

# 2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2022	
Wage and Tax Statement			
Copy C for employer's records. OMB No. 1545-0048			
d Control number 000007820 TQD	DeptL	Corp. WOJ5	Employer use only S 61133
c Employer's name, address, and ZIP code MGM RESORTS INTERNATIONAL OPERATIONS INC ATTN: PAYROLL 880 GRIER DRIVE LAS VEGAS, NV 89119-1005			
e/f Employee's name, address, and ZIP code ANVESH SOMA 2900 OAK CHASE CV LEANDER, TX 78641			
b Employer's FED ID number 88-0471660	a Employee's SSA number XXX-XX-8372		
1 Wages, tips, other comp. 133636.34	2 Federal income tax withheld 15492.28		
3 Social security wages 147000.00	4 Social security tax withheld 9114.00		
5 Medicare wages and tips 154136.34	6 Medicare tax withheld 2234.98		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   91.83		
14 Other	12b D   20500.00		
	12c DD   12359.08		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

ANVESH SOMA  
2900 OAK CHASE CV  
LEANDER, TX 78641

Social Security Number: XXX-XX-8372



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PAGE 01 OF 01

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19 Local income tax	20 Locality name		

Federal Filing Copy  
**W-2** Wage and Tax Statement **2022**  
Copy B to be filed with employer's Federal Income Tax Return. OMB No. 1545-0048

State Filing Copy  
**W-2** Wage and Tax Statement **2022**  
Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0048

City or Local Filing Copy  
**W-2** Wage and Tax Statement **2022**  
Copy 2 to be filed with employer's City or Local Income Tax Return. OMB No. 1545-0048



OMB 1545-0046

**COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return**

1 Wages, tips, other compensation	2 Federal income tax withheld
159300.00	20621.86
3 Social security wages	4 Social security tax withheld
147000.00	9114.00
5 Medicare wages and tips	6 Medicare tax withheld
159300.00	2309.85

a Employee's social security number  
683-19-5948

c Employer's name, address and ZIP code  
CYMANSYS SOLUTIONS LLC  
3016 POLAR LN  
SUITE 404  
CEDAR PARK TX 78613

d Control Number	Department	Corporation	Employer Use Only
------------------	------------	-------------	-------------------

e Employee's name  
RAVALI NALLA  
695 STEVE WRUCK CT  
HENDERSON NV 89052

f Employee's address and ZIP Code	9	12a	\$
g Employer identification number (EIN)	10	12b	\$
7 Social security tips	11	12c	\$
8 Allocated tips	14	12d	\$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e	\$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

OMB 1545-0046

**COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return**

1 Wages, tips, other compensation	2 Federal income tax withheld
159300.00	20621.86
3 Social security wages	4 Social security tax withheld
147000.00	9114.00
5 Medicare wages and tips	6 Medicare tax withheld
159300.00	2309.85

a Employee's social security number  
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CYMANSYS SOLUTIONS LLC  
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SUITE 404  
CEDAR PARK TX 78613

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e Employee's name  
RAVALI NALLA  
695 STEVE WRUCK CT  
HENDERSON NV 89052

f Employee's address and ZIP Code	9	12a	\$
g Employer identification number (EIN)	10	12b	\$
7 Social security tips	11	12c	\$
8 Allocated tips	14	12d	\$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e	\$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

OMB 1545-0046

**COPY B - To Be Filed With Employers FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.**

1 Wages, tips, other compensation	2 Federal income tax withheld
159300.00	20621.86
3 Social security wages	4 Social security tax withheld
147000.00	9114.00
5 Medicare wages and tips	6 Medicare tax withheld
159300.00	2309.85

a Employee's social security number  
683-19-5948

c Employer's name, address and ZIP code  
CYMANSYS SOLUTIONS LLC  
3016 POLAR LN  
SUITE 404  
CEDAR PARK TX 78613

d Control Number	Department	Corporation	Employer Use Only
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e Employee's name  
RAVALI NALLA  
695 STEVE WRUCK CT  
HENDERSON NV 89052

f Employee's address and ZIP Code	9	12a	\$
g Employer identification number (EIN)	10	12b	\$
7 Social security tips	11	12c	\$
8 Allocated tips	14	12d	\$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e	\$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

OMB 1545-0046

**COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee Below)**

1 Wages, tips, other compensation	2 Federal income tax withheld
159300.00	20621.86
3 Social security wages	4 Social security tax withheld
147000.00	9114.00
5 Medicare wages and tips	6 Medicare tax withheld
159300.00	2309.85

a Employee's social security number  
683-19-5948

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CYMANSYS SOLUTIONS LLC  
3016 POLAR LN  
SUITE 404  
CEDAR PARK TX 78613

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695 STEVE WRUCK CT  
HENDERSON NV 89052

