

Statement ed with employee's Federal Inco

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

0 2022 ADP, Inc

PAGE 01 OF 01

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COPY 2 - To Be Filted With Employee's State, City, or Local	1 Wages, tox, r	the congenution	2 Federa	i income tax withheld
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FormW-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 fall to report it.

Employee Reference Copy Wage and Tax 20 Statement Dept. Corp. d Control number BLA5 0000001133 TQD 35663 S Employer's name, address, and ZIP code MGM RESORTS SATELLITE LLC ATTN: PAYROLL 880 GRIER DRIVE LAS VEGAS, NV 89119-1005 ef Employee's name, address, and ZIP code ANVESH SOMA 2900 OAK CHASE CV LEANDER, TX 78641 Employer's FED ID number 82 - 4505598 a Employee's SSA number XXX - XX - 8372 Wages, tips, other comp. Federal income tax withheld 393.96 2724.30 4 Social security tax withheld 3 Social security wages 168.91 2724.30 Medicare wages and tip 2724.30 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See Instructions for box 12 DD 8.12 11 Nonqualified plans 12b 14 Other 12c 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

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.

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

Social Security Number: XXX-XX-8372

ANVESH SOMA 2900 OAK CHASE CV LEANDER, TX 78641

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MGM RESORTS SATELLITE LLC ATTN: PAYROLL 880 GRIER DRIVE LAS VEGAS, NV 89119-1005

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ef Employee's name, address a ANVESH SOMA 2900 OAK CHASE C LEANDER, TX 7864	v

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Federal Filing Copy

Wage and Tax Statement

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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

. State Filing Copy 2 Wage and Tax Statement Statement Copy 2 to be filed with employee's State Incom

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e/l 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	Loca	income tax	20	Locality name

City or Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax H

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Dept. Corp. 0000009965 TOD WOJ5 S Employer's name, address, and ZIP code MGM RESORTS INTERNATIONAL OPERATIONS INC ATTN: PAYROLL 880 GRIER DRIVE LAS VEGAS, NV 89119-1005 ef Employee's name, address, and ZIP code RAVALI NALLA 695 STEVE WRUCK CT HENDERSON, NV 89052 Employer's FED ID number 88 - 0471660 a Employee's SSA number XXX-XX-5948 Wages, tips, other comp. 2 Federal income tax withheld 5384.61 628.30 3 Social security wages 5384.61 4 Social security tax withheld 333.85 6 Medicare tax withheld Medicare wages and tips 5384.61 Social security tips 78.08 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See Instructions for box 12 14 Other 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

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RAVALI NALLA 695 STEVE WRUCK CT HENDERSON, NV 89052 Social Security Number: XXX-XX-5948

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PAGE 01 OF 01

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This Information is being furnis Copy C-For EMPLO to Employee on the	hed to the Internal Revenue Service, YEE'S RECORDS (See Notic back of Copy B.)	Tax Year 2022 OMB No. 1545-000B	Copy 2-To Be Filed V	With Employee's State, City Return.	y, Tax Year 2022 OMB No. 1545-0008
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Copy C-For EMPLO to Employee on the a. Employee's social security number "****5948 b. Employer'ID number (EIN) 36-0883760 d. Control number 7 Social security tips c. EMPLOYER'S name, address RELIANCE STANDAS CLAIMS 1700 MARKET STRE PHILADELPHIA, PA 1800-351-7500 e. EMPLOYEE'S name, address RAVALI NALLA 695 STEVE WRUCK HENDERSON, NV 89	YEE'S RECORDS (See Notice) back of Copy B.) 1 Wages, tips, other comp. \$4,788.45 5 Medicare wages and tips \$4,788.45 8 Allocated tips \$0.00 SS, and ZIP code RD LIFE INS. CO. ET SUITE 1200 9103-3938 ss, and ZIP code CT 052	Tax Year 2022	Copy 2-To Be Filed V or Local Income Tax a. Employee's social security number *****5948 b. Employer ID number (EIN) 36-0883760 d. Control number ****5948 b. Employer ID number (EIN) 36-0883760 d. Control number ** 7 Social security tips \$0.00 c. EMPLOYER'S name, address RELIANCE STANDAR CLAIMS 1700 MARKET STREE PHILADELPHIA, PA 1 800-351-7500 e. EMPLOYEE'S name, address RAVALI NALLA 695 STEVE WRUCK (HENDERSON, NV 89 10 Dependent care benefits \$0.00 13 Statutory employee Retirement plan	With Employee's State, City Return. 1 Wages, Ilps, other comp. \$4,788.45 3 Social security wages \$4,788.45 5 Medicare wages and tips \$4,788.45 8 Allocated tips \$0.00 SD LIFE INS. CO. ET SUITE 1200 9103-3938 ss, and ZIP code CT 052 11 Nonqualified plans \$0.00 14 Other 100.00%	Tax Year 2022 OMB No. 1545-0008 2 Federal income tax withheld \$0,00 4 Social security tax withheld \$296,90 6 Medicare tax withheld \$69,45 9
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Tax Year 2022

OMB No. 1545-0008

Copy B-To Be Filed With Employee's FEDERAL

Tax Return.

Page 1 of 2

Tax Year 2022

OMB No. 1545-0008

2 Federal income tax withheld \$0.00

Copy 2-To Be Filed With Employee's State, City,

or Local Income Tax Return.

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Employer use only 0000040274 V7B WGGO C S 6127 c Employer's name, address, and ZIP code MOLINA HEALTHCARE INC PO BOX 22819 LONG BEACH, CA 90801-5819 e/f Employee's name, address, and ZiP code RAVALI NALLA 2900 OAK CHASE CV LEANDER, TX 78641 b Employer's FED ID number a Employee's SSA numb 13-4204626 1 Wages, tips, other comp 2 Federal income tax withhe 48567.65 4976.65 3 Social security wages 4 Social security tax withheld 62806.26 3893.99 5 Medicare wages and tips 62806.26 6 Medicare tax withheld 910.69 7 Social security tips 8 Allocated tips 10 Dependent care benefits | 12a See Instructions for box 12 C | 55,83 | 12b D | 14238,61 | 12c W | 3152,09 | 12d DD | 3965,60 | 133tat emp. | Ret. plan | 3rd party sick put 11 Nonqualified plans 14 Other 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

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.

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

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



0 2022 ADP. Inc

PAGE 1 OF

Wages, tips, other co 48567.	1000		4	tax withheld 1976.65				
3 Social security wage 62806.	.26		3	tax withheld 3893.99				
17/14, 1940/HOURS	62806.26			6 Medicare tax withheld 910.69				
Control number Dept.		Corp.	2	yer use only				
0000040274 V7B c Employer's name, a		WGG0		6 6127				
MOLINA HEAL PO BOX 22819 LONG BEACH,			9					
b Employer's FED ID 13-420462	number 26		XXX-	XX-5948				
7 Social security tips		8 Alloca	ted tips					
9		10 Dependent care benefits						
11 Nonqualified plans		12a See instructions for box 12 C 55.83						
14 Other		12b D		14238.61				
		12c W		3152.09				
		12d DD		3965.60				
		13 Stat emp	Ret plan	3rd party sick pay				
ef Employee's name, RAVALI NALL 2900 OAK CHAS LEANDER, TX	A SE CV	and ZIP	code					
15 State Employer's s	tate ID no	. 16 State	wages,	tips, etc.				
17 State income tax		18 Local	wages,	tips, etc.				
19 Local income tax		20 Local	ity name					
W-2 Federa	Filing	Copy	2	022				

1 Wages, tips, other co 48567	2413 F. O. H.		4	ax withheld 976.65	
3 Social security wage 62806	4 Social security tax withheld 3893.99				
5 Medicare wages and 62806	6 Medicare tax withheld 910.69				
d Control number 0000040274 V7B	Dept.	Corp.		er use only 6127	
MOLINA HEAL PO BOX 22819 LONG BEACH			,		
b Employer's FED ID 13-420462	numbe			A number X-5948	
7 Social security tips		8 Allocat			
4			ndent car	e benefits	
11 Nonqualified plans		12a C		55.83	
14 Other	10	12b D		14238.61	
		12cW		3152.09	
		12d DD		3965.60	
		13 Stat emp	Ret plan	3rd party sick p	
e/f Employee's name RAVALI NALI 2900 OAK CHA LEANDER, TX	A SE CV		code		
15 State Employer's	state ID	no. 16 State	wages, t	ips, etc.	
17 State Income tax		18 Loca	l wages,	tips, etc.	
19 Local Income tax			lity name		
0	Filing	Сору		022	

1 Wages, tips, other co 48567.		2 Federal	4976.65
3 Social security wages 62806.		4 Social s	security tax withheld 3893.99
5 Medicare wages and 62806.	tips	6 Medica	re tax withheld 910.69
d Control number	Dept.	Corp.	Employer use only
0000040274 V7B		WGGO	C S 6127
c Employer's name, a	ddress,		
PO BOX 22819 LONG BEACH,	CA 90		
b Employer's FED ID 13-420462	number 26		yee's SSA number XXX-XX-5948
7 Social security tips		8 Allocat	ed tips
9		10 Deper	ndent care benefits
11 Nonqualified plans		12a C	55.83
14 Other	1000	12b D	14238.61
		12c W	3152.09
		12d DD	3965.60
		13 Stat em	p. Ret. plan 3rd party sick pay
e/f Employee's name, RAVALI NALI 2900 OAK CHA LEANDER, TX	-A SE CV 78641		
15 State Employer's	state ID r		
17 State income tax		18 Local	wages, tips, etc.
19 Local income tax		20 Local	lity name
City or	Loca Vage a	I Filing	°°7022

302



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 shocked)

	000	IIILOTED (II 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 1099-SA (Rev. November 2019)	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA		
		The state of the s	For calendar year 2022	MOA		
PAYER'S TIN	RECIPIENT'S TIN	Gross Distribution	Earnings on excess cont.	Сору В		
90-0808825	XXX-XX-5948	\$1,118.82	\$0.00	Fecipie		
RECIPIENT'S name Ravali Nalla		3. Distribution code	4. FMV on date of death			
Street address (including apt. r	10.)	1	\$0.00	This information		
2900 Oak Chase Cv City or town, state or province, country, and ZIP or foreign postal code		5. HSA 🔣 Archer MSA		is being furnished to the IRS.		
Leander, TX 78641 Account number (see instruction	ons)	MSA LI				
601012029146						
Form 1099-SA (Rev. 11-2)	019) (keep for your records)	www.irs.gov/Form1099SA	Department of the T	reasury - 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.



1095-C Department of the Tree Internal Revenue Service	more		► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for Instructions and the latest information. 2 \$\frac{2}{5}\text{op-pile security pumple} \frac{1}{2}\text{def}(\text{ISSN})} Applicable Large Employs												20			
Part Emplo				2 50	draj secritin britishet (SSN)	Applicable Large	Employer Mem	ber (Employer)				B.F.	J. 32	53.85	gron n	umber (LINY
Name of employee	first name, middle indi	ial, last name)			Level Land		"HETE PHEN THEAL	THCARE INC										
3 Street address (included 2900 DAK CI	ding apartment no.) HASE CV						9 Street address (includ PO BOX 2281	ng room or suite no.					10	Contact l	olephor 65-	8627	ber)	
4 EE ANDER		State or provinc	90	6.5 guptry f	and ZIP or foreign post	tal code	11 ENNG WBEACH	12 State of province	e of province				13 Country and ZIP or foreign postal code			al sode		
Part II Employee Offer of Coverage			Employ	Employee's Age on January 1				Plan Start Month (enter 2-digit number): 01										
	All 12 Months Jan Feb Mar Apr		Apr	N	lay June	July	Aug	Aug Sept		Oct			Nov	T	C	ed		
14 Offer of Coverage (enter required code)		111	1H	1н	1K	1	к 1к	1K	1K	1K		1K			1K		1K	
15 Employee Required Contribution (see Instructions)	\$	\$	s	s	s 91.00	s 91	.00 s 91.00	s 91.00	s 91.00	91.0	00 5	91.	00	s 9	1.00	s	91.	00
16 Section 4980H Safe Harbor and Other Relief (enter code (*applicable)		2D	2D	2D	2C	20	e 2c	2G	2G	2G		20			2C		20	
17 ZIP Code For Privacy Act and P	aperwork Reduction	n Act Notice se					Cat. No. 60705M										15-C (2	
																	6003 Pr	
		lf Employer p	rovided self-ins	sured coverage	e, check the box a	and ente	er the information fo	each individual o	enrolled in cover	age, inclu	ding the							20 20
		(a) Name of	rovided self-ins covered individua niddle initial, last n	l(s)	e, check the box a	and ente	er the information for (b) SSN or other TIN	each individual (c) DOB (if SSN or TIN is not availa	other (d) Covere	1	oding the		(e) Mc	onths of o	1	ge	Pa	ge 3
	ed Individuals –	(a) Name of	covered individua	l(s)	e, check the box a			(c) DOB (If SSN or	other (d) Covere	1		Apr I	(e) Mo		Aug	ge Sept	Pa	ge 3
Part III Covere	ed Individuals –	(a) Name of	covered individua	l(s)	e, check the box a		(b) SSN or other TIN	(c) DOB (If SSN or	other (d) Covere	1		Apr I	(e) Mo	une July	Aug	ge Sept	Oct N	ge 3
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Part III Covere	ed Individuals –	(a) Name of	covered individua	l(s)	e, check the box a		(b) SSN or other TIN	(c) DOB (If SSN or	other (d) Covere	1		Apr I	(e) Mo	une July	Aug	ge Sept	Oct N	ge 3
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Part III Covere	ed Individuals –	(a) Name of	covered individua	l(s)	e, check the box a		(b) SSN or other TIN	(c) DOB (If SSN or	other (d) Covere	1		Apr I	(e) Mo	une July	Aug	ge Sept	Oct N	ge 3
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Part III Covere	ed Individuals –	(a) Name of	covered individua	l(s)	e, check the box a		(b) SSN or other TIN	(c) DOB (If SSN or	other (d) Covere	1		Apr I	(e) Mo	une July	Aug	ge Sept	Oct N	ge 3

Form 1095-C (2022)



For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

-	095-C
Form	033-6
Departm	nent of the Treasury

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.

OMB No. 1545-2251

2022

	tl Emp					eminesso (er insur				able L	arge E	mploy	yer Me	mber	(Emple	yer)			
	1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) ****-**-8372						7 Name of employer MGM RESORTS SATELLITE, LLC 82-4505598							er (EIN)					
	3 Street address (including apartment no.) 695 STEVE WRUCK CT						9 Street address (including room or suite no.) 3950 LAS VEGAS BLVD SOUTH (702) 692-1915												
HEN	y or town NDERSON			NV	6 Coun	try and ZIP or foreign po 89052-5981	ostal code	11 City or to				ite or pro	NV				8911	eign postal 9	code
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Requir	red bution (see ctions)	s	s	\$	\$	\$ \$		S	\$		\$		\$	\$		S		\$ 15	56.00
Safe I	ction 4980H larbor and Relief (enter l'applicable)		2A	2A	2A	2A	2A	2A		2A	2	2A	2A		2A		2A	2	2C
	Code	ered Indiv	iduals.													1			
Par				ured coverage	e, check th	ne box and enter t	he Inform	nation for	each inc	dividual	enrolled	d in cov	verage,	Includir	ng the s	mploye	ee. X]	
		e of covered in e, middle initial		(b) SSN o	r other TIN	(c) DOB (if SSN or other TIN is not available)	er (d) Cove all 12 mo	No. 100 100 100 100 100 100 100 100 100 10	Feb	Mar	Apr	(e May	June June	of covera July	ge	Sept	Oct	Nov	Dec
18	Anvesh		Soma	****_*	*-8372			X	X	X	X	X	X	X	X	X	X	X	X
19	Ravali		Nalla	****_*	*-5948			X	X	X									
20																			
21																			
22																			

