RENTON, NJ 08625-0214

EPT OF TREASURY
NCLAIMED PROPERTY ADMINISTRATION

C1625 10£1 T323 B747 PO

25846 241ST CIR SE MAPLE VALLEY, WA 98038-4723

Department of the Treasury - Internal Revenue Service	Department of the Treasur		www.ira.gov/Form1099INT	(keep for your records)	Form 1099-INT (Rev. 1-2022)
17 State tax withheld \$	16 State identification no.	15 State	FATCA filing 14 Tax-exampl and fax credit band CUSIP no.	FATO requi	Account number (see instructions) 1000520236
determines that it has not been reported.	13 Bond premium on tax-exempt bond \$	\$ 13 Bon	12 Band premium on Treasury obligations \$		
imposed on you if this income is taxable and the IRS	and premium	S 11 Bond	10 Market discount \$		Little for Assessment 1000
required to file a return, a negligence pensity or other	edied private activity bond interest	9 Specific	8 Tax-exempt Interest	38-4723	RIYA SHAH 25846 241ST CIR SE MADIE VALLEY. WA 98038-4723
being furnished to the	nsign country or U.S. possession	7 Foreign	6 Foreign tax paid \$		RECIPIENTS name
This is important tax		*	•	XXX-XX-6390	22-3049292
Copy B	5 Investment expenses	S Inv	4 Federal Income tax withheld	RECIPIENT'S TIN	PAYER'S TIN
	Interest on U.S. Savings Bonds and Treas. obligations	3 Interes	2 Early withdrawal penalty \$		(609) 292-9200
Income	For calendar year 20 23		\$ 16.59	Y ADMINISTRATION	NJ UNCLAIMED PROPERTY ADMINISTRATION PO BOX 214 TRENTON, NJ 08625-0214
Interest	CARD No. 1545-0112 Form 1099-INT (Rev. January 2022)		Payer's RTN (optional)	m, state or province, country, ZIP	PAYER'S name, street address, city or town, state or province, country, ZIP or toreign postal code, and telephone no. NJ DEPT OF TREASURY
			CORRECTED (if checked)	_ cor	