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g Employer identification number (EIN)	10	12b	\$
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8 Allocated tips	14	12d	\$
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12e	\$
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy C for employee's records. OMB No. 1545-0009

d Control number 0000001133 TQD	Dept. BLA5	Corp. S	Employer use only 35663
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c Employer's name, address, and ZIP code  
**MGM RESORTS SATELLITE LLC**  
 ATTN: PAYROLL  
 880 GRIER DRIVE  
 LAS VEGAS, NV 89119-1005

e/f Employee's name, address, and ZIP code  
**ANVESH SOMA**  
 2900 OAK CHASE CV  
 LEANDER, TX 78641

b Employer's FED ID number 82-4505598	a Employee's SSA number XXX-XX-8372
1 Wages, tips, other comp. 2724.30	2 Federal income tax withheld 393.96
3 Social security wages 2724.30	4 Social security tax withheld 168.91
5 Medicare wages and tips 2724.30	6 Medicare tax withheld 39.50
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 8.12
14 Other	12b 12c 12d 13 Stat emp./Ret. plan/3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

**ANVESH SOMA**  
 2900 OAK CHASE CV  
 LEANDER, TX 78641

Social Security Number: XXX-XX-8372



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PAGE 01 OF 01

1 Wages, tips, other comp. 2724.30	2 Federal income tax withheld 393.96		
3 Social security wages 2724.30	4 Social security tax withheld 168.91		
5 Medicare wages and tips 2724.30	6 Medicare tax withheld 39.50		
d Control number 0000001133 TQD	Dept. BLA5	Corp. S	Employer use only 35663

c Employer's name, address, and ZIP code  
**MGM RESORTS SATELLITE LLC**  
 ATTN: PAYROLL  
 880 GRIER DRIVE  
 LAS VEGAS, NV 89119-1005

b Employer's FED ID number 82-4505598	a Employee's SSA number XXX-XX-8372
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e/f Employee's name, address and ZIP code  
**ANVESH SOMA**  
 2900 OAK CHASE CV  
 LEANDER, TX 78641

15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0009

1 Wages, tips, other comp. 2724.30	2 Federal income tax withheld 393.96		
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 880 GRIER DRIVE  
 LAS VEGAS, NV 89119-1005

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 2900 OAK CHASE CV  
 LEANDER, TX 78641

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17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

**State Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0009

1 Wages, tips, other comp. 2724.30	2 Federal income tax withheld 393.96		
3 Social security wages 2724.30	4 Social security tax withheld 168.91		
5 Medicare wages and tips 2724.30	6 Medicare tax withheld 39.50		
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 ATTN: PAYROLL  
 880 GRIER DRIVE  
 LAS VEGAS, NV 89119-1005

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7 Social security tips	8 Allocated tips
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e/f Employee's name, address and ZIP code  
**ANVESH SOMA**  
 2900 OAK CHASE CV  
 LEANDER, TX 78641

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19 Local income tax	20 Locality name

**City or Local Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0009



2022 W-2 and EARNINGS SUMMARY

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy C for employee's records. OMB No. 1545-0008

d Control number 0000009965 TOD	Dept. WOJ5	Corp. S	Employer use only 60343
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c Employer's name, address, and ZIP code  
 MGM RESORTS INTERNATIONAL  
 OPERATIONS INC  
 ATTN: PAYROLL  
 880 GRIER DRIVE  
 LAS VEGAS, NV 89119-1005

e/f Employee's name, address, and ZIP code  
 RAVALI NALLA  
 695 STEVE WRUCK CT  
 HENDERSON, NV 89052

b Employer's FED ID number 88-0471660	a Employee's SSA number XXX-XX-5948
1 Wages, tips, other comp. 5384.61	2 Federal income tax withheld 628.30
3 Social security wages 5384.61	4 Social security tax withheld 333.85
5 Medicare wages and tips 5384.61	6 Medicare tax withheld 78.08
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
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RAVALI NALLA  
 695 STEVE WRUCK CT  
 HENDERSON, NV 89052

Social Security Number: XXX-XX-5948



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d Control number 0000009965 TOD	Dept. WOJ5	Corp. S	Employer use only 60343

c Employer's name, address, and ZIP code  
 MGM RESORTS INTERNATIONAL  
 OPERATIONS INC  
 ATTN: PAYROLL  
 880 GRIER DRIVE  
 LAS VEGAS, NV 89119-1005

b Employer's FED ID number 88-0471660	a Employee's SSA number XXX-XX-5948
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e/f Employee's name, address and ZIP code  
 RAVALI NALLA  
 695 STEVE WRUCK CT  
 HENDERSON, NV 89052

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19 Local income tax	20 Locality name

FOLD AND DETACH HERE

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 LAS VEGAS, NV 89119-1005

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 HENDERSON, NV 89052

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 695 STEVE WRUCK CT  
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Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

**State Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**City or Local Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008