		CORRE	CTED (if checked)		
PAYER'S name, street address, city or foreign postal code, and telephon Faranesh Real Estate a	e no.		1 Rents \$ 3893.00	OMB No. 1545-0115 Form 1099-MISC	Miscellaneous
	1		2 Royalties	(Rev. January 2022)	Information
2510 W. Horizon Ric	dge Pkwy #220			For calendar year	
Henderson, NV 8905	9		\$	20 22	
Henderson, NV 8905	6		3 Other income 4 Federal income to		held Copy E
(702) 536-9000			\$	\$	
PAYER'S TIN RECIPIENT'S TIN 743-25-8372			5 Fishing boat proceeds	6 Medical and health care payments	
			\$	\$	
RECIPIENTS name Anvesh Soma			7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	Substitute payments in of dividends or interest	This is important tal information and in being furnished to
Street address (including apt. no.) 2900 Oak Chase Cv			9 Crop insurance proceeds	10 Gross proceeds paid to attorney \$	an the IRS. If you an required to file return, a negligenous penalty or other
City or town, state or province, coun Leander, TX, 78641	itry, and ZIP or foreign postal	code	11 Fish purchased for resale \$	12 Section 409A deferrals	sanction may be imposed on you in this income in taxable and the IRS
13 FATCA filing requirement			14 Excess golden parachute payments	15 Nonqualified deferred compensation	determines that i has not been reported
Account number (see instructions)			16 State tax withheld	17 State/Payer's state no.	18 State income
10187943674765283020			\$		\$
1010/9430/4/032630/	20		\$		\$

www.irs.gov/Form1099MISC

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.

(keep for your records)

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 paver. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly

Box 1. Feeport 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 £ (Form 1040). However, report payments for a working interest as explained in the Schedule £ (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544

Box 8. 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 turnish your Title. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheid.

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).

Department of the Treasury - Internal Revenue Service

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 ces. 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

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 pay subject to a 20% excise tax. See your tax return instructions for where to report.

Box 15. Shows income as a nonemployee under an NGDC plan that does not meet the requirements of section 409A. Any amount included in box 12 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

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/Form1099MillC

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

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

11 - [] FATCA filing requirement (see instructions)	Summar	y Information 13-[]F	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	4- Federal income tax withheld 0				
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	SECTION 1256 CONTRACTS 2022	1099-B* OMB No. 1545-0715			
2e- Section 897 ordinary dividends	0.00	0. Despt (least) (least) (least) (least) (least)	0.00			
2f- Section 897 capital gain	0,00					
3- Nondividend distributions	0.00	9- Unrealized profit or (loss) on open contracts-12/31/20				
4- Federal income tax withheld	0.00	 Unrealized profit or (loss) on open contracts-12/31/20 				
5- Section 199A dividends	0.00	11- Aggregate profit or (loss) on contracts	0.00			
6- Investment expenses	0.00	Mary North Comment of the Comment of				
8- Foreign country or US possession: 7- Foreign tax paid:	0.00	If applicable, proceeds from sale transactions appear	summarized below and are			
9- Cash liquidation distributions	0.00	detailed in subsequent sections of this document.				
10- Noncash liquidation distributions	0.00	* This is important tax information and is being furnished to the Internal Revenue Service.				
12- Exempt-interest dividends (includes line 13)	0.00	If you are required to file a return, a negligence penalty or oth				
13- Specified private activity bond interest dividends (AMT)	0.00	you if this income is taxable and the IRS determines that it has	not been reported.			

