

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

WEBILENT TECHNOLOGY INC  
1452 HUGHES ROAD SUITE 200  
GRAPEVINE TX 76051  
(860) 254-4830 ANIL MALLAVARAPU

OMB No. 1545-0116

Form 1099-NEC

(Rev. January 2022)

For calendar year

2022

FDEA2002 09/20/22

### Nonemployee Compensation

1 Nonemployee compensation  
\$ 31242.06

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale

3

4 Federal income tax withheld  
\$

5 State tax withheld  
\$

6 State/Payer's state no.

7 State income  
\$

SHILPA AMMAREDDY

Street address (including apt. no.)

1217 HORSETAIL DRIVE

City or town, state or province, country, and ZIP or foreign postal code

LITTLE ELM TX 75068

Account number (see instructions)

### Copy B For Recipient

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.

Form 1099-NEC

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury — Internal Revenue Service

## Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on schedule 1 (Form 1040)).

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

**Box 1.** Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a

**Note:** If you are receiving payments on which no income, social security, and Medicare taxes are withheld you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

**Box 2.** 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 3.** Reserved for future use.

**Box 4.** Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

**Boxes 5-7.** State income tax withheld reporting boxes.

**Future developments.** For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099NEC](http://www.irs.gov/Form1099NEC)

**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

**2022 W-2 and EARNINGS SUMMARY** 

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

**W-2** Employee Reference Copy  
Wage and Tax Statement  
**2022**  
OMB No. 1545-0008

**Copy C for employee's records.**

Control number 100068	Dept. KF/GL3	Corp.	Employer use only A
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Employer's name, address, and ZIP code  
**SACROSANCTINFO LLC**  
39355 CALIFORNIA ST STE 307  
FREMONT, CA 94538

Batch #91649

**#1** Employee's name, address, and ZIP code  
**SHILPA AMMAREDDY**  
1217 HORSETAIL DRIVE  
LITTLE ELM, TX 75068

Employer's FED ID number 81-5138617	a Employee's SSA number XXX-XX-8643
Wages, tips, other comp. 34048.00	2 Federal income tax withheld 2339.16
Social security wages 34048.00	4 Social security tax withheld 2110.98
Medicare wages and tips 34048.00	6 Medicare tax withheld 493.70
Social security tips	8 Allocated tips

10 Dependent care benefits

1 Nonqualified plans

4 Other

12a	12b	12c	12d
13 Stat emp	Ret. plan	3rd party sick pay	

5 State Employer's state ID no. 16 State wages, tips, etc.

7 State income tax 18 Local wages, tips, etc.

9 Local income tax 20 Locality name

**1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.**

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	34,048.00	34,048.00	34,048.00
Reported W-2 Wages	34,048.00	34,048.00	34,048.00

**2. Employee Name and Address.**

**SHILPA AMMAREDDY**  
1217 HORSETAIL DRIVE  
LITTLE ELM, TX 75068

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Wages, tips, other comp. 34048.00	2 Federal income tax withheld 2339.16
Social security wages 34048.00	4 Social security tax withheld 2110.98
Medicare wages and tips 34048.00	6 Medicare tax withheld 493.70

Control number 100068	Dept. KF/GL3	Corp.	Employer use only A
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Employer's name, address, and ZIP code  
**SACROSANCTINFO LLC**  
39355 CALIFORNIA ST STE 307  
FREMONT, CA 94538

Employer's FED ID number 81-5138617	a Employee's SSA number XXX-XX-8643
Social security tips	8 Allocated tips
	10 Dependent care benefits

1 Nonqualified plans

4 Other

12a	12b	12c	12d
13 Stat emp	Ret. plan	3rd party sick pay	

10 Dependent care benefits

11 Nonqualified plans

**#1** Employee's name, address and ZIP code  
**SHILPA AMMAREDDY**  
1217 HORSETAIL DRIVE  
LITTLE ELM, TX 75068

5 State Employer's state ID no. 16 State wages, tips, etc.

7 State income tax 18 Local wages, tips, etc.

9 Local income tax 20 Locality name

**W-2** Federal Filing Copy  
Wage and Tax Statement  
**2022**  
OMB No. 1545-0008

1 Wages, tips, other comp. 34048.00	2 Federal income tax withheld 2339.16
3 Social security wages 34048.00	4 Social security tax withheld 2110.98
5 Medicare wages and tips 34048.00	6 Medicare tax withheld 493.70

d Control number 000068	Dept. KF/GL3	Corp.	Employer use only A
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**c** Employer's name, address, and ZIP code  
**SACROSANCTINFO LLC**  
39355 CALIFORNIA ST STE 307  
FREMONT, CA 94538

b Employer's FED ID number 81-5138617	a Employee's SSA number XXX-XX-8643
7 Social security tips	8 Allocated tips
	10 Dependent care benefits

