

PNCBANK, NATIONAL ASSOCIATION

PO BOX 535230

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PITTSBURGH, PA 15253-5230

00357937

For Inquiries Please Call
1-888-762-1099

E.I.N. 22-1146430



000713886
MSP 2246

VENKATARAO NELLURI
49 GRAYHAWK WAY N
MECHANICSBURG PA 17050-8523

Calendar Year
2023

Taxpayer ID
XXX-XX-2058

THIS STATEMENT IS A FORM 1098 OMB NO. 1545-0901, OR A FORM 1098-E OMB NO. 1545-1576,
OR 1099-A OMB NO. 1545-0877 OR 1099-B OMB NO. 1545-0715 OR 1099-C OMB NO. 1545-1424,
OR 1099-DIV OMB NO. 1545-0110 OR 1099-INT OMB NO. 1545-0112 OR 1099-MISC OMB NO. 1545-0115
OR 1099-OID OMB NO. 1545-0117 U.S. INFORMATION RETURN

2023 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	BOX 1 INTEREST
INTEREST CHK	0040 50-1215-5854	12.30
BOX 1	INTEREST INCOME	12.30
PREMIERE MMKT	0040 50-0961-1396	2,965.27
BOX 1	INTEREST INCOME	2,965.27
TOTAL INTEREST		2,977.57

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49905303.9
00713886
COLR502A 1116 5001 106 50 20240112 PG 1 OF 1

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. 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 1098 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.

* FORM 1099-OID: THIS MAY NOT BE THE CORRECT FIGURE TO REPORT ON YOUR INCOME TAX RETURN.

PLEASE REFER TO THE INSTRUCTIONS ON THE BACK OF THIS STATEMENT.

COPY B FOR PAYER, RECIPIENT, BORROWER, OR DEBTOR

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.

VOID
 CORRECTED

OMB No. 1545-2281 600320
2023

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) VENKATARAO NELLURI		2 Social security number (SSN) XXX-XX-2058	7 Name of employer FEDEX CORPORATE SERVICES, INC.	8 Employer identification number (EIN) 62-1808017
3 Street address (including apartment no.) 49 GRAYHAWK WAY NORTH		6 Country and ZIP or foreign postal code US 17050	9 Street address (including room or suite no.) 942 S. SHADY GROVE RD	10 Contact telephone number 800-888-5622
4 City or town MECHANICSBURG	5 State or province PA	11 City or town MEMPHIS	12 State or province TN	13 Country and ZIP or foreign postal code US 38120

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1:											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$ 17.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2023)

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.

18	(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
19	VENKATARAO	NELLURI	XXX-XX-2058		X												
20	MEGHANA	NELLURI	XXX-XX-9475		X												
21	PRAVEENA	R MADALA	XXX-XX-8628		X												
22	NEHA	C NELLURI	XXX-XX-3896		X												
23																	
24																	
25																	
26																	
27																	
28																	
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