

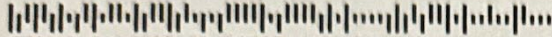


P.O. BOX 44921  
INDIANAPOLIS IN 46244-4921

**Tax Year 2023 Form 1099-INT  
Interest Income (Copy B)**

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.

**Recipient's Information**



0072842 104 NSP0TAS0 1Z4 000000000000 0201 TX

RAHUL PRAJAPATI  
900 W SPRING VALLEY RD APT 159  
RICHARDSON TX 75080-7016

**Payer's Information**

**Federal ID Number: 13-4994650**  
JPMORGAN CHASE BANK, N.A.  
RETAIL DEPOSIT ACCOUNTS TEXAS ECD

COPIES OF YOUR 2023 FORM 1099 STATEMENTS  
ARE AVAILABLE ONLINE AT WWW.CHASE.COM

**Form 1099-INT Questions**

Phone Support: 1-800-935-9935



009401701610412390000100000000

Recipient's ID Number: XXX-XX-4725

**Original**

**Summary of Form 1099-INT Interest Income**

(OMB No. 1545-0112)

| Box | Description   | Amount        | Box | Description                                    | Amount        |
|-----|---|---------------|-----|--|---------------|
| 1.  | Interest income   | \$200.00      | 9.  | Specified private activity bond interest       | \$0.00        |
| 2.  | Early withdrawal penalty                                | \$0.00        | 10. | Market discount                                | \$0.00        |
| 3.  | Interest on U.S. Savings Bonds and Treasury Obligations | \$0.00        | 11. | Bond premium                                   | \$0.00        |
| 4.  | <b>Federal income tax withheld</b>                      | <b>\$0.00</b> | 12. | Bond premium on Treasury obligations           | \$0.00        |
| 5.  | Investment expenses                                     | \$0.00        | 13. | Bond premium on tax-exempt bond                | \$0.00        |
| 6.  | Foreign tax paid  | \$0.00        | 14. | Tax-exempt and tax credit bond CUSIP no.       | (See Details) |
| 7.  | Foreign country or U.S. possession                      | (See Details) | 15. | State  | (See Details) |
| 8.  | Tax exempt interest                                     | \$0.00        | 16. | State identification no.                       | (See Details) |
|     |   |               | 17. | State tax withheld<br>FATCA Filing requirement | (See Details) |

**Details of Form 1099-INT Interest Income**

(OMB No. 1545-0112)

| Account Number                      | Box #1 Interest income | Box #2 Early withdrawal penalty | Box #3 Interest on U.S. Savings Bonds and Treas. Obligations | Other Boxes              |    |
|-------------------------------------|------------------------|---------------------------------|--|--------------------------|----|
| 500377067                           | \$200.00               | \$0.00                          | \$0.00   | #15 State                | TX |
| CHECKING                            |                        |                                 |  | FATCA Filing requirement | NO |
| INCLUDES CASH BONUS(ES) OF \$200.00 |                        |                                 |  |                          |    |



# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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OMB No. 1545-2251 600120

**2023**

**Part I Employee**

|  |  |   |  |   |  |   |  |   |  |  |  |
|--|--|---|--|---|--|---|--|---|--|--|--|
| 1 Name of employee (first name, middle initial, last name)<br><b>RAHUL PRAJAPATI</b> |  | 2 Social security number (SSN)<br>***-**-4725     |  | Applicable Large Employer Member (Employer)             |  |   |  | 8 Employer identification number (EIN)<br>13-3937419                                |  |  |  |
| 3 Street address (including apartment no.)<br>900 W SPRING VALLEY RD 159             |  | 6 Country and ZIP or foreign postal code<br>75080 |  | 7 Name of employer<br>GOLDMAN SACHS SERVICES LLC (0775) |  |   |  | 9 Street address (including room or suite no.)<br>C/O GOLDMAN SACHS 200 WEST STREET |  |  |  |
| 4 City or town<br>RICHARDSON   |  | 5 State or province<br>TX                         |  | 11 City or town<br>NEW YORK                             |  | 12 State or province<br>NY                  |  | 10 Contact telephone number<br>877-454-7426   |  |  |  |
| 13 Country and ZIP or foreign postal code<br>10282                                   |  | Employee's Age on January 1                       |  |   |  | Plan Start Month (enter 2-digit number): 01 |  |   |  |  |  |

**Part II Employee Offer of Coverage**

| 14 Offer of Coverage (enter required code)                                | All 12 Months  | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---|--|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
|   | 15 Employee Required Contribution (see instructions) | \$  | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |  | 2A  | 2D  | 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.

| 18 | (a) Name of covered individual(s)<br>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 | RAHUL PRAJAPATI  | ***-**-4725          |  |                           | X                      | X   | X   | X   | X   | X    | X    | X   | X    | X   | X   | X   |
| 19 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 20 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 21 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 22 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 23 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 24 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 25 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 26 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 27 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 28 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 29 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |
| 30 |  |                      |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |



# Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| <b>Part I Employee</b>  |  |   |  | <b>Applicable Large Employer Member (Employer)</b>                |  |   |  |
| 1 Name of employee (first name, middle initial, last name)<br>RAHUL PRAJAPATI |  | 2 Social security number (SSN)<br>XXX-XX-4725 |  | 7 Name of employer<br>CS CHARLES SCHWAB & CO., INC.               |  | 8 Employer identification number (EIN)<br>94-1737782  |  |
| 3 Street address (including apartment no.)<br>900 W SPRING VALLEY RD APT 159  |  |   |  | 9 Street address (including room or suite no.)<br>3000 SCHWAB WAY |  | 10 Contact telephone number<br>720-418-4828           |  |
| 4 City or town<br>RICHARDSON  |  | 5 State or province<br>TX                     |  | 6 Country and ZIP or foreign postal code<br>US 75080              |  | 11 City or town<br>WESTLAKE                           |  |
|   |  |   |  | 12 State or province<br>TX  |  | 13 Country and ZIP or foreign postal code<br>US 76262 |  |

|   |               |                              |     |     |     |     |      |   |     |      |     |     |     |
|---|---------------|------------------------------|-----|-----|-----|-----|------|---|-----|------|-----|-----|-----|
| <b>Part II Employee Offer of Coverage</b>                                 |               | 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 |
| 14 Offer of Coverage (enter required code)                                |               | 1A                           | 1A  | 1H  | 1H  | 1H  | 1H   | 1H  | 1H  | 1H   | 1H  | 1H  | 1H  |
| 15 Employee Required Contribution (see instructions)                      | \$            | \$                           | \$  | \$  | \$  | \$  | \$   | \$  | \$  | \$   | \$  | \$  | \$  |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |               | 2C                           | 2C  | 2A  | 2A  | 2A  | 2A   | 2A  | 2A  | 2A   | 2A  | 2A  | 2A  |
| 17 ZIP Code   |               |                              |     |     |     |     |      |   |     |      |     |     |     |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

| <b>Part III Covered Individuals</b> |  | 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)<br>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                                  | RAHUL PRAJAPATI  | XXX-XX-4725   |  |                           | X                      | X   |     |     |     |      |      |     |      |     |     |     |  |  |
| 19                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 20                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 21                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 22                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 23                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 24                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 25                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 26                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 27                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 28                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 29                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |
| 30                                  |  |   |  |                           |                        |     |     |     |     |      |      |     |      |     |     |     |  |  |