Copy B-To Be Filed With Tax Return.	n Payee's PEDERAL	Tax Year 2023 OMB No. 1845 0008	or Local Income T	d With Payee's State, City, ax Return.	Tex Year 2023 OMB No. 1545-0008
	Veges, tips, other compensation 169,632.27	Federal income tax withheld 21,969,06		ber 1 Wages, tips, other compensation	2 Federal income tax withheld
Payor ID number 3 S	Social security wages	Social security tax withheld	b. Payor IO number		21,969.06 4 Social security tax withheld
91-1983600 Control number B N	160,200,00 Medicare wages and tips	9,932.40 Medicare tax withheld	91-1983600 d. Control number	160,200.00	9,932.40
And the second s	169,632.27	2,459,67	7 Social security tips	169,632.27	2,459,67
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r-MOBILE USA INC 12920 SE 38TH STREET BELLEVUE, WA 98006			T-MOBILE USA INC 12920 SE 38TH STRI BELLEVUE, WA 98	EET	
Payee's name, address, and ZIP code RIYA SHAH 4002 233RD ST SE BOTHELL, WA 98021		2 Loves	e. Payer's name, address, and RIYA SHAH 4002 233RD ST SE BOTHELL, WA 980		
Dependent care benefits		e instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a C 178.62
Statutory payee 14	Other 11		13 per year	14 Other	126
Retirement plan		행이가 없고 불고 받는 것이 되었다.	Statutory payee		120
Third-party sick pay	11 (1995)	Rd	Third-party sick pay		12d
					 20
State/Payor's state ID 16	State wages, tips, etc. 17	of State income tax	15 State/Payor's state ID		12f 17 State income tax
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Local wages, tips, etc. 19	Local income tax 20	Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
m W-2 Wage and Tax Sta		easury - Internal Revenue Service	Form W-2 Wage and	Tax Statement Department of the	Treasury - Internal Revenue S
s information is being furnishe	d to the Internal Revenue Service.				
ppy C-For PAYEE'S RE	CORDS. (see Notice	Tax Year 2023	Copy 2-To Be File	ed With Payee's State, City,	Tax Year 2023
ppy C-For PAYEE'S RE Payee on back of Cop	CORDS. (see Notice by B.)	Tax Year 2023 OMB No. 1545-0008 Federal income tax withheld	Copy 2-To Be File or Local Income T a. Payee's social security nurr	ed With Payee's State, City, Fax Return. Tax I Wages, tips, other compensation	OMB No. 1545-0008 2 Federal income tax withheld
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Copy B — To Be Filed With FEDERAL Tax Return.	Wag	Form W-2 e and Tax Statemen		Copy 2 — To Be Filed State, City, or Local In	come Tax Return	Wage a	orm W-2 nd Tax Statement		
2023	 Wages, tips, other comp. 117418,93 	2 Federal inco	me tax withheld 11357.09	2023	1 Wages, tips, oth	ner comp 117418.92	2 Federal incor	me tax withheld 11357.09	
a Employee's SSN XXX-XX-6390	3 Social security wages 130436.83	4 Social securi	ty tax withheld 8087.08	a Employee's SSN XXX-XX-6390	3 Social security		4 Social securi	ity tax withheld	
b Employer ID No. (EIN)			withheld 1891.33	b Employer ID No. (EIN) 13-5674085	5 Medicare wage		8087.08 6 Medicare tax withheld 1891.33		
c Employer's name, address and			1001.00	c Employer's name, addre	es and ZIP code PIERCE, FENNER & S RK	777237 7737		1091.33	
d Control number				d Control number					
e — f Employee's name, address RIYA SHAH 4002 233RD ST SE BOTHELL, WA 98021	s and ZIP code	And the second		e — f Employee's name, s RIYA SHAH 4002 233RD ST SE BOTHELL, WA 980					
7 Social security tips	8 Allocated tips	9		7 Social security tips	8 Allocated tips		9		
10 Dependent care benefits	11 Nonqualified plans	12a code See	instr. for box 12 71.52	10 Dependent care benefit	s 11 Nonqualified pl	ans	CI	instr. for box 12 71.52	
A CONTRACTOR OF THE PROPERTY O	ment plan Third-party sick p		13017.90	13 Statutory employee	Retirement plan Third-	party sick pay	D D	13017.90	
14 Other		12c code W	3849.84	14 Other			12c code W	3849.84	
		12d code DD	7364.40				12d code DD	7364.40	
15 State Employer's state ID no. NJ 135-674-085/000	16 State wages, tips, etc. 5299.	17 State incom		15 State Employer's state NJ 135-674-085/0		es, tips, etc. 5299.52	17 State incom		
8 Local wages, tips, etc.	19 Local income tax	20 Locality nam	Law British	18 Local wages, tips, etc.	Branch Company Commence		20 Locality na		
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copy C — For EMPLOYEE'S Notice to Employee on the b	RECORDS (See ack of Copy 2.) Wag Wages, tips, other comp. 117418.9	TOTAL MARKET ST. ST. A. S. A.	OMB No. 1545-0008 me tax withheld 11357.09	Copy 2 — To Be Filed State, City, or Local In		Wage	Form W-2 and Tax Stateme 2 Federal inc	ent OMB No 1545-00 come tax withhel	
Employee's SSN XXX-XX-6390	3 Social security wages 130436.8	4 Social secur	ity tax withheld 8087.08	a Employee's SSN XXX-XX-6390	3 Social security		SP S S S S S S S S S S S S S S S S S S	urity tax withheld 8087.08	
	5 Medicare wages and tips 130436.8	6 Medicare tax		b Employer ID No. (EIN) 13-5674085	5 Medicare wage		6 Medicare ta		
c Employer's name, address and		Mark to the second	1001.00	c Employer's name, addre	PIERCE, FENNER & S				
d Control number			1.1	d Control number					
 e—f Employee's name, address RIYA SHAH 4002 233RD ST SE BOTHELL, WA 98021 	and ZIP code			e — f Employee's name, RIYA SHAH 4002 233RD ST S BOTHELL, WA 98	E				
7 Social security tips	8 Allocated tips	9		7 Social security tips	8 Allocated tips		9		
10 Dependent care benefits	11 Nonqualified plans	12a code See	instr. for box 12 71.52	10 Dependent care benef	its 11 Nonqualified	olans	12a code See	instr. for box 12 71.52	
	ment plan Third-party sick p			13 Statutory employee	Retirement plan Third	-party sick pay	12b code D	13017.90	
14 Other		12c code	13017.90	14 Other	101		12c code W		
		12d code	3849.84				12d code DD	3849.84	
15 State Employer's state ID no. NJ 135-674-085/000	16 State wages, tips, etc. 5299.6		7364.40 ne tax 78.20	15 State Employer's state NJ 135-674-085/0		jes, tips, etc. 5299.52	17 State incom	7364.40 ne tax 78.20	
18 Local wages, tips, etc.	19 Local income tax	20 Locality nar		18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	me	
	Department of the	Treasury — Internal	Revenue Service	1	Denar	tment of the Tre	easury - Internal	I Revenue Service	