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

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
	Total Short-term	635,875.74	789,219.54	0.00	57,332.29	-96,011.51
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
	Total Long-term	4,056.84	6,379.14	0.00	639.19	-1,683.11
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
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Grand total	639,932.58	795,598.68	0.00	57,971,48	-97,694.62
Withholding Amount						
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.





artible by you the losh amount of value of the	MB No. 1545-1360 Form 1098	Mortgage	
vou, and not	Rev. January 2022) For calendar year 2022	Mortgage Interest Statement	
and received from payers from 2,212.04		Copy B For Payer/ Borrower	
407,992.00	10/26/22	to interest and 11 is imported to interest on and is both	
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Disbursement Activity 2022 0.00 FHA/Conv Mtg Ins 2,380.93 Current Total Payment Current Escrow Payment 0.00 Hazard Insurance Property Taxes Escrow Refund 0.00 Principal Activity 2022 : 407,992.00 Beginning Balance Payments Applied Remaining Balance 425.97 407,566.03 Escrow Activity 2022 : Beginning Escrow Balance 0.00 0.00 Total Deposits
Total Disbursements
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.

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.

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ANTSALMOER S name, street address, operations and telephone no Home Point Financial Corporation PO BOX 100081 Duluth, GA 30096-9377 BORROWER'S name, street address (inclu country, and ZIP or foreign postal code ANVESH SOMA 2900 OAK CHASE CV LEANDER TX 78641-5456 855-998-3056 834-09013-0318258-001-000-000-000-000 06/01/2022 0.00 411,705,30 0.00 10 Other Taxes Paid YTD 4,174.18 1098 08/07/2021 RECURS OF BASSISS. THE CONTROL OF BASSISS OF 9014125973

Instructions for Payer/Borrower

taturion, a governmental unit; and a cooperative housing trade or business and, in the course of such trade or business, il mortgage interest (neckung certain points) on any one ust furnish this statement to you.

as from you at least \$600 of mortgage interest tricking certain posts for any of again or business, again and the calendar your must furnish this statement to your posts for any offer again and the page of the calendar your must furnish this statement as the page of record on a mortgage on which there are often seen, furnish each of the other borrowers with information about the proper distribution outsit exported on this form. Each formovers with information about the proper distribution outsits reported on this form. Each formover is entitled to deduct only the amount each outside is state of the amount when the proper cale and points and to the amount of the page of

If your mortgage payments were subsidized by a povernment agency you may be able a deduct the amount of the subsidized by a povernment agency you may no be able a deduct the amount of the subsidized. See the instructions for Schedule A. C., or if from 1040) if how to report the mortgage interest. Also, for more information, see hus 9.8 and pub. 5.55, aver-MBocrower's large payer demitted ston, number (TIN), For your protection, this form may bow only the last four digits of your TIN ISSN, ITIN, ATIN, or EIN), However, the issuer has cooling number. May show an account or other unique number the tender has assigned to satinguish your account.

of 1. Shows the morphage interest received by the recipient/lender during the year, This mount includes interest or any obligation secured by real property, including a morphage, one easily pair, or like of credit. This amount does not include points, government subsidy syments, or relief payments on a "buydown" morphage. Such amounts are destuctible by you by in certain circumstances.

If you prepaid interest in the calendar year that accrued in full by January 15, of the abbequent year, this prepaid interest may be included in box 1. However, you cannot adout the propoid amount in the calendar year paid even though it may be included in box 1. mortgage credit certificate and can claim the mortgage interest credit, see Form interest was paid on a mortgage, home equity lean or line of credit secured by a sence, you can only deduct the interest paid on acquisition indebtedness, and you cit to a deduction imitation.

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Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calledor year from company organization to recipie the date of the date of the mortgage organization in the calledor 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 for creatifity or preparation of the mortgage origination in the property of the date of the property of the property of the date of the property of the date of the property o

Nov. 8. If an amount is reported in this borr, it may qualify to be freated as deductible mortgage interest. Set the calendar year Screedule A Form (I/D) instructions and Pou. 938.

