



CLIENT TAX NOTES – TY2023

Dear Tax Payer,
Greetings!

Please fill the below Tax Organizer form and upload it in your secured login or even you can E-mail it to us at chandana@gtaxfile.com along with your Form W2 & any other income statement and any other relevant documents to prepare and analyze your taxes and share you a Free Tax return Draft Copy for TY2023.

3rd Stimulus:

ACTC	July	Aug	Sep	Oct	Nov	Dec

PERSONAL INFORMATION

Particulars	Primary Taxpayer	Spouse	Dependent 1 (Child-1)	Dependent 2 (Child-2)	Dependent 3 (Other dependent person)
FIRST NAME (PER SSN/ITIN)	MOHAMMED	NAJLA	LORIS	NOORAIN	NAMIRAH
MIDDLE NAME (PER SSN/ITIN)	AMER	ABDUL	MOHAMMED		
LAST NAME (PER SSN/ITIN)	AZAM	WAHEED	AZAM	AZAM	AZAM
SSN/ITIN NUMBER	379-31-0970	874-10-6695	213-87-3319	078-87-5018	708-74-0118
DATE OF BIRTH (MM/DD/YY)	02/25/1981	01/11/1989	12/14/2009	04/22/2012	12/23/2014
RELATIONSHIP WITH PRIMARY TAXPAYER					
OCCUPATION	ENGINEER	DATA ANALYST	STUDENT	STUDENT	STUDENT
CURRENT ADDRESS	9628 WASHINGTON AVE LAUREL, MD 20723				
CELL NUMBER	240-462-3154				
ALTERNATIVE NUMBER (HOME)	240-581-2175				
WORK NUMBER (WITH EXTENSION)					
EMAIL ADDRESS	azam.amer@gmail.com				
FIRST PORT OF ENTRY DATE (MM/DD/YY)					
VISA STATUS ON 31 ST DEC 2023	US CITIZEN	FL	US CITIZEN	US CITIZEN	US CITIZEN
ANY CHANGE IN VISA					



GLOBAL TAX

STATUS DURING THE YEAR 2023 (IF YES PLS. SPECIFY)				
MARITAL STATUS AS ON DEC 31, 2023	MARRIED	MARRIED		
DATE OF MARRIAGE (IF APPLICABLE)	04/20/2007	04/20/2007		
FILING STATUS (SINGLE/MARRIED/HEAD OF HOUSEHOLD)	MARRIED	MARRIED		
NO. OF MONTHS STAYED IN US DURING 2023	12	12		
WILL YOU STAY IN US FOR MORE THAN 183 DAYS IN YEAR 2024 - (YES OR NO)	Yes	Yes		
IF ANY OTHER INFORMATION				

NOTE: IF YOU DO NOT HAVE AN SSN FOR YOUR SPOUSE/DEPENDENTS WE CAN APPLY FOR ITIN. FOR ITIN APPLICATION PROCESSING PLEASE REACH US ON (470)-480-1883 OR WRITE TO info@gtaxfile.com

CHILD AND DEPENDENT CARE EXPENSES PROVIDER DETAILS -

DEPENDENT NAME	NAME OF THE ORGANIZATION	ADDRESS WITH PHONE NUMBER	FEDERAL ID NUMBER (EIN / SSN) OF THE ORGANIZATION / PERSON WHO PROVIDED THE CARE.	AMOUNT PAID
DAUGHTER ANAM AZAM	STUDENT		350-33-2697	
FATHER MOHAMMED FAROUK AZAM	RETIRED		136-47-0697	1095A

Attached

1. DEPENDENTS UNDER AGE 24 WITH UNEARNED INCOME (E.G. INTEREST OR DIVIDENDS EARNED, STOCK SALE PROCEEDS) GREATER THAN \$950 MAY NEED TO FILE A RETURN.

NOTE: DEPENDENTS WITH UNEARNED INCOME GREATER THAN \$1,900 ARE SUBJECT TO THEIR PARENT'S TAX RATE. COORDINATION OF RETURNS BETWEEN PARENT AND CHILD IS VERY IMPORTANT.

2. PLEASE COMPLETE CHILDCARE EXPENSES SECTION ONLY IF BOTH TAXPAYER & SPOUSE ARE WORKING.

BANK ACCOUNT DETAILS

BANK DETAILS FOR DIRECT DEPOSIT OF REFUND AMOUNT/AUTO WITHDRAWAL OF OWE AMOUNT(OPTIONAL)	
BANK NAME	BANK OF AMERICA
BANK ROUTING NUMBER (PAPER OR ELECTRONIC)	540520105 ELECTRONIC
BANK ACCOUNT NUMBER	004463243219
CHECKING / SAVING ACCOUNT	CHECKING / MOHAMMED AMER AZAM)



RESIDENCY DETAILS:

