

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>Northeastern University</b> 360 Huntington Ave 354 Richards Hall Boston MA 02115 Contact: 617-373-2000 ECSI: 866-428-1098		1 Payments received for qualified tuition and related expenses <b>\$15,807.00</b>	OMB No. 1545-1574  <b>2022</b>  Form 1098-T	<b>Tuition Statement</b>  <b>Copy B</b> For Student  This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S federal identification no. <b>04-1679980</b>	STUDENT'S TIN ***** <b>0723</b>	2	3	
STUDENT'S name, street address, city, state, and ZIP code <b>RAJ HARIHARAN RAJ SHANKAR</b> <b>6 HAWTHORNE RD</b> <b>NORTH BRUNSWICK NJ 08902-5593</b>		4 Adjustments made for a prior year	5 Scholarships or grants	
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2023 [ ]	
Service Provider/Acct No. (see instr.) <b>002762090</b>	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund	

Form **1098-T** (keep for your records) [www.irs.gov/1098t](http://www.irs.gov/1098t) Department of the Treasury-Internal Revenue Service

If you have any general questions, please visit <https://www.ecsi.net/taxinfo.html> for information regarding your tax documents and to obtain contact information for ECSI. If you have any questions regarding the financial information on your 1098-T, please contact your school directly.  
 Neither your school nor ECSI can answer tax questions or provide tax advice, you must contact your tax professional.

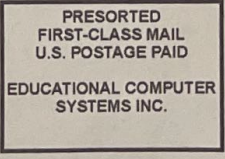
Transaction History				Transaction History			
Trans Date	Box #	Trans Description	Trans Amt	Trans Date	Box #	Trans Description	Trans Amt

For a complete listing of your student account transactions, please access your student account online through the student portal provided by your institution.

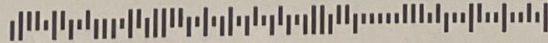
Access your electronic tax document at <https://heartland.ecsi.net>.  
 Create a profile and connect your Heartland key (03217-27240376A464) to view your tax profile.

**\*See Other Side For Opening Instructions\***

**Northeastern University**  
**Heartland ECSI TaxSelect**  
 P.O. Box 1158  
 Moon Township, PA 15108



**IMPORTANT: Tax Information Enclosed - 1098-T**

  
 SC#I11 T-31 - 682 004902090  
**RAJ HARIHARAN RAJ SHANKAR**  
**6 HAWTHORNE RD**  
**NORTH BRUNSWICK NJ 08902-5593**



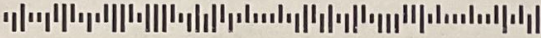


64775\*0



SHANKAR RAJ NATARAJAN  
 6 HAWTHORNE RD  
 NORTH BRUNSWICK NJ 08902-5593

For questions please call: 1-888-464-0727



CORRECTED (if checked)

Date Printed 01/18/2023

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CAPITAL ONE N.A. 1680 CAPITAL ONE DR MCLEAN, VA 22102		Payer's RTN (optional)	OMB No. 1545-0112 Form <b>1099-INT</b> (Rev. January 2022)		<b>Interest Income</b>
1 Interest income \$507.67		For calendar year 2022			
2 Early withdrawal penalty		3 Interest on U.S. Savings Bonds and Treasury obligations			
PAYER'S TIN 72-0210640	RECIPIENT'S TIN ***-**-8988	4 Federal income tax withheld			<b>Copy B                  For Recipient</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 name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SHANKAR RAJ NATARAJAN 6 HAWTHORNE RD NORTH BRUNSWICK, NJ 08902-5593		5 Investment expenses			
		6 Foreign tax paid			
		7 Foreign country or U.S. possession			
		8 Tax exempt interest			
		9 Specified private activity bond interest			
		10 Market discount		11 Bond premium	
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond	
Account number (see instructions) See Detail Below	FATCA filing requirement <input type="checkbox"/>	14 Tax-exempt and tax credit bond CUSIP no.	15 State NJ	16 State identification no. 720210640000	17 State tax withheld

Form 1099-INT (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

\*\* See Details

Product Description	Account Number	Interest Income	Early Withdrawal Penalty	Fed Income Tax Withheld	State Income Tax Withheld
SAVINGS	*****0438	\$507.67			
		\$507.67			



OMB No. 1545-0048  
d Control Number

1 Wages, tips, other compensation	2 Federal income tax withheld	
2351.75		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
22-1729304	2351.75	145.81
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
XXX-XX-1035	2351.75	34.10

c Employee's name, address and ZIP code  
SAKER SHOPPRITES, INC.  
10 CENTERVILLE ROAD  
HOLMDEL NJ 07733

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
12b	12c	12d See instructions for box 12	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
			FLI
			UI/WF/SWF
			DI
			3.29
			10.00
			3.29

e Employee's name, address and ZIP code  
SUNDARI SHANKAR  
6 HAWTHORNE RD  
NORTH BRUNSWICK NJ 08902

