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Dependent care benefits	11 Nonquelified plans	12a	10 Dependent care benefits	11 Nonquelified plans	12a 8
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lage and Tax Statement	17 State income tax. 464.96	18 Local wages, tips, etc.	Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Ta	464.96	18 Local wages, tips, etc.
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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NATIONWIDE LIFE AND ANNUITY INS CO PO BOX 182835			1 Gross distribution	1	OMB No. 1545-0119	OMB No. 1545-0119 Distributions Fro		
			\$295.20		2022	Dis	Annuitles, Retirement o	
			2a Taxable amount				Profit-Sharing Plans, IRAs	
COLUMBUS, OH 43218-2835 800-848-6331					Form 1099-R		Insurance Contracts, etc	
000-040-0331			2b Taxable amount not determined	П	Total distribution	7		
PAYER'S TIN RECIPIENT'S TIN			3 Capital gain (incl 2a)	uded in box	4 Federal income tax wit	hheld	Copy 2	
31-1000740	31-1000740 **-***4051						File this copy with	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code JYOTHI NEELAMSETTY			5 Employee contributions/ Designated Roth contributions or Insurance premiums		6 Net unrealized appreciation in employer's securities		your state, city, or local income tax return, when	
5555 WESTON LN N PLYMOUTH, MN 55446-3854			7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other		required	
			W		\$295.20		nangstrak naselset da	
			9a Your percentage distribution	of total	9b Total employee contril	outions		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withhel	ld	16 State/Payer's state no		16 State distribution	
					MN/3063437		\$295.20	
Account number (see instructions) 8000177716		13 Date of payment	17 Local tax withhe	ld	18 Name of locality		19 Local distribution	
Form 1099-R		www.irs.gov/Form10	099R		Department of the	Treasu	ry - Internal Revenue Service	
		Псов	RECTED (if checi	kad)				
PAYER'S name, street address, city or t	own, state or province.	□ сок	1 Gross distribution	*	OMB No. 1545-0119			
country, ZIP or foreign postal code, and						Dis	tributions From Pensions	
NATIONWIDE LIFE AND ANNUIT	Y INS CO		\$295.20 2a Taxable amount		2022	1	Annuities, Retirement or Profit-Sharing Plans, IRAs	
PO BOX 182835 COLUMBUS, OH 43218-2835					Form 1099-R		Insurance Contracts, etc	
800-848-6331			2b Taxable amount		Total *	7		
PAYER'S TIN	RECIPIENT'S TIN		not determined 3 Capital gain (incl	uded in box	distribution 4 Federal income tax with	hheld	Copy C	
			28)	aded in box	4 i cocia moone tax in	III.	For Recipient's	
31-1000740 RECIPIENT'S name, street address (incl	uding spt. no.). city or		5 Employee contrib	outions/	6 Net unrealized appreci	ation in	Records	
town, state or province, country, and ZIP			Designated Roth or insurance pres	contributions	employer's securities			
JYOTHI NEELAMSETTY 5555 WESTON LN N								
PLYMOUTH, MN 55446-3854			7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other		This information is being	
			W		\$295.20	Espain	This information is being furnished to the IRS	
Harris of City Annual Section 1			9a Your percentage distribution	of total	9b Total employee contril	outions		
10 Amount allocable to IRR within 5	11 1st year of desig.	12 FATCA filing	14 State tax withheld		15 State/Payer's state no.		16 State distribution	
years	Roth contrib.	requirement	The same and triumon					
Account number (see instructions)	1	13 Date of payment	17 Local tax withhe	ld.	MN/3063437 18 Name of locality		\$295.20 19 Local distribution	
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Form 1099-R (keep for you	r records)	www.irs	.gov/Form1099R		Department of the	Treasu	ry - Internal Revenue Service	
		COR	RECTED (if chec	ked)				
PAYER'S name, street address, city or to country, ZIP or foreign postal code, and			1 Gross distribution	1	OMB No. 1545-0119	Dis	tributions From Pensions	
NATIONWIDE LIFE AND ANNUIT			\$295.20		2022	- 100	Annuities, Retirement or	
PO BOX 182835	111000		2a Taxable amount				Profit-Sharing Plans, IRAs Insurance Contracts, etc	
COLUMBUS, OH 43218-2835 800-848-6331					Form 1099-R			
000-040-0331			2b Taxable amount not determined		Total distribution		Copy E	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (incl 2a)	uded in box	4 Federal income tax wit	hheld	Report this income or your federal tax	
31-1000740	**-***4051		5 Employee contributions/ Designated Roth contributions		6 Net unrealized appreciation in employer's securities		return. If this form	
RECIPIENT'S name, street address (incl town, state or province, country, and ZIP							shows federal income	
JYOTHI NEELAMSETTY	or rendigin postali code		or insurance pres		employer a accumica		tax withheld in box 4	
5555 WESTON LN N			7 Distribution	IRA/SEP/	8 Other		attach this copy to your return	
PLYMOUTH, MN 55446-3854			code(s)	SIMPLE				
			9a Your percentage	e of total	\$295.20 9b Total employee contri	butions	This information is being furnished to the IRS	
			distribution	or with	ou rotal employee conti		rumsiled to the ins	
10 Amount allocable to IRR within 5	11 1st year of desig.	12 FATCA filing	14 State tax withhe	ld	15 State/Payer's state no).	16 State distribution	
years	Roth contrib.	requirement			MN/3063437		\$295.20	
Account number (see instructions)	1	13 Date of payment	17 Local tax withhe	eld	18 Name of locality		19 Local distribution	
8000177716								

