

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's **non-federal tax return**

a. Control number 0030-18140771 0000000005-	b. Void <input checked="" type="checkbox"/>	c. Employee's name, address, and ZIP code SUGATU CONSULTING LLC 1775 EYE ST NW STE 1150 WASHINGTON DC 20006	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
d. Employer identification number (EIN) 81-3941214	e. Employee's social security number XXX-XX-0517	f. 1. Wages, tips, other compensation 45493.87	2. Federal income tax withheld 7383.00
g. Statutory employee <input checked="" type="checkbox"/>	h. Retirement plan <input checked="" type="checkbox"/>	i. 3. Social security wages 45483.87	4. Social security tax withheld 2882.00
j. See instructions for box 12 0	k. Other \$90.00	l. 5. Medicare wages and tips 45483.87	6. Medicare tax withheld 674.02
l. State MD	m. Employer's state ID number	n. 7. Social Security Tips 45483.87	8. Allocated Tip
o. 15. State MD	p. State wages, tips, etc. 45493.87	q. 16. State income tax 3561.85	r. 18. Local wages, tips, etc.
s. 19. Local income tax	t. 20. Locality name		

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.

Form W-2 Wage and Tax Statement 2022

Copy B, to be filed with employee's **FEDERAL tax return**

a. Control number 0030-18140771 0000000005-	b. Void <input checked="" type="checkbox"/>	c. Employee's name, address, and ZIP code SUGATU CONSULTING LLC 1775 EYE ST NW STE 1150 WASHINGTON DC 20006	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
d. Employer identification number (EIN) 81-3941214	e. Employee's social security number XXX-XX-0517	f. 1. Wages, tips, other compensation 45493.87	2. Federal income tax withheld 7383.00
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o. 15. State MD	p. State wages, tips, etc. 45493.87	q. 16. State income tax 3561.85	r. 18. Local wages, tips, etc.
s. 19. Local income tax	t. 20. Locality name		

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Form W-2 Wage and Tax Statement 2022

Copy 2, to be filed with employee's tax return for MD

a. Control number 0030-18140771 0000000005-	b. Void <input checked="" type="checkbox"/>	c. Employee's name, address, and ZIP code SUGATU CONSULTING LLC 1775 EYE ST NW STE 1150 WASHINGTON DC 20006	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
d. Employer identification number (EIN) 81-3941214	e. Employee's social security number XXX-XX-0517	f. 1. Wages, tips, other compensation 45493.87	2. Federal income tax withheld 7383.00
g. Statutory employee <input checked="" type="checkbox"/>	h. Retirement plan <input checked="" type="checkbox"/>	i. 3. Social security wages 45483.87	4. Social security tax withheld 2882.00
j. See instructions for box 12 0	k. Other \$90.00	l. 5. Medicare wages and tips 45483.87	6. Medicare tax withheld 674.02
l. State MD	m. Employer's state ID number	n. 7. Social Security Tips 45483.87	8. Allocated Tip
o. 15. State MD	p. State wages, tips, etc. 45493.87	q. 16. State income tax 3561.85	r. 18. Local wages, tips, etc.
s. 19. Local income tax	t. 20. Locality name		

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.

Form W-2 Wage and Tax Statement 2022

a. Control number 0030-18140771 0000000005-	b. Void <input checked="" type="checkbox"/>	c. Employee's name, address, and ZIP code SUGATU CONSULTING LLC 1775 EYE ST NW STE 1150 WASHINGTON DC 20006	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008
d. Employer identification number (EIN) 81-3941214	e. Employee's social security number XXX-XX-0517	f. 1. Wages, tips, other compensation 45493.87	2. Federal income tax withheld
g. Statutory employee <input checked="" type="checkbox"/>	h. Retirement plan <input checked="" type="checkbox"/>	i. 3. Social security wages 45483.87	4. Social security tax withheld
j. See instructions for box 12 0	k. Other \$90.00	l. 5. Medicare wages and tips 45483.87	6. Medicare tax withheld
l. State MD	m. Employer's state ID number	n. 7. Social Security Tips 45483.87	8. Allocated Tip
o. 15. State MD	p. State wages, tips, etc. 45493.87	q. 16. State income tax 3561.85	r. 18. Local wages, tips, etc.
s. 19. Local income tax	t. 20. Locality name		

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.

0U153 0506 00032

OMB No. 1580-0002

2022 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement
Copy C — For EMPLOYEE'S RECORDS 2022

This form is being furnished to the IRS if you are required to file or return a tax return for the year. It is your responsibility to furnish a copy of this statement to your employer.

Employer's name, address, and ZIP code
MINDFINDERS INC
1200 18TH STREET NW SUITE 650
WASHINGTON DC 20036

Employee's name, address, and ZIP code
BHUSHAN JAMISETTI
9236 STREAM VIEW LANE
LAUREL MD 20723

8940.60	925.74	
1. Wages, tips, other comp.	2. Federal income tax withheld	
8940.60	554.32	
2. Social security wages	4. Social security tax withheld	
8940.60	129.64	
3. Medicare wages and tips	6. Medicare tax withheld	
7. Social security tips	8. Allocated tips	
9.	10. Dependent care benefits	
11 Nonqualified plans:	12a. DD 2821.33	
12b.	12c.	
12d.	12e.	
Employee's social security no. 634-70-0517	14	
Employee ID number (ENR) 52-2303447		
15a. Compensation deduction MD 10172650	16 Date wages, tips, etc. 8940.60	17 Date income tax 376.72
18 Local wages, tips, etc.	19 Local income tax	20 Local rate

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay	\$10,366.00	\$10,000.00	\$10,366.00
Less: Non-Taxable Earnings	\$0.00	\$0.00	\$0.00
Less: Retirement Deductions	\$0.00	N/A	N/A
Less: Other Pre-tax Deductions	(\$1,445.40)	(\$1,445.40)	(\$1,445.40)
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Less: Excess Wages	N/A	\$0.00	N/A
Total Reported Wages	\$8,940.60	\$8,940.60	\$8,940.60
Fed Income Box 2 of W-2			
Tax Withheld	\$825.74	\$825.74	\$125.54
MO State Wages, Tips, etc. Box 16 of W-2			
Gross Pay	\$10,366.00	\$10,000.00	\$10,366.00
Less: Non-Taxable Earnings	\$0.00	\$0.00	\$0.00
Less: Retirement Deductions	\$0.00	\$0.00	\$0.00
Less: Other Pre-tax Deductions	(\$1,445.40)	(\$1,445.40)	(\$1,445.40)
Less: Third Party Sick Pay	\$0.00	\$0.00	\$0.00
Total Reported Wages	\$8,940.60	\$8,940.60	\$8,940.60
MO State Income Tax Box 17 of W-2			
Tax Withheld	\$376.72		

BHUSHAN JAMISETTI
9236 STREAM VIEW LANE
LAUREL, MD 20723

The Form W-2 Box 1 wages are the Gross Wages on your test pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the test pay statement. Gross pay may not match Box 1 wages due to deductions for retirement, deferred health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form 1095-B**Health Coverage**560118
OMB No. 1145-2222**2022**

Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095B for instructions and the latest information.

 VOID CORRECTED**Part I Responsible Individual**1. Name of responsible individual: First name, middle name, last name
BHUSHAN JAMISETTI4. Street address (including room or suite no.)
9236 STREAM VIEW LANE5. City or town
LAUREL2. Social security number (SSN) or other TIN
XXX-XX-0517

3. Date of birth (P/T/M/Y or other TIN is not available)

6. State or province
MD7. Country and ZIP or foreign postal code
US 20723

8. Reserved

Part II Information About Certain Employer-Sponsored Coverage (See Instructions)

10. Employment

Mindfinders, Inc.

11. Employer identification number (EIN)

XX-XXXX334712. Street address (including room or suite no.)
1200 18TH STREET NW STE 65013. City or town
WASHINGTON14. State or province
DC15. Country and ZIP or foreign postal code
US 20036**Part III Issuer or Other Coverage Provider (See Instructions)**

16. Name

CareFirst BlueChoice, Inc.

17. Employer identification number (EIN)

52-1358719

18. Contact telephone number

18. Street address (including room or suite no.)
840 First Street, NJ19. City or town
Washington20. State or province
DC22. Country and ZIP or foreign postal code
US 20005**Part IV Covered Individuals (Enter the information for each covered individual.)**21. Name of covered individual:
 First name, middle initial, last name

22. SSN or other TIN

23. DOB or SSN or other TIN if not available

24. Covered all 12 months

25. Months of coverage

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23. BHUSHAN JAMISETTI	X											
24. JAYALAKSHMI JAMISETTI		X										
25.			X									
26.				X								
27.					X							
28.						X						

VOID

CORRECTED

OMB No. 1545-2251

2022

Form 1095-C

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
MINDFINDERS INC.
 1200 18TH STREET NW SUITE 650
 WASHINGTON, DC 20036
 (202) 800-8502

		Employee Offer of Coverage		Employee's Age on January 1	
Plan Start Month (enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Sector 4960H Sale Harbor and Other Retail (enter code, if applicable)	17 ZIP Code	
04					
All 12 Months	\$				
Jan	1K	\$ 93.54	2H		
Feb	1K	\$ 93.54	2B		
Mar	1H	\$	2A		
Apr	1H	\$	2A		
May	1H	\$	2A		
Jun	1H	\$	2A		
Jul	1H	\$	2A		
Aug	1H	\$	2A		
Sep	1H	\$	2A		
Oct	1H	\$	2A		
Nov	1H	\$	2A		
Dec	1H	\$	2A		

EMPLOYEE'S name, address, ZIP/postal code & country:

BHUSHAN JAMISETTI
 9236 STREAM VIEW LANE
 LAUREL, MD 20723

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

APPLICABLE LARGE EMPLOYER'S identification number (EIN) **52-2303447** EMPLOYEE'S social security number (SSN) **XXX-XX-0517**

Employer Provided Health Insurance Offer and Coverage

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

Department of the Treasury - IRS

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 mos.	(e) Months of coverage							
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18											
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Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the health insurance coverage requirements in the Affordable Care Act. This form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Employee Offer of Coverage section, includes information about the coverage, if any, your employer offered to you and your spouse and dependents. It includes information about the coverage through the health insurance Marketplace, if any, that your employer will offer you to determine whether you are eligible. For more information, see Form 1095-C, Line 14, Qualifying Offer. You may receive multiple Forms 1095-C if you had multiple employers during the year. An Applicable Large Employer (for example, your first employer with one Application Large Employer and dependents) of employment with another Applicable Large Employer, in that situation, each Form 1095-C would contain information only about the health insurance coverage offered to you by the employer identified on the form. If your employee is not working during the year, it is not required to provide you a Form 1095-C providing information about the health coverage offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you, referred to as a family member, enrolled in your employer's plan and that plan is a plan for a family member, as defined in Form 1095-C, Covered Individuals section, provides information about you and any family members who had to make a contribution related to "minimum essential coverage" for some or all months during the year, if you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer is providing you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage from another source. For example, if you are a government-sponsored participant in an insured market plan or coverage purchased through the Department of Health and Human Services, you may receive information about the coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through the Health Insurance Marketplace, the Health Insurance Marketplace will report information about the coverage on Form 1095-B or the Health Insurance Marketplace Statement.

TIP Employers are required to furnish Form 1095-C to any family member who is eligible under self-insured employer-sponsored plans listed in the Covered Individuals section if they request it for their records.

Additional Information For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov or call the IRS Helpline for ACA questions (800-210-0452).

Employee

Report information about you, the employee. Report your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Applicable Large Employer

Report information about your employer. This includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and see that they are corrected.

Employer Offer of Coverage, Lines 14-17

Line 14. The code field (see for line 14) describes the coverage that your employer offered to you and your spouse and dependents. If any of you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14. The information on line 14 relates to eligibility for coverage as determined by the employer tax credit for you, your spouse, and dependents. For more information about the premium tax credit, see Pub. 504.

Line 15. Minimum essential coverage providing minimum value offered to you and an employee required contribution for self-only coverage of at least 6.95% (or adjusted to the 49% contribution after a single income poverty line) and minimum essential coverage offered to your spouse and dependents, referred to as a Qualifying Offer. This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment to the 2.5%, visit Pub. 504.

Line 16. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependents.

Line 17. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependents.

Line 18. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependents and spouse.

Line 19. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependents, or you, your spouse, and dependents.

10. You are NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employee-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box in the separate monthly boxes for all 12 calendar months on line 14.

11. No other coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

12. Reserved for line 13 use.

13. Minimum essential coverage providing minimum value offered to you, minimum essential coverage conditionally offered to your spouse, and minimum essential coverage NOT offered to your dependents.

14. Minimum essential coverage providing minimum value offered to you, minimum essential coverage conditionally offered to your spouse, and minimum essential coverage offered to your dependents.

15. Individual coverage HSA, HRA, or HSA/HRA offered to you or with affordability determined by using employee's primary residence ZIP code.

16. Individual coverage HSA offered to you and dependents (not spouse) with affordability determined by using employee's primary residence ZIP code.

17. Individual coverage HSA/HRA offered to you, spouse, and dependents (not using the employee's primary employment ZIP code) with affordability determined by using employee's primary residence ZIP code.

18. Individual coverage HSA/HRA offered to you and spouse or dependents (not using the employee's primary employment ZIP code) with affordability determined by using employee's primary residence ZIP code.

19. Individual coverage HSA, HRA, or HSA/HRA offered to the employee and spouse or dependents (not using the employee's primary residence ZIP code).

20. Individual coverage HSA/HRA that is NOT affordable offered to you, employee and spouse or dependents (not using the employee's primary residence ZIP code).

21. Individual coverage HSA/HRA offered to employee and spouse or dependents (not using the employee's primary residence ZIP code).

22. Individual coverage HSA/HRA offered to employee and spouse or dependents (not using the employee's primary residence ZIP code).

23. Individual coverage HSA/HRA offered to employee and spouse or dependents (not using the employee's primary residence ZIP code).

24. Reserved for future use.

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		<input type="checkbox"/> CORRECTED (if checked)	
RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<small>*Caution: This 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.</small> OMB No. 1545-1380 Form 1098 <small>(Rev. January 2022)</small> For calendar year 20 22	
EAGLE ROCK RESORT CO. 12720 HILLCREST RD., SUITE 400 DALLAS, TX 75230 214-706-7850		1 Mortgage interest received from payer/borrower(s) \$ 2522.96	
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal \$	3 Mortgage origination date
23-2862799	634-70-0517	4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$
<small>PAYER'S/BORROWER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code</small> BHUSHAN JAMISETTI		6 Points paid on purchase of principal residence \$	
9 Number of properties securing the mortgage 10 Other		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, this box is checked, or the address or description is entered in box 8.	8 Address or description of property securing mortgage
<small>Account number (see instructions)</small> 010.EA.204		<small>The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.</small>	
		11 Mortgage acquisition date	

Mortgage Interest Statement

Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Form 1098 (Rev. 1-2022) L18B (Keep for your records) 5151 www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service