

CORRECTED (if checked)

179670 0 0111 13028 52115 2/2 BIN:0

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number HSA Bank, a division of Webster Bank, N.A. 605 N 8th Street, STE 320 Sheboygan WI 53081		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20 22		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 06-0273620	RECIPIENT'S TIN xxx-xx-9533	1 Gross distribution \$ 355.36	2 Earnings on excess cont. \$ 0.00	
RECIPIENT'S name GOUTAM GIRI Street address (including apt. no.) 1635 SOUTHAMPTON WAY City or town, state or province, country, and ZIP or foreign postal code MOUNT JULIET TN 37122		3 Distribution code 1	4 FMV on date of death \$ 0.00	
Account number (see instructions) 67986417		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		

Form **1099-SA** (Rev. 11-2019)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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TAX YEAR 2022

WELLS FARGO BANK, N.A.
1-800-TO-WELLS (800-869-3557)
P.O. BOX 3908 114
PORTLAND, OR 97208

E.I.N. 94-1347393

COPY B
FOR RECIPIENT

FOR TAX YEAR
2022

TAXPAYER ID NUMBER
XXX-XX-9533

DC9311DTMI 006869 SP 01



GOUTAM KUMAR GIRI
1635 SOUTHAMPTON WAY
MOUNT JULIET TN 37122-1547

PH

2022 - 1099-INT, INTEREST INCOME		
	ACCOUNT NUMBER	
SAVINGS INT	2100 000002477818732	
BOX 1	INTEREST INCOME	.25
BOX 4	FEDERAL INCOME TAX WITHHELD	.04
TOTAL INTEREST		.25

DC9311DTMI 006869 NNNNNNNNNNNN NNN NYN 001 001 114 013743 20068082.2

1099-INT, Interest Income, OMB No 1545-0112
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.

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee				Applicable Large Employer Member (Employer)				
1 Name of employee (first name, middle initial, last name) GOUTAM GIRI		2 Social security number (SSN) ****-**-9533		7 Name of employer DVA RENAL HEALTHCARE, INC			8 Employer identification number (EIN) 62-1323090	
3 Street address (including apartment no.) 1635 SOUTHAMPTON WAY				9 Street address (including room or suite no.) 2001 16TH ST.			10 Contact telephone number (877) 732-8482	
4 City or town MOUNT JULIET		5 State or province TN		6 Country and ZIP or foreign postal code 37122-1547		11 City or town DENVER		12 State or province CO
				13 Country and ZIP or foreign postal code 80202				

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64	\$ 152.64
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

Part III Covered Individuals																	
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
	(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	Goutam	Giri	****-**-9533		<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"/>	
19	Lopamudra	Manadhata	****-**-8988		<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"/>	
20	Shanvi	Giri	****-**-6557		<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"/>	
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Temp-Return Service Requested

015735-000001-000003-049101 2074322 4161IRS2_1
GOUTAM KUMAR GIRI
1635 SOUTHAMPTON WAY
MOUNT JULIET, TN 37122-1547

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. LOANDEPOT COM LLC 6531 IRVINE CENTER DR IRVINE CA 92618 888-337-6888		* 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
RECIPIENT'S/LENDER'S TIN 26-4599244	PAYER'S/BORROWER'S TIN XXX-XX-9533	1 Mortgage interest received from payer(s)/borrower(s)* \$ 5,586.77	3 Mortgage origination date 07 / 10 / 20
PAYER'S/BORROWER'S name GOUTAM KUMAR GIRI		2 Outstanding mortgage principal \$ 238,356.02	
Street address (including apt. no.) 1635 SOUTHAMPTON WAY		4 Refund of overpaid interest \$	5 Mortgage insurance premiums \$
City or town, state or province, country, and ZIP or foreign postal code MOUNT JULIET, TN 37122-1547		6 Points paid on purchase of principal residence \$	
9 Number of properties securing the mortgage 001	10 Other *Taxes Paid \$ 2,131.00	7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	
Account number (see instructions) 5000775907		8 Address or description of property securing mortgage (see instructions)	

