



46K 0030 6D660 000001023

000030129 J0609258

STRATEGIC STAFFING SOLUTIONS
3011 WEST GRAND BLVD SUITE 2100
DETROIT, MI 48202



46KPNA95CPD0000008179A421A071

030622 RO9CNX01 46K 0030 6D660 000001023

RUPA MINUPURI
4280 ISABELLINE BLUFF
CUMMING, GA 30040

S 030622 RO9CNX01 030622 E

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 for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2261

2021

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) RUPA MINUPURI		2 Social security number (SSN) XXX-XX-4679		7 Name of employer STRATEGIC STAFFING SOLUTIONS		8 Employer identification number (EIN) 59-3455070	
3 Street address (including apartment no.) 4280 ISABELLINE BLUFF				9 Street address (including room or suite no.) 3011 WEST GRAND BLVD SUITE 2100		10 Contact telephone number 313-596-6912	
4 City or town CUMMING		5 State or province GA		6 Country and ZIP or foreign postal code USA 30040		11 City or town DETROIT	
						12 State or province MI	
						13 Country and ZIP or foreign postal code USA 48202	

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)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 181.49
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2D	2D	2D	2H
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. <input type="checkbox"/>													
(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"/>	

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.

Part I Employee				Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) SUBHASH CHILUKURI		2 Social security number (SSN) ****-**-3353		7 Name of employer RELTIO INC			8 Employer identification number (EIN) 45-2730536		
3 Street address (including apartment no.) 4280 ISABELLINE BLF				9 Street address (including room or suite no.) 100 MARINE PARKWAY SUITE 275			10 Contact telephone number (888) 220-9091		
4 City or town CUMMING		5 State or province GA		6 Country and ZIP or foreign postal code 30040-1384		11 City or town REDWOOD CITY		12 State or province CA	13 Country and ZIP or foreign postal code 94065

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	Dec		
15 Employee Required Contribution (see instructions)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
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) 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

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

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.



If you prepaid interest in 2021 that accrued in full by January 15, 2022, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2021 even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1, 2021. If the mortgage originated in 2021, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2021, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your 2021 Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the 2021 Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes, or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in 2021, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098.

FreeFile. 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.

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND 7007 BROADWAY AVENUE CLEVELAND OH 44105 (877)552-5659		OMB No. 1545-1380 2021 FORM 1098	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)* \$ 7,235.36		2 Outstanding mortgage principal \$ 336,298.31	
RECIPIENT'S/LENDER'S TIN 34-0573493	PAYER'S/BORROWER'S TIN XXX-XX-3353	3 Mortgage origination date 11/12/19	
PAYER'S/BORROWER'S name, street address, (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SUBHASH CHANDRA REDDY CHILUKURI 4280 ISABELLINE BLF CUMMING GA 30040-1384		4 Refund of overpaid interest \$	
		5 Mortgage insurance premiums \$	
		6 Points paid on purchase of principal residence \$	
		7 <input 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.	11 Mortgage acquisition date
		8 Address or description of property securing mortgage 4280 ISABELLINE BLF CUMMING, GA 30040	
9 Number of properties securing the mortgage 10 Other			
Account number (see instructions) 0721190839			

Form 1098

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

ThirdFederal

SAVINGS & LOAN
 7007 BROADWAY AVENUE
 CLEVELAND, OH 44105

First-Class Mail
 Important Tax Return
 Document Enclosed

PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE PAID
 CLEVELAND, OH
 THIRD FEDERAL S & L

SUBHASH CHANDRA REDDY CHILUKURI
 4280 ISABELLINE BLF
 CUMMING GA 30040-1384

LBECSP1 30040



mr. cooper

CHANGING THE FACE OF HOME LOANS

RETURN SERVICE ONLY
PLEASE DO NOT SEND MAIL TO THIS ADDRESS
PO Box 616040
5801 Postal Road
Cleveland, OH 44161

1/7/22



OUR INFO
ONLINE
www.mrcooper.com



YOUR INFO
LOAN NUMBER
0684476625
PROPERTY ADDRESS
4280 ISABELLINE BLUFF
CUMMING, GA 30040

0002784 01 AB 0.458 01 TR 00009 RN98E812 000000
SUBHASH CHANDRA REDDY CHILUKURI
4280 ISABELLINE BLUFF
CUMMING, GA 30040



SEE REVERSE SIDE FOR ADDITIONAL INFORMATION
ANNUAL ESCROW AND INTEREST STATEMENT

SUBHASH CHANDRA REDDY CHILUKURI Nationstar Mortgage LLC d/b/a Mr. Cooper YEAR: 2021
4280 ISABELLINE BLUFF 8950 Cypress Waters Blvd. ACCT #: 0684476625
CUMMING, GA 30040 Coppell, TX 75019 SSN/TIN: XXX-XX-3353
TIN#: 75-2921540

DISBURSEMENTS FROM ESCROW

CURRENT TOTAL PYMT: \$1,972.55
CURRENT ESCROW PYMT: \$0.00
CURRENT OPTIONAL INS PYMT: \$0.00

PRINCIPAL RECONCILIATION

BEG BAL: \$482,316.74
APPLIED BALANCE: \$1,736.47
ENDING BAL: \$480,580.27

INTEREST RECONCILIATION

INTEREST PAID: \$2,208.63
MORTGAGE INTEREST RECEIVED FROM
PAYER(S)/BORROWER(S): \$2,208.63

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 2021 Form 1098	<p>Mortgage Interest Statement</p> <p>Copy B For Payer/Borrower</p> <p>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.</p> <p>11 Mortgage acquisition date 11/04/2021</p>
1 Mortgage interest received from payer(s)/borrower(s) \$ 2,208.63		2 Outstanding mortgage principal \$ 482,316.74	3 Mortgage origination date 08/27/2021	
RECIPIENT'S/LENDER'S TIN 75-2921540	PAYER'S/BORROWER'S TIN XXX-XX-3353	4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
PAYER'S/BORROWER'S name SUBHASH CHANDRA REDDY CHILUKURI		6 Points paid on purchase of principal residence \$ 0.00		
Street address (including apt. no.) 4280 ISABELLINE BLUFF		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 CUMMING, GA 30040		8 Address or description of property securing mortgage		
9 Number of properties securing the mortgage 01	10 Other			
Account number (see instructions) 0684476625				

Form 1098

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

S 00002784 RN98E812 003094 E

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