Copy B-To Be Filed With Employee's FEDERAL Tax Return.		Tax Year 2022 OMB No. 1545-0008	
a. Employee's social security number *****948	1 Wages, tips, other comp. \$4,788.45	2 Federal income tax withheld \$0.00	
b. Employer ID number (EIN) 36-0883760	3 Social security wages \$4,788.45	4 Social security tax withheld \$296.90	
d. Control number	5 Medicare wages and tips \$4,788.45	6 Medicare tax withheld \$69.45	
7 Social security tips \$0.00	8 Allocated tips \$0.00	9	
c. EMPLOYER'S name, address, and ZIP code RELIANCE STANDARD LIFE INS. CO. CLAIMS 1700 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19103-3938 800-351-7500			
e. EMPLOYEE'S name, address, and ZIP code RAVALI NALLA 695 STEVE WRUCK CT HENDERSON, NV 89052			
10 Dependent care benefits \$0.00	11 Nonqualified plans \$0.00	See instructions for box 12	
13 Statutory employee <input type="checkbox"/>	14 Other 100.00%	12a \$0.00	12b \$0.00
Retirement plan <input type="checkbox"/>		12c \$0.00	12d \$0.00
Third-party sick pay <input checked="" type="checkbox"/>		12e \$0.00	
15 State/Employer's state ID NV	16 State wages, tips, etc. \$0.00	17 State income tax \$0.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service  
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Tax Year 2022 OMB No. 1545-0008	
a. Employee's social security number *****948	1 Wages, tips, other comp. \$4,788.45	2 Federal income tax withheld \$0.00	
b. Employer ID number (EIN) 36-0883760	3 Social security wages \$4,788.45	4 Social security tax withheld \$296.90	
d. Control number	5 Medicare wages and tips \$4,788.45	6 Medicare tax withheld \$69.45	
7 Social security tips \$0.00	8 Allocated tips \$0.00	9	
c. EMPLOYER'S name, address, and ZIP code RELIANCE STANDARD LIFE INS. CO. CLAIMS 1700 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19103-3938 800-351-7500			
e. EMPLOYEE'S name, address, and ZIP code RAVALI NALLA 695 STEVE WRUCK CT HENDERSON, NV 89052			
10 Dependent care benefits \$0.00	11 Nonqualified plans \$0.00	12a \$0.00	
13 Statutory employee <input type="checkbox"/>	14 Other 100.00%	12b \$0.00	12c \$0.00
Retirement plan <input type="checkbox"/>		12d \$0.00	12e \$0.00
Third-party sick pay <input checked="" type="checkbox"/>			
15 State/Employer's state ID NV	16 State wages, tips, etc. \$0.00	17 State income tax \$0.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		Tax Year 2022 OMB No. 1545-0008	
a. Employee's social security number *****948	1 Wages, tips, other comp. \$4,788.45	2 Federal income tax withheld \$0.00	
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e. EMPLOYEE'S name, address, and ZIP code RAVALI NALLA 695 STEVE WRUCK CT HENDERSON, NV 89052			
10 Dependent care benefits \$0.00	11 Nonqualified plans \$0.00	See instructions for box 12	
13 Statutory employee <input type="checkbox"/>	14 Other 100.00%	12a \$0.00	12b \$0.00
Retirement plan <input type="checkbox"/>		12c \$0.00	12d \$0.00
Third-party sick pay <input checked="" type="checkbox"/>		12e \$0.00	
15 State/Employer's state ID NV	16 State wages, tips, etc. \$0.00	17 State income tax \$0.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service  
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Tax Year 2022 OMB No. 1545-0008	
a. Employee's social security number *****948	1 Wages, tips, other comp. \$4,788.45	2 Federal income tax withheld \$0.00	
b. Employer ID number (EIN) 36-0883760	3 Social security wages \$4,788.45	4 Social security tax withheld \$296.90	
d. Control number	5 Medicare wages and tips \$4,788.45	6 Medicare tax withheld \$69.45	
7 Social security tips \$0.00	8 Allocated tips \$0.00	9	
c. EMPLOYER'S name, address, and ZIP code RELIANCE STANDARD LIFE INS. CO. CLAIMS 1700 MARKET STREET SUITE 1200 PHILADELPHIA, PA 19103-3938 800-351-7500			
e. EMPLOYEE'S name, address, and ZIP code RAVALI NALLA 695 STEVE WRUCK CT HENDERSON, NV 89052			
10 Dependent care benefits \$0.00	11 Nonqualified plans \$0.00	12a \$0.00	
13 Statutory employee <input type="checkbox"/>	14 Other 100.00%	12b \$0.00	12c \$0.00
Retirement plan <input type="checkbox"/>		12d \$0.00	12e \$0.00
Third-party sick pay <input checked="" type="checkbox"/>			
15 State/Employer's state ID NV	16 State wages, tips, etc. \$0.00	17 State income tax \$0.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



# 2022 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

<b>GROSS PAY</b>	66,567.35	<b>SOCIAL SECURITY TAX WITHHELD</b>	3,893.99
<b>FED. INCOME TAX WITHHELD</b>	4,976.65	<b>BOX 04 OF W-2 MEDICARE TAX WITHHELD</b>	910.69
<b>BOX 02 OF W-2</b>		<b>BOX 06 OF W-2</b>	
<b>STATE INCOME TAX</b>	0.00	<b>SUI/SDI</b>	0.00
<b>BOX 17 OF W-2</b>		<b>BOX 14 OF W-2</b>	
<b>LOCAL INCOME TAX</b>	0.00		
<b>BOX 19 OF W-2</b>			

To change your employee W-4 profile information  
file a new W-4 with your payroll department

