFAMERICA.COM

THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE

