

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

b Control number 0030-18140771 000000005 -		c Employer'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		1 Wages, tips, other compensation 45493.87	2 Federal income tax withheld 7383.00		
f Statutory employee Retirement plan Third-party sick pay 0 X 0		g See instructions for box 13 12 Other 990.00		3 Social security wages 45483.87	4 Social security tax withheld 2882.00		
h State MD		i State wages, tips, etc. 45493.87		j State income tax 3581.85		k Local wages, tips, etc.	
l Employer's state ID number		m Local wages, tips, etc.		n Local income tax		o 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

b Control number 0030-18140771 000000005 -		c Employer'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		1 Wages, tips, other compensation 45493.87	2 Federal income tax withheld 7383.00		
f Statutory employee Retirement plan Third-party sick pay 0 X 0		g See instructions for box 13 12 Other 990.00		3 Social security wages 46483.87	4 Social security tax withheld 2882.00		
h State MD		i State wages, tips, etc. 45493.87		j State income tax 3581.85		k Local wages, tips, etc.	
l Employer's state ID number		m Local wages, tips, etc.		n Local income tax		o 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 2, to be filed with employee's tax return for MD

b Control number 0030-18140771 000000005 -		c Employer'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		1 Wages, tips, other compensation 45493.87	2 Federal income tax withheld 7383.00		
f Statutory employee Retirement plan Third-party sick pay 0 X 0		g See instructions for box 13 12 Other 990.00		3 Social security wages 46483.87	4 Social security tax withheld 2882.00		
h State MD		i State wages, tips, etc. 45493.87		j State income tax 3581.85		k Local wages, tips, etc.	
l Employer's state ID number		m Local wages, tips, etc.		n Local income tax		o 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

b Control number 0030-18140771 000000005 -		c Employer'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		1 Wages, tips, other compensation 45493.87	2 Federal income tax withheld 7383.00		
f Statutory employee Retirement plan Third-party sick pay 0 X 0		g See instructions for box 13 12 Other 990.00		3 Social security wages 46483.87	4 Social security tax withheld 2882.00		
h State MD		i State wages, tips, etc. 45493.87		j State income tax 3581.85		k Local wages, tips, etc.	
l Employer's state ID number		m Local wages, tips, etc.		n Local income tax		o 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.

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

Table with columns: Plan Start Month, Offer of Coverage, Employee Required Contribution, Section 4980H Safe Harbor and Other Relief, ZIP Code. Rows for months Jan-Dec.

0UI53 0506 00036

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.

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 mos., (e) Months of coverage (Jan-Dec).

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer... Instructions regarding health insurance coverage, minimum essential coverage, and reporting requirements.

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/aca or call the IRS Helpline toll-free at 1-800-832-8283.

Employee Reports information about you, the employee. Reports 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 Reports information about your employer. This includes a telephone number for the carrier, 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 codes listed below in the 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any, if you worked on either of coverage through a multiple employer plan due to your membership in a union, the offer may not be shown on the 14. The information on line 14 relates to a quality for coverage associated with Pub. 504.

- 14. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 85% of the actual cost of the self-only coverage... 15. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s)... 16. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s)... 17. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

- 18. No. of times NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year... 19. No offer of coverage... 20. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employer's primary residence ZIP code... 21. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code... 22. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code... 23. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employer's primary residence ZIP code... 24. Individual coverage HRA that is NOT affordable offered to you, employee and spouse or dependent(s), or employee, spouse, and dependent(s)... 25. Individual coverage HRA offered to an individual who was not a full-time employee... 26. Individual coverage HRA offered to employee and spouse (no dependent(s)) with affordability determined using employment site ZIP code... 27. Reserved for future use... 28. Reserved for future use... 29. Reserved for future use... 30. Reserved for future use.

Line 18. Reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only HRA, the employee required contribution to the excess of the monthly premium based on the employee's applicable annual individual coverage HRA amount divided by 12. See the instructions for Forms 1094-C and 1095-C for more information. The amount reported on line 18 may not be the amount you paid for coverage. If, for example, you chose a cost-sharing arrangement, the line will report "0.00" for the amount. For more information, including how you can verify the amount, see the instructions for Form 1095-C.

Covered Individuals, Lines 18-23 Reports the name, SSN for the covered individual other than the listed employee, and coverage information about each individual including any full-time employee and non-full-time employee, and any employee's family member covered under the employer's health plan. If the plan is self-insured, a date of birth will be entered in column 18. Column 18 will also show if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the or more months of coverage.

B05CHPREC 2 B1095C1 81T 2505991

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.

EAGLE ROCK RESORT CO.
12720 HILLCREST RD., SUITE 400
DALLAS, TX 75230
214-706-7850

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

Form **1098**

(Rev. January 2022)

For calendar year
20 22

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.

11 Mortgage acquisition date

RECIPIENT'S/LENDER'S TIN

23-2862799

PAYER'S/BORROWER'S TIN

634-70-0517

1 Mortgage interest received from payer(s)/borrower(s)

\$ 2522.96

2 Outstanding mortgage principal

\$

3 Mortgage origination data

4 Refund of overpaid interest

\$

5 Mortgage insurance premiums

\$

PAYER'S/BORROWER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

BHUSHAN JAMISETTI

6 Points paid on purchase of principal residence

\$

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.

9236 STREAMVIEW LN

8 Address or description of property securing mortgage

LAUREL, MD 20723

9 Number of properties securing the mortgage

10 Other

Account number (see instructions)

010.EA.204

Form **1098** (Rev. 1-2022)

L18B

(Keep for your records)

5151

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service