Social Security Number: XXX-XX-5948

RAVALI NALLA  
2900 OAK CHASE CV  
LEANDER, TX 78641



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PAGE 1 OF 1

<b>Employee Reference Copy</b>			
<b>W-2</b>		<b>2022</b>	
Wage and Tax Statement			
<small>Copy C for employer's records. OMB No. 1545-0008</small>			
<b>d</b> Control number	Dept.	Corp.	Employer use only
0000040274	V7B	WGG0	C S 6127
<b>c</b> Employer's name, address, and ZIP code			
MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819			
<b>e/f</b> Employee's name, address, and ZIP code			
RAVALI NALLA 2900 OAK CHASE CV LEANDER, TX 78641			
<b>b</b> Employer's FED ID number	<b>a</b> Employee's SSA number		
13-4204626	XXX-XX-5948		
<b>1</b> Wages, tips, other comp.	<b>2</b> Federal income tax withheld		
48567.65	4976.65		
<b>3</b> Social security wages	<b>4</b> Social security tax withheld		
62806.26	3893.99		
<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld		
62806.26	910.69		
<b>7</b> Social security tips	<b>8</b> Allocated tips		
<b>9</b>	<b>10</b> Dependent care benefits		
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12		
	C   55.83		
	<b>12b</b> D   14238.61		
	<b>12c</b> W   3152.09		
	<b>12d</b> DD   3965.60		
	<b>13</b> Stat emp.   Ret. plan   3rd party sick pay		
	X		
<b>15</b> State	Employer's state ID no.	<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.		
<b>19</b> Local income tax	<b>20</b> Locality name		

<b>1</b> Wages, tips, other comp.	<b>2</b> Federal income tax withheld		
48567.65	4976.65		
<b>3</b> Social security wages	<b>4</b> Social security tax withheld		
62806.26	3893.99		
<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld		
62806.26	910.69		
<b>d</b> Control number	Dept.	Corp.	Employer use only
0000040274	V7B	WGG0	C S 6127
<b>c</b> Employer's name, address, and ZIP code			
MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819			
<b>b</b> Employer's FED ID number	<b>a</b> Employee's SSA number		
13-4204626	XXX-XX-5948		
<b>7</b> Social security tips	<b>8</b> Allocated tips		
<b>9</b>	<b>10</b> Dependent care benefits		
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12		
	C   55.83		
	<b>12b</b> D   14238.61		
	<b>12c</b> W   3152.09		
	<b>12d</b> DD   3965.60		
	<b>13</b> Stat emp.   Ret. plan   3rd party sick pay		
	X		
<b>e/f</b> Employee's name, address and ZIP code			
RAVALI NALLA 2900 OAK CHASE CV LEANDER, TX 78641			
<b>15</b> State	Employer's state ID no.	<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.		
<b>19</b> Local income tax	<b>20</b> Locality name		
<b>Federal Filing Copy</b>			
<b>W-2</b>		<b>2022</b>	
Wage and Tax Statement			
<small>Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008</small>			

<b>1</b> Wages, tips, other comp.	<b>2</b> Federal income tax withheld		
48567.65	4976.65		
<b>3</b> Social security wages	<b>4</b> Social security tax withheld		
62806.26	3893.99		
<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld		
62806.26	910.69		
<b>d</b> Control number	Dept.	Corp.	Employer use only
0000040274	V7B	WGG0	C S 6127
<b>c</b> Employer's name, address, and ZIP code			
MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819			
<b>b</b> Employer's FED ID number	<b>a</b> Employee's SSA number		
13-4204626	XXX-XX-5948		
<b>7</b> Social security tips	<b>8</b> Allocated tips		
<b>9</b>	<b>10</b> Dependent care benefits		
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12		
	C   55.83		
	<b>12b</b> D   14238.61		
	<b>12c</b> W   3152.09		
	<b>12d</b> DD   3965.60		
	<b>13</b> Stat emp.   Ret. plan   3rd party sick pay		
	X		
<b>e/f</b> Employee's name, address and ZIP code			
RAVALI NALLA 2900 OAK CHASE CV LEANDER, TX 78641			
<b>15</b> State	Employer's state ID no.	<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.		
<b>19</b> Local income tax	<b>20</b> Locality name		
<b>State Filing Copy</b>			
<b>W-2</b>		<b>2022</b>	
Wage and Tax Statement			
<small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>			

<b>1</b> Wages, tips, other comp.	<b>2</b> Federal income tax withheld		
48567.65	4976.65		
<b>3</b> Social security wages	<b>4</b> Social security tax withheld		
62806.26	3893.99		
<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld		
62806.26	910.69		
<b>d</b> Control number	Dept.	Corp.	Employer use only
0000040274	V7B	WGG0	C S 6127
<b>c</b> Employer's name, address, and ZIP code			
MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819			
<b>b</b> Employer's FED ID number	<b>a</b> Employee's SSA number		
13-4204626	XXX-XX-5948		
<b>7</b> Social security tips	<b>8</b> Allocated tips		
<b>9</b>	<b>10</b> Dependent care benefits		
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12		
	C   55.83		
	<b>12b</b> D   14238.61		
	<b>12c</b> W   3152.09		
	<b>12d</b> DD   3965.60		
	<b>13</b> Stat emp.   Ret. plan   3rd party sick pay		
	X		
<b>e/f</b> Employee's name, address and ZIP code			
RAVALI NALLA 2900 OAK CHASE CV LEANDER, TX 78641			
<b>15</b> State	Employer's state ID no.	<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.		
<b>19</b> Local income tax	<b>20</b> Locality name		
<b>City or Local Filing Copy</b>			
<b>W-2</b>		<b>2022</b>	
Wage and Tax Statement			
<small>Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008</small>			