OMB No. 1545-0048  
d Control Number

1 Wages, tips, other compensation	2 Federal income tax withheld	
2351.75		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
22-1729304	2351.75	145.81
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
XXX-XX-1035	2351.75	34.10

c Employee's name, address and ZIP code  
SAKER SHOPPRITES, INC.  
10 CENTERVILLE ROAD  
HOLMDEL NJ 07733

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
12b	12c	12d See instructions for box 12	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
			FLI
			UI/WF/SWF
			DI
			3.29
			10.00
			3.29

e Employee's name, address and ZIP code  
SUNDARI SHANKAR  
6 HAWTHORNE RD  
NORTH BRUNSWICK NJ 08902

2022 Form W-2

15 State Employer's state I.D. no. NJ 221729304000

16 State wages, tips, etc. 2351.75

17 State income tax 35.29

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury - Internal Revenue Service

2022 Form W-2

15 State Employer's state I.D. no. NJ 221729304000

16 State wages, tips, etc. 2351.75

17 State income tax 35.29

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0048  
d Control Number

1 Wages, tips, other compensation	2 Federal income tax withheld	
2351.75		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
22-1729304	2351.75	145.81
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
XXX-XX-1035	2351.75	34.10

c Employee's name, address and ZIP code  
SAKER SHOPPRITES, INC.  
10 CENTERVILLE ROAD  
HOLMDEL NJ 07733

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
12b	12c	12d	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
			FLI
			UI/WF/SWF
			DI
			3.29
			10.00
			3.29

e Employee's name, address and ZIP code  
SUNDARI SHANKAR  
6 HAWTHORNE RD  
NORTH BRUNSWICK NJ 08902

OMB No. 1545-0048  
d Control Number

1 Wages, tips, other compensation	2 Federal income tax withheld	
2351.75		
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
22-1729304	2351.75	145.81
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
XXX-XX-1035	2351.75	34.10

c Employee's name, address and ZIP code  
SAKER SHOPPRITES, INC.  
10 CENTERVILLE ROAD  
HOLMDEL NJ 07733

7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a	
12b	12c	12d	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
			FLI
			UI/WF/SWF
			DI
			3.29
			10.00
			3.29

e Employee's name, address and ZIP code  
SUNDARI SHANKAR  
6 HAWTHORNE RD  
NORTH BRUNSWICK NJ 08902

2022 Form W-2

15 State Employer's state I.D. no. NJ 221729304000

16 State wages, tips, etc. 2351.75

17 State income tax 35.29

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury - Internal Revenue Service

2022 Form W-2

15 State Employer's state I.D. no. NJ 221729304000

16 State wages, tips, etc. 2351.75

17 State income tax 35.29

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Department of the Treasury - Internal Revenue Service

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

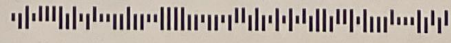
SAKER SHOPPRITES, INC.  
10 CENTERVILLE ROAD  
HOLMDEL NJ 07733



PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
CAROL STREAM, IL  
PERMIT NO. 7188

FORWARDING SERVICE REQUESTED

0091336 01 AV 0455 \*\*AUTO T9 1 9008 08902-559306 -C01-P11338-1



FIRST-CLASS MAIL  
Important Tax Document Enclosed

SUNDARI SHANKAR  
6 HAWTHORNE RD  
NORTH BRUNSWICK NJ 08902-5593



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  
 CORRECTED

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

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Shankar R Raj		2 Social security number (SSN) XXX-XX-8988		7 Name of employer Majesco		8 Employer identification number (EIN) 77-0309142	
3 Street address (including apartment no.) 6 Hawthorne Road North Brunswick Town NJ				9 Street address (including room or suite no.) 412 Mount Kemble Avenue, Suite 110C Morristown NJ		10 Contact telephone number 973-461-5200	
4 City or town		5 State or province		11 City or town		12 State or province	
North Brunswick Town NJ		NJ		Morristown NJ		NJ	
6 Country and ZIP or foreign postal code 08902				13 Country and ZIP or foreign postal code 07960			

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	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1A																		
15 Employee Required Contribution (see instructions) \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																		
17 ZIP Code																		

Part III Covered Individuals					(e) Months of Coverage												
(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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
					<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>
					<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"/>	<input type="checkbox"/>

FROM:  
  
Majesco  
412 Mount Kemble Avenue  
Suite 110C  
Morristown, NJ 07960

Hasler  
01/20/2023  
**US POSTAGE \$000.5**  
FIRST-CLASS  
ZIP 3282  
011E12650

Important Tax Document Enclosed  
141 of 477

First-Class Mail

Shankar Raj Raj  
6 Hawthorne Road  
North Brunswick Township, NJ 08902