11 Nonqualified plans

14 Other

12a	12b	12c	12d
13 Stat emp	Ret. plan	3rd party sick pay	

10 Dependent care benefits

11 Nonqualified plans

**e/1** Employee's name, address and ZIP code  
**SHILPA AMMAREDDY**  
1217 HORSETAIL DRIVE  
LITTLE ELM, TX 75068

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

**W-2** State Reference Copy  
Wage and Tax Statement  
**2022**  
OMB No. 1545-0008

1 Wages, tips, other comp. 34048.00	2 Federal income tax withheld 2339.16
3 Social security wages 34048.00	4 Social security tax withheld 2110.98
5 Medicare wages and tips 34048.00	6 Medicare tax withheld 493.70

d Control number 000068	Dept. KF/GL3	Corp.	Employer use only A
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**c** Employer's name, address, and ZIP code  
**SACROSANCTINFO LLC**  
39355 CALIFORNIA ST STE 307  
FREMONT, CA 94538

b Employer's FED ID number 81-5138617	a Employee's SSA number XXX-XX-8643
7 Social security tips	8 Allocated tips
	10 Dependent care benefits

11 Nonqualified plans

14 Other

12a	12b	12c	12d
13 Stat emp	Ret. plan	3rd party sick pay	

10 Dependent care benefits

11 Nonqualified plans

**e/1** Employee's name, address and ZIP code  
**SHILPA AMMAREDDY**  
1217 HORSETAIL DRIVE  
LITTLE ELM, TX 75068

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

**W-2** City or Local Reference Copy  
Wage and Tax Statement  
**2022**  
OMB No. 1545-0008

### Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

c Employer's name, address, and ZIP code WEBILENT TECHNOLOGY INC 1452 HUGHES RD SUITE 200 GRAPEVINE TX 76051		d Control number 0014-12088648 0000001311 - 0STAFF		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
					1 Wages, tips, other compensation 86100.00	2 Federal income tax withheld 8610.00
					3 Social security wages 86100.00	4 Social security tax withheld 5338.20
e Employee's name, address, and ZIP code LOKESHWAR R ALEKANTI 1217 HORSETAIL DR LITTLE ELM TX 75068		12 See instructions for box 12		14 Other		5 Medicare wages and tips 86100.00
						6 Medicare tax withheld 1248.45
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
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

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

c Employer's name, address, and ZIP code WEBILENT TECHNOLOGY INC 1452 HUGHES RD SUITE 200 GRAPEVINE TX 76051		d Control number 0014-12088648		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
					1 Wages, tips, other compensation 86100.00	2 Federal income tax withheld 8610.00
					3 Social security wages 86100.00	4 Social security tax withheld 5338.20
e Employee's name, address, and ZIP code LOKESHWAR R ALEKANTI 1217 HORSETAIL DR LITTLE ELM TX 75068		12 See instructions for box 12		14 Other		5 Medicare wages and tips 86100.00
						6 Medicare tax withheld 1248.45
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
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

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

c Employer's name, address, and ZIP code		d Control number		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
				X		
		b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation
						2 Federal income tax withheld
		13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages
						4 Social security tax withheld
e Employee's name, address, and ZIP code		12 See instructions for box 12		14 Other		5 Medicare wages and tips
						6 Medicare tax withheld
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
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


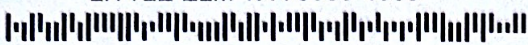
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

### Form W-2 Wage and Tax Statement 2022

c Employer's name, address, and ZIP code		d Control number		Void	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
				X		
		b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation
						2 Federal income tax withheld
		13 Statutory employee		Retirement plan	Third-party sick pay	3 Social security wages
						4 Social security tax withheld
e Employee's name, address, and ZIP code		12 See instructions for box 12		14 Other		5 Medicare wages and tips
						6 Medicare tax withheld
						7 Social Security Tips
						8 Allocated Tips
						10 Dependent care benefits
						11 Nonqualified plans
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

TRUIST BANK  
P.O. BOX 26149  
RICHMOND, VA 23260-6149  
1-800-634-7928

1098

+ 0712362 000393204 05T098 0936633  
  
**LOKESHWAR REDDY ALEKANTI**  
1217 HORSETAIL DR  
LITTLE ELM TX 75068-4685  


**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 and, in the course of such trade or business, 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 amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount 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 government 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 how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

**Payer's/Borrower'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 TIN to the IRS.

**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 obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

 **CAUTION** If you prepaid interest in the calendar year that accrued in full by January 15, of the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

**Box 2.** Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. 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(s) 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 *Itemized Deduction Recoveries* in Pub. 525.

**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 seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis 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, either 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).

**Free File.** 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.

6797

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.