WealthCare Saver Prime  
 PO Box 162177  
 Altamonte Springs, FL 32716  
 012023011629\_PNC\_1099 009494 009494 000001 016000

ID# 601012029146



Ravali Nalla  
 2900 Oak Chase Cv  
 Leander, TX 78641



CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Alegeus Tech, LLC dba WealthCare Saver 1601 Trapelo Road Waltham, MA 02451 1-866-287-5675		OMB No. 1545 - 1517  Form <b>1099-SA</b> (Rev. November 2019)		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>
		For calendar year <b>2022</b>		
PAYER'S TIN 90-0808825	RECIPIENT'S TIN XXX-XX-5948	1. Gross Distribution <b>\$1,118.82</b>	2. Earnings on excess cont. <b>\$0.00</b>	<b>Copy B For Recipient</b>  This information is being furnished to the IRS.
RECIPIENT'S name Ravali Nalla  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX 78641		3. Distribution code  <b>1</b>	4. FMV on date of death  <b>\$0.00</b>	
Account number (see instructions) 601012029146		5. HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Form <b>1099-SA (Rev. 11-2019)</b> (keep for your records)		<a href="http://www.irs.gov/Form1099SA">www.irs.gov/Form1099SA</a>		
		Department of the Treasury - Internal Revenue Service		

**Instructions for Recipient**

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

**Recipient'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 identification number to the IRS.

**Spouse beneficiary.** If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

**Estate beneficiary.** If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

**Nonspouse beneficiary.** If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

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

**Box 1.** Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

**Box 2.** Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

**Box 3.** These codes identify the distribution you received: 1-Normal distribution; 2 -Excess contributions; 3-Disability; 4-Death distribution other than code 6; 5-Prohibited transaction; 6-Death distribution after year of death to a nonspouse beneficiary.

**Box 4.** If the account holder died, shows the FMV of the account on the date of death.

**Box 5.** Shows the type of account that is reported on this Form 1099-SA.

**Future developments.** For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA).

# 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

<b>Part I Employee</b>		<b>2</b> Social security number (SSN) ***-**-5948	<b>Applicable Large Employer Member (Employer)</b>	<b>8</b> Employer identification number (EIN) 13-4203626
<b>1</b> Name of employee (first name, middle initial, last name) RAVALI NALLA		<b>7</b> Name of employer MOLINA HEALTHCARE INC		
<b>3</b> Street address (including apartment no.) 2900 OAK CHASE CV		<b>9</b> Street address (including room or suite no.) PO BOX 22819		<b>10</b> Contact telephone number 833-665-4620
<b>4</b> City or town LEANDER	<b>5</b> State or province TX	<b>6</b> Country and ZIP or foreign postal code 78641	<b>11</b> City or town LONG BEACH	<b>12</b> State or province CA
				<b>13</b> Country and ZIP or foreign postal code 90801-5819

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	
14 Offer of Coverage (enter required code)		1H	1H	1H	1K	1K	1K	1K	1K	1K	1K	1K	1K
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$ 91.00	\$ 91.00	\$ 91.00	\$ 91.00	\$ 91.00	\$ 91.00	\$ 91.00	\$ 91.00	\$ 91.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2C	2C	2C	2G	2G	2G	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		
16 RAVALI NALLA	***-**-5948								X	X	X	X		X	X	X	X
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	





**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.

Part I Employee				Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) ANVESH SOMA		2 Social security number (SSN) ****-**-8372		7 Name of employer MGM RESORTS SATELLITE, LLC			8 Employer identification number (EIN) 82-4505598		
3 Street address (including apartment no.) 695 STEVE WRUCK CT				9 Street address (including room or suite no.) 3950 LAS VEGAS BLVD SOUTH			10 Contact telephone number (702) 692-1915		
4 City or town HENDERSON		5 State or province NV		6 Country and ZIP or foreign postal code 89052-5981		11 City or town LAS VEGAS		12 State or province NV	13 Country and ZIP or foreign postal code 89119

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)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 156.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	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	Anvesh Soma	****-**-8372		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Ravali Nalla	****-**-5948		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