Box. 8. Not all points are reportable to you. Box 6 shows points you or the seller goal this year for the purchase of your principal mediance that are required to be imported to you. Generally, these points are followed to the seller points from the basis of your residence. Other points of the property and the complete of the property securing the mortgage is the same as the purper's borrower's either the box is has been completed.

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

Box 9, if mays than one properly secures the borperly securing the mortgage mortgage. If only one properly secures the bars, shows the number of properly mortgage, if only one properly secures the bars, this box may be black.

Box 10, the interest recipient may use this box to give you after information, such such or formation of all from economics.

Future developments. For the listest information about developments, related to Form 1988 and its Instructions, such as legislation enacted after they were published, go to wear at gov/Form 1983. Free File, Go to wear, gov/ForeFile to see it you caughtly for no-cost online testeral tax 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 This includes any upfront premiums paid plus the mortgage insurance amounts paid.



Mortgage Interest Statement

	Station Statement Date: 02/01/2023 9867959			NoooA	Robinhood S boodnidoA			
				Ravali Nalla 695 Steve Wruck Ct Henderson, NV 89052		85 Willow Road Menlo Park, CA		
			8¢6S-XX-	RECIPIENT'S TIN: XXX	9224984-94	PAYER'S TIN:		
quinament (see instructions)	on gniffi ADTA4 [] - Ef		Information	(nemma)	requirement (see instructions)	11-[]FATCA filing		
C* OMB No. 1545-011	SIN-6601 2202 NOITA	MEOUS INFORM	MISCELLAN	OMB No. 1545-0110	AND DISTRIBUTIONS 2022 1099-DIV	DIAIDENDS		
00.0			2- Royalties	1,20	ny dividends (includes lines 1b, 5, 2e)			
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				00.0	nisg S	Sc- Section 120		
170-2421 ON BIMO	₹8-6601 Z0ZZ	SE CONTRACTS	SECTION 12	00.0		2d- Collectibles		
00 0	8- Profit or (loss) to SSOS in besidean (easilier) (easilier)				ordinary dividends	Zf- Section 897		
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are bre wold t	transactions appear summarized	proceeds from sale	If applicable	00.0	vestment expenses			
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			HOLDING	STMENTS AND WITH	OF PROCEEDS, GAINS & LOSSES, ADJU	SUMMARY		
"sasodind je	ands shown below are for informationa	s and losses. The amou	nd to determine the correct gain	vou consider all relevant items ar	and Proceeds not reported to the IRS pages to ensure that y	Refer to the 1099-B		
Net gain or loss(-)	Wash sale loss disallowed	Market discount	Cost basis	Proceeds	Form 8949 type	Тегт		
81,481,4	7,261.42	00.0	182,336.73	94,852,971	A (basis reported to the IRS)	Short		
00.0	00.0	00.0	00.0	00.0	B (basis not reported to the IRS)	horis		
00.0	00.0	00.0	00.0	00.0	C (Form 1099-8 not received)	Short		
81,481,4	7,261.42	00.0	182,336.73	64.852,871	Total Short-term			
00.0	00.0	00.0	00.0	00.0	D (basis reported to the IRS)	биот		
00.0	00.0	00.0	00.0	00.0	E (basis not reported to the IRS) F (Form 1099-B not received)	Foud 6uo7		
00.0	00.0	00.0	00.0	00.0	Total Long-term			
00.0	00'0	00.0	00.0	0.00	B or E (basis not reported to the IRS)	Undetermined		
00.0	00.0	00.0	00.0	0.00	C or F (Form 1099-B not received)	Undetermined		
00.0	00.0	00.0	00.0	00.0	Total Undetermined-term			

182,336.73

00.0

81,481,4

7,261.42

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

JnuomA 00,0

179,239.49

Federal income tax withheld

Grand total

Withholding