CORRECTED (if checked)

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service 004455 KOPSF9LD

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution	on	OMB No. 1545-0119	Die	tributions From Pensions		
Country, ZIP or foreign postal code, and telephone no. NATIONWIDE LIFE AND ANNUITY INS CO		\$22.26		2022	DIS	Annuities, Retirement o		
NATIONWIDE LIFE AND ANNUITY PO BOX 182835 COLUMBUS, OH 43218-2835	INS CO		2a Taxable amount		2022 Form 1099-R	F	Profit-Sharing Plans, IRAs Insurance Contracts, etc	
800-848-6331				t	Total _		T	
PAYER'S TIN RECIPIENT'S TIN 31-1000740 **-***4051			not determined		distribution	District of the second	Copy 2	
			3 Capital gain (inc 2a)	cluded in box	4 Federal income tax wit	Inneid	File this copy with your state, city, o	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums		 Net unrealized appreciation in employer's securities 		local income tax		
JYOTHI NEELAMSETTY 5555 WESTON LN N			7 Distribution	IRA/SEP/	8 Other		required	
PLYMOUTH, MN 55446-3854		code(s) VV	SIMPLE	\$22.26				
			9a Your percentag distribution	e of total	9b Total employee contri	butions		
IO Amount allocable to IRR within 5	11 1st year of desig.	12 FATCA filing	14 State tax withh	eld	15 State/Payer's state no		16 State distribution	
years	Roth contrib.	requirement			MN/3063437		\$22.26	
Account number (see instructions) 8000282810		13 Date of payment	17 Local tax withh	eld	18 Name of locality		19 Local distribution	
orm 1099-R		www.irs.gov/Form10	099R		Department of the	Treasu	ry - Internal Revenue Service	
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		Псов	RECTED (if chec	alcod)				
PAYER'S name, street address, city or to	wyn. state or province	COR	1 Gross distribution	,,,,,	OMB No. 1545-0119			
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NATIONWIDE LIFE AND ANNUITY PO BOX 182835	INS CO		\$22.26 2a Taxable amount		2022	F	Annuities, Retirement or Profit-Sharing Plans, IRAs Insurance Contracts, etc	
COLUMBUS, OH 43218-2835 800-848-6331			2b Taxable amoun	t	Form 1099-R			
PAYER'S TIN	RECIPIENTS TIN	700.2	not determined 3 Capital gain (inc		distribution 4 Federal income tax with	thheld	Copy C	
31-1000740	**-***4051		28)	Judga III box	4) Cociai income tax m		For Recipient's Records	
RECIPIENT'S name, street address (inclu	uding apt. no.), city or		5 Employee contr		6 Net unrealized appreci	iation in		
town, state or province, country, and ZIP JYOTHI NEELAMSETTY	or foreign postal code		Designated Rot or insurance pre		employer's securities			
5555 WESTON LN N			7 Distribution	IRA/SEP/	8 Other			
PLYMOUTH, MN 55446-3854			code(s) W	SIMPLE	\$22.26		This information is being	
			9a Your percentag distribution	e of total	9b Total employee contri	butions	furnished to the IRS	
10 Amount allocable to IRR within 5	11 1st year of desig.	12 FATCA filing	14 State tax withh	eld	15 State/Payer's state no).	16 State distribution	
years	Roth contrib.	requirement			MN/3063437		\$22.26	
Account number (see instructions)		13 Date of payment	17 Local tax withheld				19 Local distribution	
8000282810 Form 1099-R (keep for your	records)	www.irs	.gov/Form1099R		Department of the	e Treasu	ry - Internal Revenue Service	
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NATIONWIDE LIFE AND ANNUITY	INS CO		\$22.26 2a Taxable amoun	t	2022		Annuities, Retirement o Profit-Sharing Plans, IRAs	
PO BOX 182835 COLUMBUS, OH 43218-2835					Form 1099-R		Insurance Contracts, etc	
800-848-6331			2b Taxable amount not determined		Total distribution		Copy I	
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (in 2a)	cluded in box	4 Federal income tax wi	thheld	Report this income or your federal tax	
31-1000740	**-***4051			The Man and	C Notes	and a second	return. If this form	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code			5 Employee control Designated Rol or Insurance pr	th contributions	6 Net unrealized appreciation in employer's securities		shows federal incom tax withheld in box	
JYOTHI NEELAMSETTY						1	attach this copy to	
5555 WESTON LN N PLYMOUTH, MN 55446-3854			7 Distribution code(s)	SIMPLE	8 Other		your return	
			9a Your percentage	ge of total	\$22.26 9b Total employee contr	ibutions	This information is being furnished to the IRS	
			distribution					
10 Amount allocable to IRR within 5	11 1st year of desig.	12 FATCA filing	14 State tax withh	neld	15 State/Payer's state no	0.	16 State distribution	
years	Roth contrib.	requirement	1					

