



P.O. BOX 44921  
 INDIANAPOLIS IN 46244-4921

**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.

**Recipient's Information**



0063646 104 NSP0TAS0 1Z4 000000000000 0201 TX

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

**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

Recipient's ID Number: XXX-XX-2577

**Original**

**Summary of Form 1099-INT Interest Income**

(OMB No. 1545-0112)

Box	Description	Amount	Box	Description	Amount
1.	Interest income	\$300.00	9.	Specified private activity bond interest	\$0.00
2.	Early withdrawal penalty	\$0.00	10.	Market discount	\$0.00
3.	Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00	11.	Bond premium	\$0.00
4.	<b>Federal income tax withheld</b>	<b>\$0.00</b>	12.	Bond premium on Treasury obligations	\$0.00
5.	Investment expenses	\$0.00	13.	Bond premium on tax-exempt bond	\$0.00
6.	Foreign tax paid	\$0.00	14.	Tax-exempt and tax credit bond CUSIP no.	(See Details)
7.	Foreign country or U.S. possession	(See Details)	15.	State	(See Details)
8.	Tax exempt interest	\$0.00	16.	State identification no.	(See Details)
			17.	State tax withheld FATCA Filing requirement	(See Details)

**Details of Form 1099-INT Interest Income**

(OMB No. 1545-0112)

Account Number	Box #1 Interest income	Box #2 Early withdrawal penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes	
980613886	\$300.00	\$0.00	\$0.00	#15 State	TX
CHECKING				FATCA Filing requirement	NO
INCLUDES CASH BONUS(ES) OF \$300.00					



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ADT LLC  
1501 YAMATO ROAD  
BOCA RATON, FL 33431



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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.

600120

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

OMB No. 1545-2251

CORRECTED

**2022**

<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) <b>AJAY BABU KORITALA</b>		2 Social security number (SSN) <b>XXX-XX-2577</b>		7 Name of employer <b>ADT LLC</b>		8 Employer identification number (EIN) <b>45-4343781</b>	
3 Street address (including apartment no.) <b>916 MEADOW GUST DR</b>				9 Street address (including room or suite no.) <b>1501 YAMATO ROAD</b>		10 Contact telephone number <b>888-833-1839</b>	
4 City or town <b>HASLET</b>		5 State or province <b>TX</b>		6 Country and ZIP or foreign postal code <b>USA 76052</b>		11 City or town <b>BOCA RATON</b>	
						12 State or province <b>FL</b>	
						13 Country and ZIP or foreign postal code <b>USA 33431</b>	

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
	1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E		
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 103.15	\$ 103.15	\$ 103.15	\$ 103.15		
	2A	2A	2A	2A	2A	2A	2A	2D	2D	2F	2F	2F	2F		

**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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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