STATES RESIDENCY DETAILS				STATES RESIDENCY DETAILS			
TAXPAYER				SPOUSE			
YEAR	STATE(S)	FROM (MM/DD/Y Y)	TO (MM/DD/YY)	YEAR	STATE(S)	FROM (MM/DD/YY)	TO (MM/DD/YY)
2023	MD	01/01/23	12/31/23	2023	MD	01/01/23	12/31/23
2022	MD	01/01/22	12/31/22	2022	MD	01/01/22	12/31/22
2021	MD	01/01/21	12/31/22	2021	MD	01/01/21	12/31/22

Home Mortgage Interest

Home mortgage interest paid in US - *FORM 1098Mandatory	Points, if any	Home mortgage interest paid in INDIA – *Below details required	Mortgage insurance premiums paid, if any	Investment interest. Attach Form 4952
		Bank Name (Foreign)	Bank Address (Foreign)	

Note: Are you planning to purchase any House Property in Tax Year 2024 In United States Of America

Please Mention Yes Or No

Yes

No

CHARITY CONTRIBUTIONS

S. No	Charitable Institution Name	Donated Amount	Property Donated	FMV of Property Donated	No. of trips driven and one way distance

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2023 Copy C for employee's records. OMB No. 1545-0008

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer. GROSS PAY 152,432.49 SOCIAL SECURITY TAX WITHHELD 8,493.50

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-0970

MOHAMMED AZAM 9628 WASHINGTON AVENUE LAUREL, MD 20723



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1 Wages, tips, other comp. 120722.66 2 Federal income tax withheld 19035.35 3 Social security wages 136991.99 4 Social security tax withheld 8493.50

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Federal Filing Copy W-2 Wage and Tax Statement 2023 Copy B to be filed with employee's Federal Income Tax Return.

MD. State Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy W-2 Wage and Tax Statement 2023 Copy 2 to be filed with employee's City or Local Income Tax Return.

OMB# 1545-0008
COPY 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return

1 Wages, tips, other compensation 62400.32		2 Federal income tax withheld 3755.73	
3 Social security wages 62400.32		4 Social security tax withheld 3868.82	
5 Medicare wages and tips 62400.32		6 Medicare tax withheld 904.80	
c Employer's name, address, and ZIP code EATEAM INC 2 KILMER ROAD EDISON NJ 08817			
e Employee's name NAJLA A WAHEED 9628 WASHINGTON AVE LAUREL MD 20723			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 20-1779065		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement Third-party sick employee plan pay			12e \$
15 State MD	Employer's state ID number 12166767	16 State wages, tips, etc. 62400.32	17 State income tax 4759.11
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

OMB# 1545-0008
COPY 2 - To Be Filed With
Employee's State, City, or
Local Income Tax Return

1 Wages, tips, other compensation 62400.32		2 Federal income tax withheld 3755.73	
3 Social security wages 62400.32		4 Social security tax withheld 3868.82	
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c Employer's name, address, and ZIP code EATEAM INC 2 KILMER ROAD EDISON NJ 08817			
e Employee's name NAJLA A WAHEED 9628 WASHINGTON AVE LAUREL MD 20723			
f Employee's address and ZIP code		9	12a \$
b Employer identification number (EIN) 20-1779065		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement Third-party sick employee plan pay			12e \$
15 State MD	Employer's state ID number 12166767	16 State wages, tips, etc. 62400.32	17 State income tax 4759.11
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

OMB# 1545-0008
COPY B - To Be Filed With
Employee's FEDERAL Tax Return.
 This information is being furnished to
 the Internal Revenue Service.

1 Wages, tips, other compensation 62400.32		2 Federal income tax withheld 3755.73	
3 Social security wages 62400.32		4 Social security tax withheld 3868.82	
5 Medicare wages and tips 62400.32		6 Medicare tax withheld 904.80	
c Employer's name, address, and ZIP code EATEAM INC 2 KILMER ROAD EDISON NJ 08817			
e Employee's name NAJLA A WAHEED 9628 WASHINGTON AVE LAUREL MD 20723			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 20-1779065		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement Third-party sick employee plan pay			12e \$
15 State MD	Employer's state ID number 12166767	16 State wages, tips, etc. 62400.32	17 State income tax 4759.11
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

OMB# 1545-0008
COPY C - For EMPLOYEE'S
RECORDS (See Notice to Employee
on the back of Copy B.)
 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.