050879



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  Faranesh Real Estate and Property Management 2510 W. Horizon Ridge Pkwy #220 Henderson, NV 89052 (702) 536-9000		1 Rents \$ 3893.00	OMB No. 1545-0115 Form 1099-MISC (Rev. January 2022) For calendar year 2022	<b>Miscellaneous Information</b>
PAYER'S TIN 85-2311741		2 Royalties \$	<b>Copy B For Recipient</b>	
RECIPIENT'S TIN 743-25-8372		3 Other income \$		
RECIPIENT'S name Anvesh Soma  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX, 78641		4 Federal income tax withheld \$	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 Anvesh Soma  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX, 78641		5 Fishing boat proceeds \$		6 Medical and health care payments \$
RECIPIENT'S name Anvesh Soma  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX, 78641		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest \$
RECIPIENT'S name Anvesh Soma  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX, 78641		9 Crop insurance proceeds \$		10 Gross proceeds paid to an attorney \$
RECIPIENT'S name Anvesh Soma  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX, 78641		11 Fish purchased for resale \$		12 Section 409A deferrals \$
RECIPIENT'S name Anvesh Soma  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX, 78641		13 FATCA filing requirement <input type="checkbox"/>		14 Excess golden parachute payments \$
RECIPIENT'S name Anvesh Soma  Street address (including apt. no.) 2900 Oak Chase Cv  City or town, state or province, country, and ZIP or foreign postal code Leander, TX, 78641		15 Nonqualified deferred compensation \$		16 State tax withheld \$
Account number (see instructions) 10187943674765283020		17 State/Payer's state no. \$		18 State income \$

Form 1099-MISC (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

## Instructions for Recipient

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

**Amounts shown may be subject to self-employment (SE) tax.** Individuals should see the instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

**Form 1099-MISC incorrect?** If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

**Box 1.** Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

**Box 2.** Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

**Box 6.** For individuals, report on Schedule C (Form 1040).

**Box 7.** 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 income from your sale of these products on Schedule C (Form 1040).

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

**Box 9.** Report this amount on Schedule F (Form 1040).

**Box 10.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 11.** Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.

**Box 12.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

**Box 13.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the instructions for Form 8938.

**Box 14.** Shows your total compensation of excess golden parachute payments, subject to a 20% excise tax. See your tax return instructions for where to report.

**Box 15.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. Any amount included in this box that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

**Boxes 16-18.** Show state or local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC).

**Free File Program.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



<b>Robinhood Markets Inc. as agent for Robinhood Securities LLC</b> 85 Willow Road Menlo Park, CA 94025 Customer Service: 650-940-2700  PAYER'S TIN: 46-4364776	<b>Tax Information</b> <b>Account 118851567</b>	<b>Statement Date: 02/01/2023</b>	<b>2022</b>
	Anvesh Soma 695 Steve Wruck Ct Henderson, NV 89052  RECIPIENT'S TIN: XXX-XX-8372		

11 - [ ] FATCA filing requirement (see instructions)

**Summary Information**

13 - [ ] FATCA filing requirement (see instructions)

DIVIDENDS AND DISTRIBUTIONS	2022 1099-DIV*	OMB No. 1545-0110	MISCELLANEOUS INFORMATION	2022 1099-MISC*	OMB No. 1545-0115
1a- Total ordinary dividends (includes lines 1b, 5, 2e)		0.00	2- Royalties		0.00
1b- Qualified dividends		0.00	3- Other income		0.00
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f)		0.00	<b>4- Federal income tax withheld</b>		<b>0.00</b>
2b- Unrecaptured Section 1250 gain		0.00	8- Substitute payments in lieu of dividends or interest		0.00
2c- Section 1202 gain		0.00			
2d- Collectibles (28%) gain		0.00			
2e- Section 897 ordinary dividends		0.00			
2f- Section 897 capital gain		0.00			
3- Nondividend distributions		0.00			
<b>4- Federal income tax withheld</b>		<b>0.00</b>			
5- Section 199A dividends		0.00			
6- Investment expenses		0.00			
8- Foreign country or US possession:	7- Foreign tax paid:	0.00			
9- Cash liquidation distributions		0.00			
10- Noncash liquidation distributions		0.00			
12- Exempt-interest dividends (includes line 13)		0.00			
13- Specified private activity bond interest dividends (AMT)		0.00			

  

SECTION 1256 CONTRACTS	2022 1099-B*	OMB No. 1545-0715
8- Profit or (loss) realized in 2022 on closed contracts		0.00
9- Unrealized profit or (loss) on open contracts-12/31/2021		0.00
10- Unrealized profit or (loss) on open contracts-12/31/2022		0.00
11- Aggregate profit or (loss) on contracts		0.00

*If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document.*

**\* This is important tax information and is being furnished to the Internal Revenue Service. 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.**

**SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING**

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	635,875.74	789,219.54	0.00	57,332.29	-96,011.51
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	<b>Total Short-term</b>	<b>635,875.74</b>	<b>789,219.54</b>	<b>0.00</b>	<b>57,332.29</b>	<b>-96,011.51</b>
Long	D (basis reported to the IRS)	4,056.84	6,379.14	0.00	639.19	-1,683.11
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	<b>Total Long-term</b>	<b>4,056.84</b>	<b>6,379.14</b>	<b>0.00</b>	<b>639.19</b>	<b>-1,683.11</b>
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	<b>Total Undetermined-term</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	<b>Grand total</b>	<b>639,932.58</b>	<b>795,598.68</b>	<b>0.00</b>	<b>57,971.48</b>	<b>-97,694.62</b>
	<b>Withholding</b>		<b>Amount</b>			
	Federal income tax withheld		0.00			

Changes to dividend tax classifications processed after your original tax form is issued for 2022 may require an amended tax form.