Form 1099-R

Account number (see instructions) 8000282810

www.irs.gov/Form1099R

13 Date of payment 17 Local tax withheld

Department of the Treasury - Internal Revenue Service 004456 KOPSF9LD

18 Name of locality

19 Local distribution



Temp-Return Service Requested

015155-000001-000003-046340 2074260 4161IRS2_1 PRADEEP NEELAMSETTY 5555 WESTON LN N PLYMOUTH, MN 55446-3854

	☐ CORRECTED	(if checked)		
RECIPIENT'S/LENDER'S name, street at ZIP or foreign postal code, and telephone LOANDEPOT COM LLC 6531 IRVINE CENTER DR IRVINE CA 92618 888-337-6888	idress, city or town, state or province, country, no.	* 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 relimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 20 22	Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	1 Mortgage interest received from	n payer(s)/borrower(s)*	Copy B
26-4599244	XXX-XX-4732	\$ 10,963.50		For Payer/
		2 Outstanding mortgage principal	3 Mortgage origination date	The information in boxes 1 through 9 and 11 is important tax information
PAYER'S/BORROWER'S name		\$ 410,324.64	03 / 04 / 21	and is being furnished to
PRADEEP NEELAMSETTY		4 Refund of overpaid interest	5 Mortgage insurance premiums \$	the IRS. If you are required to file a return, a negligence penalty or other sanction may be
Street address (including apt. no.) 5555 WESTON LN N		6 Points paid on purchase of prin		imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction
City or town, state or province, country, and ZIP or foreign postal code PLYMOUTH, MN 55446-3854 9 Number of properties securing the mortgage 001 10 Other *Taxes Paid \$ 0.00		7 If address of property secu as PAYER'S/BORROWER'S add the address or description is enti-	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	
		8 Address or description of prop instructions) 5555 N WESTON LN	because you claimed a nondeductible item. 11 Mortgage acquisition	
Account number (see instructions) 1041704253		PLYMOUTH MN 55446		date

