

P.O. BOX 44921 INDIANAPOLIS IN 46244-4921

Recipient's Information

AJAY B KORITALA 916 MEADOW GUST DR HASLET TX 76052-1357

Tax Year 2022 Form 1099-INT Interest Income (Copy B)

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.

Payer's Information

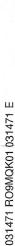
Federal ID Number: 13-4994650 JPMORGAN CHASE BANK, N.A.

COPIES OF YOUR 2022 FORM 1099 STATEMENTS ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935

Recip	oient's ID Number: XXX-XX-257	Original					
Summary of Form 1099-INT Interest Income							(OMB No. 1545-0112)
Box	Description		Amount	Вох	Description		Amount
1.	Interest income		\$300.00	9.	Specified private activity bond interest		\$0.00
2.	Early withdrawal penalty Interest on U.S. Savings Bonds and Treasury Obligations Federal income tax withheld Investment expenses Foreign tax paid Foreign country or U.S. possession Tax exempt interest		\$0.00	10.	Market discount Bond premium		\$0.00
3.				11.			\$0.00
			\$0.00	12.	Bond premium on Tr	easury obligations	\$0.00
4.			\$0.00	13.	Bond premium on tax-exempt bond Tax-exempt and tax credit bond CUSIP no. State State identification no.		\$0.00
5.			\$0.00	14.			(See Details)
6			\$0.00	15.			(See Details)
7.			(See Details)	16.			(See Details)
8.			\$0.00	17.			(See Details)
					FATCA Filing require	ement	(See Details)
Details of Form 1099-INT Interest Income (OMB No. 1545-0112)							
A manufacture of the second of		Box #1 Interest income	Box #2 Early withdrawal penalty			Other Boxes	(01/10/10/1040-0112)
·	•	mcome	withulawal p	енацу	on U.S. Savings Bonds and Treas. Obligations		
980613886		\$300.00	W.A. W.A. W.A. W.A. W.A. W.A. W.A. W.A.	\$0.00	\$0.00	#15 State	TX
CHECKING INCLUDES CASH BONUS(ES) OF \$300.00		00.00				FATCA Filing requirement	NO





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000031471 J0097241

ADT LLC 1501 YAMATO ROAD BOCA RATON, FL 33431



8DXPNA95CP70000017150A411C058

031471 RO9MQK01 8DX 0131 8FD83 000001534 **AJAY BABU KORITALA 916 MEADOW GUST DR HASLET, TX 76052**

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

P00750 VOID Form 1095-C **Employer-Provided Health Insurance Offer and Coverage** OMB No. 1545-2251 Do not attach to your tax return. Keep for your records, Department of the Treasury CORRECTED 2022 Go to www.irs.gov/Form1095C for instructions and the latest information. Internal Revenue Service Part I Employee Applicable Large Employer Member (Employer) 2 Social security number (SSN) 1 Name of employee (first name, middle initial, last name) 8 Employer identification number (EIN) AJAY BABU KORITALA XXX-XX-2577 ADT LLC 45-4343781 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number 916 MEADOW GUST DR 1501 YAMATO ROAD 888-833-1839 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 12 State or province 11 City or town 13 Country and ZIP or foreign postal code HASLET USA 76052 TX **BOCA RATON** USA 33431 Part II Employee Offer of Coverage 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 Dec 14 Offer of Coverage (enter required code) 11 TH 1H 1H 1H 1H 1H 1H 1E 1E 1E 1E 15 Employee Required Contribution (see instructions) 103.15\$ 103.15\$ 103.15\$ 103.15 16 Section 4980H Safe Harbor and Other Relief (enter 2A 2A 2A 2A 2A 2A 2D 2D 2F 2F 2F 2F code, if applicable) 17 ZIP Code 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) (c) DOB (if SSN or other (d) Covered (b) SSN or other TIN (e) Months of coverage First name, middle initial, last name TIN is not available) all 12 months .lan Feb Mar Apr May June July Aug Sept Oct Nov Dec 18 19 20 21 22 23