CORRECTED (if checked)

RECIPIENT/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>CMG Mortgage, Inc.</b> PO BOX 77404 EWING, NJ 08628 858-262-0450	*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 <b>Form 1098</b> (Rev. January 2022) For calendar year 2022	<b>Mortgage Interest Statement</b>
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code 1-836-APN61-0038353-001-000-000-000 <b>ANVESH SOMA</b> <b>RAVALI NALLA</b> <b>2900 OAK CHASE CV</b> <b>LEANDER TX 78641-5456</b>	1 Mortgage interest received from payer(s)/borrower(s) \$ 2,212.04	3 Mortgage origination date 10/26/22	<b>Copy B For Payer/Borrower</b> The information in boxes 1 through 9 and 11 is important for information and a filing corrected to the IRS. If you are required to file a return, a taxpayer benefit or other action may be required on you. If the IRS determines that an overpayment of benefits because you provided a deduction for the mortgage interest or for their own, reported in boxes 7 and 8, or because you didn't report the refund of interest box 6, or because you claimed a refundable tax.
2 Outstanding mortgage principal \$ 407,992.00	4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
6 Points paid on purchase of principal residence \$ 6,075.00	7 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.	8 Address or description of property securing mortgage <b>2900 OAK CHASE COVE</b> <b>LEANDER TX 78641</b>	
9 Number of properties securing the mortgage 001	10 Other	11 Mortgage acquisition date Account number (see instructions) <b>0183932359</b>	
RECIPIENT/LENDER'S TIN <b>21-0534340</b>	PAYER'S/BORROWER'S TIN <b>***-**-8372</b>		

Form 1098 (Rev. 1-2022) VTB (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

Disbursement Activity 2022 :			
Current Total Payment	2,380.93	FHA/Conv Mtg Ins	0.00
Current Escrow Payment	0.00	Hazard Insurance	0.00
		Property Taxes	0.00
		Escrow Refund	0.00
Principal Activity 2022 :			
Beginning Balance	407,992.00		
Payments Applied	425.97		
Remaining Balance	407,566.03		
Escrow Activity 2022 :			
Beginning Escrow Balance	0.00		
Total Deposits	0.00		
Total Disbursements	0.00		
Closing Escrow Balance	0.00		

Please remember to File for Homestead Exemption, if you are eligible.

**Message:** If your loan was also serviced by another company in 2022, you may receive a separate statement from them as well.

**Please Note:** For State Funded Program Participants  
 Your interest may be overstated in Box 1 if all or a portion of your payments are subsidized by a state funded program. Contact your tax advisor with questions.

See the back of this document for answers to frequently asked questions.

**TX Borrowers Only:** COMPLAINTS REGARDING THE SERVICING OF YOUR MORTGAGE SHOULD BE SENT TO THE DEPARTMENT OF SAVINGS AND MORTGAGE LENDING, 2601 NORTH LAMAR, SUITE 201, AUSTIN, TX 78705. A TOLL-FREE CONSUMER HOTLINE IS AVAILABLE AT 877-276-5550.



REPRESENTATION OF PRINTED DOCUMENT

CORRECTED. (If checked)

RECEIPT: LENDER'S name, street address, city or town, state or province, county, ZIP or foreign postal code, and telephone no. Home Point Financial Corporation PO BOX 100081 Duluth, GA 30096-9377 855-998-3058		LENDER'S name, street address (including apt. no.), city or town, state or province, county, and ZIP or foreign postal code ANVESH SOMA 2900 OAK CHASE CV LEANDER TX 78641-5456 1-834-0901-3; 01-8239-001; 000-000-000-000	
Debtor: The amount shown may include the amount of the loan and the cost and value of the property. You may only deduct interest on the amount that was received by you, not the amount advanced by you. Mortgage interest received from borrower/borrowers* 7,961.40		OMB No. 1545-0080 Form <b>1098</b> (Rev. January 2022) For calendar year 2022	
1 Mortgage interest received from borrower/borrowers* 7,961.40		Copy B For Payer/Borrower No adjustment to box 1 or box 2 is required if you are reporting to the IRS. You may report to the IRS if you are reporting to the IRS. If you are reporting to the IRS, you must also report to the IRS. If you are reporting to the IRS, you must also report to the IRS. If you are reporting to the IRS, you must also report to the IRS.	
2 Outstanding mortgage principal 411,705.30		1 Mortgage acquisition date 06/01/2022	
3 Number of skipped payments 0.00		2 Mortgage origination date 08/07/2021	
4 Amount paid on purchase money mortgage 0.00		3 Mortgage insurance premium 0.00	
5 Address or description of property securing mortgage 0.00		4 Mortgage interest percentage 0.00	
6 Interest on purchase money mortgage 0.00		5 Address or description of property securing mortgage 0.00	
7 Interest on reverse mortgage 0.00		6 Address or description of property securing mortgage 0.00	
8 Interest on other mortgage 0.00		7 Address or description of property securing mortgage 0.00	
9 Interest on reverse mortgage 0.00		8 Address or description of property securing mortgage 0.00	
10 Interest on other mortgage 0.00		9 Address or description of property securing mortgage 0.00	
11 Mortgage acquisition date 06/01/2022		10 Year paid YTD 9014125973	
12 Mortgage acquisition date 06/01/2022		11 Year paid YTD 9014125973	
20-9921389		Department of the Treasury - Internal Revenue Service	