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

*If taxes paid at closing, refer to the Closing Disclosure

Annual Loan Statement



LOANDEPOT COM LLC

Federal ID Number: 26-4599244

Loan Number	5000775907
Statement Date	1/4/2023
Tax ID Number	XXX-XX-9533

Previous Principal Balance	238,356.02
Property Address	1635 SOUTHAMPTON WAY MOUNT JULIET TN 37122
Year-to-Date Interest Paid	5,586.77

Date	Description	Amount	Principal	Interest	Escrow	Late Charges
	BEGINNING BALANCE		238,356.02			
03/04/22	PAYMENT	2,109.46	1,227.59	521.40	360.47	
04/01/22	PAYMENT	2,109.46	1,230.27	518.72	360.47	
04/15/22	ESCROW REFUND	-118.86				
04/29/22	PAYMENT	2,109.46	1,232.96	516.03	360.47	
05/31/22	PAYMENT	2,023.07	1,235.66	513.33	274.08	
05/31/22	PAYMENT	2,023.07	1,238.36	510.63	274.08	
06/01/22	REVERSAL		-1,238.36	-510.63	-274.08	
06/02/22	PREDISTRIBUTED FUNDS				2,023.07	
06/02/22	ESCROW DISBURSEMENT FOR REFINANCE	-2,023.07				
06/30/22	PAYMENT	2,023.07	1,238.36	510.63	274.08	
07/29/22	PAYMENT	2,023.07	1,241.07	507.92	274.08	
08/31/22	PAYMENT	2,023.07	1,243.79	505.20	274.08	
09/22/22	HOMEOWNERS INSURANCE PAYMENT	-1,331.56				
09/30/22	PAYMENT	2,023.07	1,246.51	502.48	274.08	
10/31/22	PAYMENT	2,023.07	1,249.23	499.76	274.08	
11/30/22	PAYMENT	2,023.07	1,251.97	497.02	274.08	
12/12/22	COUNTY TAX PAYMENT	-2,015.00				
12/12/22	CITY TAX PAYMENT	-116.00				
12/30/22	PAYMENT	2,023.07	1,254.71	494.28	274.08	

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RECIPIENT'S/LENDER'S name, street address, city or town, state or province, county, ZIP or foreign postal code, and telephone no.

loanDepot
PO BOX 77404
EWING, NJ 08628
877-420-4526

OMB No. 1545-1380

Form **1098**

(Rev. January 2022)

For calendar year
2022

**Mortgage
Interest
Statement**

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, county, and ZIP or foreign postal code

1-836-AQQA1-0044179-002-1-000-000-000-000
GOUTAM KUMAR GIRI
1635 SOUTHHAMPTON WAY
MOUNT JULIET TN 37122-1547

*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.

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

\$ 1,050.84

2 Outstanding mortgage principal

3 Mortgage origination date

\$ 240,803.16

07/10/20

4 Refund of overpaid interest

5 Mortgage insurance premiums

\$ 0.00

0.00

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

\$ 0.00

8 Address or description of property securing mortgage

1635 SOUTHHAMPTON WAY
MOUNT JULIET TN 37122

9 Number of properties securing the mortgage

10 Other

001

11 Mortgage acquisition date

Account number (see instructions)

RECIPIENT'S/LENDER'S TIN

PAYER'S/BORROWER'S TIN

21-0534340

***-**-9533

**Copy B
For Payer/
Borrower**
The information in boxes 1 through 3 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 understatement of tax results because you overstated a deduction for the 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) VTB

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

Current Total Payment	2,109.46	FHA/Conv Mfg Ins	0.00
Current Escrow Payment	360.47	Hazard Insurance	0.00
		Property Taxes	0.00
		Escrow Refund	0.00
Principal Activity 2022 :			
Beginning Balance	240,803.16		
Payments Applied	2,447.14		
Remaining Balance	238,356.02		
Escrow Activity 2022 :			
Beginning Escrow Balance	234.97		
Total Deposits	720.94		
Total Disbursements	0.00		
Closing Escrow Balance	955.91	**	**

**Balance held for next years disbursements, not a Surplus.

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.