(Keep for your records)

Form 1098 (Rev. 1-2022)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

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



LOANDEPOT COM LLC

Federal ID Number: 26-4599244

Annual Loan Statement

 Loan Number
 1041704253

 Statement Date
 1/2/2023

 Tax ID Number
 XXX-XX-4732

Previous Prinicipal Balance Property Address 410,324.64 5555 N WESTON LN PLYMOUTH MN 55446 10,963.50

Voort	o-Date	Interest	Paid
I Cal-	U-Date	IIIICICOL	r alu

						Late
Date	Description	Amount	Principal	Interest	Escrow	Charges
	BEGINNING BALANCE		410,324.64			
01/06/22	PAYMENT	1,652.48	797.64	854.84		
02/02/22	PAYMENT	1,652.48	799.30	853.18		
2/28/22	PAYMENT	1.652.48	800.96	851.52		
3/31/22	PAYMENT	1.652.48	802.63	849.85		
3/31/22	PRINCIPAL REDUCTION	200.00	200.00			
14/29/22	PAYMENT	1,652.48	804.72	847.76		
14/29/22	PRINCIPAL REDUCTION	200.00	200.00			
5/31/22	PAYMENT	1,652.48	806.81	845.67		
5/31/22	PRINCIPAL REDUCTION	200.00	200.00			
5/31/22	PAYMENT	1,652.48	808.91	843.57		
5/31/22	PRINCIPAL REDUCTION	200.00	200.00			
06/01/22	REVERSAL		-200.00			
06/01/22	REVERSAL					
06/01/22	REVERSAL		-808.91	-843.57		
06/02/22	PREDISTRIBUTED FUNDS				1,852.48	
06/02/22	ESCROW DISBURSEMENT FOR	-1,852.48				
	REFINANCE					
06/30/22	PAYMENT	1,652.48	808.91	843.57		
06/30/22	PRINCIPAL REDUCTION	200.00	200.00			
7/29/22	PAYMENT	1,652.48	811.01	841.47		
07/29/22	PRINCIPAL REDUCTION	200.00	200.00			
08/31/22	PAYMENT	1,652.48	813.12	839.36		
08/31/22	PRINCIPAL REDUCTION	200.00	200.00			
09/30/22	PAYMENT	1,652.48	815.23	837.25		
09/30/22	PRINCIPAL REDUCTION	200.00	200.00			
10/31/22	PAYMENT	1,652.48	817.35	835.13		
10/31/22	PRINCIPAL REDUCTION	200.00	200.00			
11/30/22	PAYMENT	1,652.48	819.47	833.01		
11/30/22	PRINCIPAL REDUCTION	200.00	200.00			
12/30/22	PAYMENT	1,652.48	821.59	830.89		
12/30/22	PRINCIPAL REDUCTION	200.00	200.00			

Recipient Name and Address

Recipient Identification No.

77MDM

XXX-XX-4051

JYOTHI NEELAMSETTY

5555 WESTON LN N

PLYMOUTH, MN 55446

Direct Deposits

ACH \$1,985.95

\$1,985.95 <u>\$1,985.95</u>
Total Direct Deposits: <u>\$1,985.95</u>

Total Gross Commissions:

\$1,985.95

Total 1099 Amount:

\$1,985.95

The calculation of your 1099 amount includes the gross amount paid to you prior to any reductions. The calculation begins with the checks issued to you, net of any reductions. Then, any reductions of your checks are added back to arrive at the gross amount of your commissions paid. Some of the adjustments shown may be deductible for tax purposes. If you submitted checks directly to WFG for expenses, you may have additional deductions. Please consult with your tax advisor about tax deductibility. If you have any questions, please contact (770) 246-9889, option 2.