TRUIST BANK  
P.O. BOX 26149  
RICHMOND, VA 23260-6149

PHONE NO. 1-800-634-7928

RECIPIENT'S/LENDER'S TIN  
59-3482833

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

LOKESHWAR REDDY ALEKANTI  
1217 HORSETAIL DR  
LITTLE ELM TX 75068-4685

9 Number of properties securing the mortgage  
001

10 Other

Account number (see instructions)  
3006318426

\* 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  
Substitute  
Form 1098  
(Rev. January 2022)  
For calendar year  
2022

1 Mortgage interest received from payer(s)/borrower(s)  
\$ 8,802.63

2 Outstanding mortgage principal  
\$ 377,520.57

3 Mortgage origination date  
09/08/21

4 Refund of overpaid interest  
\$ 0.00

5 Mortgage insurance premiums  
\$ 0.00

6 Points paid on purchase of principal residence  
\$ 0.00

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  
1217 HORSETAIL DR  
LITTLE ELM TX 75068

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) (keep for your records)

THE ABOVE INFORMATION WAS REPORTED TO THE IRS UNDER THE PRIMARY BORROWER'S SSN. PLEASE CALL 800.634.7928 WITH QUESTIONS.  
\*NOTE: THE AMOUNTS REPORTED MAY NOT BE FULLY DEDUCTIBLE BY YOU DEPENDING ON THE LOAN AMOUNT, THE SECURED PROPERTY'S PURCHASE PRICE, AND THE AMOUNT PAID BY A THIRD PARTY. PLEASE CONSULT A TAX ADVISOR REGARDING DEDUCTIBILITY.

**ORIGINAL RECEIPT**

**DATE:** 12/20/22  
**ACCOUNT:** R042703200152  
**OWNER:** ALEKANTI LOKESHWAR REDDY & AMMAI  
**PARCEL ADDRESS:** 0001217 HORSETAIL DR  
**EXEMPTION CODES:** HS001  
**LAWSUIT:**  
**BKRPTCY:**

**LEGAL:** FRISCO HILLS PHASE 5A BLK 32 LOT 15

**PIDN:** 2-671439  
**ACRES:** 0.1373

**ALEKANTI LOKESHWAR REDDY &  
AMMAREDDY SHILPA  
1217 HORSETAIL DR  
LITTLE ELM TX 75068**

**RECEIPT #:** 46446536

**CHECK #:** 104

**DEPOSIT #:** 202212209259-2022/mbarrios@col

YEAR	TAXING ENTITIES	TAXABLE VALUE	TAX RATE PER \$100	PAY TYPE	DATE PAID	BASE TAX PAID	PENALTY & INTEREST PAID
2022	FRISCO ISD	\$430,930.00	1.212900	L	12/20/22	\$5,225.75	\$0.00

**AMOUNT TENDERED \$5,225.75**

**AMOUNT PAID**

**BASE TAX \$5,225.75**

**TOTAL PAID \$5,225.75**

**PAYER:** ALEKANTI LOKESHWAR REDDY & AMM  
1217 HORSETAIL DR  
LITTLE ELM TX 75068

**REMAINING AMOUNT DUE  
AS OF 12/20/22  
1.00**

**Collin County  
Kenneth L. Maun  
P.O. Box 8046  
McKinney, Texas 75070  
972-547-5020**

**OWNER:** ALEKANTI LOKESHWAR REDDY &  
AMMAREDDY SHILPA  
2-671439

**\*\*\* THIS IS A RECEIPT \*\*\***

**ACCOUNT: R042703200152**

**REMAINING AMOUNT DUE  
AS OF 12/20/22  
1.00**



**MICHELLE FRENCH**  
 DENTON COUNTY TAX ASSESSOR/COLLECTOR  
 P O BOX 90223  
 DENTON, TX 76202  
 (940) 349-3500

**Original Receipt**

Property Account Number:  
**671439DEN**

Statement Date: 12/19/22  
 Owner: ALEKANTI LOKESHWAR REDDY & AM  
 Mailing Address: 1217 HORSETAIL DR  
 LITTLE ELM TX 75068

Property Location: 0001217 HORSETAIL DR  
 Acres: 0.1373  
 Legal: FRISCO HILLS PHASE 5A BLK 32 LOT 15

Exemptions: GENERAL HOMESTEAD  
 Receipt #: 41747290

Deposit #: 202212197556-2022/Alyssa.Benne

YEAR	TAXING ENTITIES	TAXABLE VALUE	TAX RATE PER \$100	DATE PAID	BASE TAX PAID	PENALTY & INTEREST PAID
2022	FRISCO WEST WCID OF DENTON CC	\$470,930.00	0.602300	12/16/22	\$2,836.41	\$0.00
2022	DENTON COUNTY	\$465,370.00	0.217543	12/16/22	\$1,012.38	\$0.00

**BASE TAX \$3,848.79**

**TOTAL PAID \$3,848.79**

Remitted By: ALEKANTI LOKESHWAR REDDY & AMM  
 1217 HORSETAIL DR  
 LITTLE ELM TX 75068

Payment Type: CHECK  
 Check #: 103

Remaining Amount Due As of 12/19/22  
**0.00**

Receipt 12/19/22

ALEKANTI LOKESHWAR REDDY & AMMAREDDY  
 SHILPA  
 1217 HORSETAIL DR  
 LITTLE ELM TX 75068