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, profession, or other activity, and who has 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 mortgage interest. Each borrower is entitled to deduct only the amount each borrower paid and points paid by that borrower. The amount of mortgage interest 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 governmental 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 more information. Also, for more information, see Pub. 936 and Pub. 935.

**Payer/Borrower's taxpayer identification number (TIN).** If your profession, this form may require you to provide your TIN (SSN, TIN, ATIN, or EIN). However, the issuer has only your TIN.

**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 collateral secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or other payments on a buydown mortgage. Such amounts are deductible by you only on the buydown.

**Box 2.** Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the recipient/lender acquired the loan in the calendar year, 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 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 calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and Reverse Deduction Recipient's 1040-2520.

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

**Box 6.** Not all points are reportable to you. Box 6 shows points you or the lender paid this year for the acquisition of the property. Points you or the lender paid in prior years and the year these points are fully deductible in the year paid, but you must subtract lender-paid points from the base 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, enter 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 the calendar year, 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](http://www.irs.gov/form1098) Preparation, e-filing, and direct deposit or payment options.

\*Consult your tax advisor regarding the deductibility of this amount. The amount in Box 5 is the amount of premiums actually paid in calendar year 2022. This includes any upfront premiums paid plus the mortgage insurance amounts paid.



<b>Robinhood Markets Inc, as agent for</b> <b>Robinhood Securities LLC</b> 85 Willow Road Menlo Park, CA 94025 Customer Service: 650-940-2700		PAYER'S TIN: 46-4364776
Tax Information Account 508867959		RECIPIENT'S TIN: XXX-XX-5948
Statement Date: 02/01/2023	Ravalli Nallia 695 Steve Wreck Ct Henderson, NV 89052	
<b>2022</b>		

**11 - [ ] FATCA filing requirement (see instructions)** **2022 1099-DIV\*** OMB No. 1545-0110  
**Summary Information**  
**13 - [ ] FATCA filing requirement (see instructions)** **2022 1099-MISC\*** OMB No. 1545-0115

**DIVIDENDS AND DISTRIBUTIONS**

1a- Total ordinary dividends (includes lines 1b, 5, 2e)	1.20
1b- Qualified dividends	1.20
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f)	0.00
2b- Unrecaptured Section 1250 gain	0.00
2c- Section 1202 gain	0.00
2d- Collectibles (28%) gain	0.00
2e- Section 897 ordinary dividends	0.00
2f- Section 897 capital gain	0.00
<b>4- Federal income tax withheld</b>	<b>0.00</b>
3- Nondividend distributions	0.00
5- Section 199A dividends	0.00
6- Investment expenses	0.00
7- Foreign tax paid:	0.00
8- Foreign country or US possession:	0.00
9- Cash liquidation distributions	0.00
10- Noncash liquidation distributions	0.00
12- Exempt-interest dividends (includes line 13)	0.00
13- Specified private activity bond interest dividends (AMT)	0.00

**SECTION 1256 CONTRACTS** 2022 1099-B\* OMB No. 1545-0715

8- Profit or (loss) realized in 2022 on closed contracts	0.00
9- Unrealized profit or (loss) on open contracts-12/31/2021	0.00
10- Unrealized profit or (loss) on open contracts-12/31/2022	0.00
11- Aggregate profit or (loss) on contracts	0.00

**MISCELLANEOUS INFORMATION** 2022 1099-MISC\* OMB No. 1545-0115

2- Royalties	0.00
3- Other income	0.00
<b>4- Federal income tax withheld</b>	<b>0.00</b>
8- Substitute payments in lieu of dividends or interest	0.00

**SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING**

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term	Form 8949 type	Proceeds	Cost basis	Market discount	Wash sale loss disallowed	Net gain or loss(-)
Short	A (basis reported to the IRS)	179,239.49	182,336.73	0.00	0.00	4,164.18
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
<b>Total Short-term</b>		<b>179,239.49</b>	<b>182,336.73</b>	<b>0.00</b>	<b>0.00</b>	<b>4,164.18</b>
Long	D (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
<b>Total Long-term</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
<b>Total Undetermined-term</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Grand total</b>		<b>179,239.49</b>	<b>182,336.73</b>	<b>0.00</b>	<b>0.00</b>	<b>4,164.18</b>
<b>Withholding</b>		<b>Amount</b>				
Federal income tax withheld		0.00				

Changes to dividend tax classifications processed after your original tax form is issued for 2022 may require an amended tax form.