Form **1095-A**

Department of the Treasury
Internal Revenue Service

Health Insurance Marketplace Statement

▶ Do not attach to your tax return. Keep for your records.
▶ Go to *www.irs.gov/Form1095A* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2232

2022

Part I Recipient Information

1 Marketplace identifier VA	2 Marketplace-assigned policy number 103887011	3 Policy issuer's name Kaiser Permanente	
4 Recipient's name Rakesh Yachamaneni		5 Recipient's SSN xxx-xx-4142	6 Recipient's date of birth
7 Recipient's spouse's name		8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date 01/01/2022	11 Policy termination date 12/31/2022	12 Street address (including apartment no.) 4713 W Braddock Rd 100	
13 City or town Alexandria	14 State or province VA	15 Country and ZIP or foreign postal code US 22311	

004003-155504-001-29-005-0053257-166239

Part II Covered Individuals

	A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16	Rakesh Yachamaneni	xxx-xx-4142		01/01/2022	12/31/2022
17	Jyothi Yachamaneni	xxx-xx-3773		01/01/2022	12/31/2022
18	Lasritha Yachamaneni	xxx-xx-1430		01/01/2022	12/31/2022
19					
20					

Part III Coverage Information

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	1,045.24	0.00	0.00
22 February	1,045.24	0.00	0.00
23 March	1,045.24	0.00	0.00
24 April	1,045.24	0.00	0.00
25 May	1,045.24	0.00	0.00
26 June	1,045.24	0.00	0.00
27 July	1,045.24	0.00	0.00
28 August	1,045.24	0.00	0.00
29 September	1,045.24	0.00	0.00
30 October	1,045.24	0.00	0.00
31 November	1,045.24	0.00	0.00
32 December	1,045.24	0.00	0.00
33 **Annual Totals**	12,542.88	0.00	0.00

Department of the Treasury
Internal Revenue Service
PHILADELPHIA, PA 19255

699472.489683.305630.6764 1 AV 0.455 372

RAKESH & JYOTHI YACHAMANENI
101 S REYNOLDS ST APT 202
ALEXANDRIA VA 22304-3108

699472

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service (Please keep this copy for your records)	Calendar Year 2022
Recipient's Identification Number XXX-XX-4142	Total Interest Paid or Credited $718.85
PAYER'S Federal Identification Number 38-1798424 **(INTERNAL REVENUE USE ONLY)**	

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.

Combined Tax Statement for Forms 1098, 1099, 5498 for Tax Year 2022

1099-NEC, Copy B, For Recipient, OMB #1545-0116

NAME, ADDRESS AND FEDERAL I.D. NO.	CUSTOMER NAME, ADDRESS
RIGHIT SOLUTIONS LLC 23159 LINWOOD MANOR PL ASHBURN VA 20148	RAKESH YACHAMANENI 4713 WEST BRADDOCK ROAD 100 ALEXANDRIA VA 22311
CUSTOMER SERVICE PHONE # 818-436-9515	
FEDERAL I D NO 81-1011289	

ACCOUNT NUMBER (see instructions)	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
* * * 2022 FORM 1099-NEC, NONEMPLOYEE COMPENSATION * * *				
811011289335984142A				
		NONEMPLOYEE COMPENSATION	1	265200.00

TAX PAYER I.D. NO.
XXX-XX-4142

(keep for your records)

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

INSTRUCTIONS FOR RECIPIENT

1099-NEC - OMB #1545-0116 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 incom e is taxable and the IRS determines that it has not been reported.

You received this form instead of Form W-2 because the pay er did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the pay er to correct this form, report this amount on the line for Wages, salaries, tips, etc. of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employ ee but the amount in this box is not self-em ployment (SE) incom e (for example, it is income from a sporadic activ ity or a hobby), report this amount on the Other income line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE incom e, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estim ated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any incom e from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not giv e your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your incom e tax return as tax withheld.

Boxes 5-7. State incom e tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.