1 Wages, tips, other compensation 62400.32		2 Federal income tax withheld 3755.73	
3 Social security wages 62400.32		4 Social security tax withheld 3868.82	
5 Medicare wages and tips 62400.32		6 Medicare tax withheld 904.80	
c Employer's name, address, and ZIP code EATEAM INC 2 KILMER ROAD EDISON NJ 08817			
e Employee's name NAJLA A WAHEED 9628 WASHINGTON AVE LAUREL MD 20723			
f Employee's address and ZIP code		9	12a See instructions for box 12 \$
b Employer identification number (EIN) 20-1779065		10 Dependent care benefits	12b \$
7 Social security tips		11 Nonqualified plans	12c \$
8 Allocated tips		14 Other	12d \$
13 Statutory employee Retirement Third-party sick employee plan pay			12e \$
15 State MD	Employer's state ID number 12166767	16 State wages, tips, etc. 62400.32	17 State income tax 4759.11
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

UMB Bank, n.a.
 PO Box 161238
 Altamonte Springs, FL 32714

ID# 72575270006576417



009616
 0101

Mohammed Azam
 9628 Washington Avenue
 Laurel, MD 20723

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number UMB Bank, n.a. 1010 Grand Blvd Kansas City, MO 64106 844-383-9826		OMB No. 1545 - 1517 Form 1099-SA (Rev. November 2019)		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
		For calendar year 2023		
PAYER'S TIN 44-0194180	RECIPIENT'S TIN XXX-XX-0970	1. Gross Distribution \$4,363.19	2. Earnings on excess cont. \$0.00	Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name Mohammed Azam Street address (including apt. no.) 9628 Washington Avenue City or town, state or province, country, and ZIP or foreign postal code Laurel, MD 20723		3. Distribution code 1	4. FMV on date of death \$0.00	
Account number (see instructions) 72575270006576417		5. HSA x Archer MSA o MA MSA o		
Form 1099-SA (Rev. 11-2019) (keep for your records)		www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service		

Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

Recipient'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 identification number to the IRS.

Spouse beneficiary. If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

Estate beneficiary. If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Box 3. These codes identify the distribution you received: 1-Normal distribution; 2-Excess contributions; 3-Disability; 4-Death distribution other than code 6; 5-Prohibited transaction; 6-Death distribution after year of death to a nonspouse beneficiary.

Box 4. If the account holder died, shows the FMV of the account on the date of death.

Box 5. Shows the type of account that is reported on this Form 1099-SA.

Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099SA.

000005533-A



RoundPoint Mortgage Servicing LLC
 446 Wrenplace Road
 Fort Mill, SC 29715

+ 0818510 000045058 DRP981 0945431 001 P1

MOHAMMED A AZAM
 9628 WASHINGTON AVE
 LAUREL MD 20723-1870



ANNUAL TAX AND INTEREST STATEMENT

Letter Date: 01/31/2024

Loan Number: 2011086911

As of 2023

Customer Service: 877-426-8805

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. RoundPoint Mortgage Servicing LLC 446 Wrenplace Road Fort Mill, SC 29715 Phone: 877-426-8805		*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 Form 1098 (Rev. January 2022) For calendar year 2023
RECIPIENT'S/LENDER'S TIN 26-1193089		PAYER'S/BORROWER'S TIN *****0970		1 Mortgage interest received from payer(s)/borrower(s)* \$ 9,779.20
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOHAMMED A AZAM 9628 WASHINGTON AVE LAUREL MD 20723		2 Outstanding mortgage principal \$ 360,333.40	3 Mortgage origination date 07/17/2020	4 Refund of overpaid interest \$ 0.00
		5 Mortgage insurance premiums \$ 0.00	6 Points paid on purchase of principal residence \$ 0.00	
		7 <input checked="" type="checkbox"/> 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		
		9 Number of properties securing the mortgage 001		
10 Other Real Estate Taxes Paid \$7,586.70	11 Mortgage acquisition date 02/01/2023	Account number (see instructions) 2011086911		

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)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

The amount of mortgage interest reflected in Box 1 may be overstated if we have received any governmental subsidy payments made on your behalf. Please contact your tax advisor or the IRS directly with any questions.

*Please note: The amount listed in Box 5 may not be deductible. Please consult with the IRS or your tax advisor to determine the deductibility amount, if any.

RETURN SERVICE ONLY
PLEASE DO NOT SEND MAIL TO THIS ADDRESS
PO Box 818060
5801 Postal Road
Cleveland, OH 44181

1/5/24



OUR INFO
ONLINE
www.mrcooper.com



YOUR INFO
LOAN NUMBER
0688324573
PROPERTY ADDRESS
9628 WASHINGTON AVE
LAUREL, MD 20723

0018233 01 MB 0.558 01 TR 00077 RN98EUZ2 000000
MOHAMMED A AZAM
9628 WASHINGTON AVE
LAUREL, MD 20723-0000



SEE REVERSE SIDE FOR ADDITIONAL INFORMATION
ANNUAL ESCROW AND INTEREST STATEMENT

MOHAMMED A AZAM
9628 WASHINGTON AVE
LAUREL, MD 20723-0000

Nationstar Mortgage LLC d/b/a Mr. Cooper
8950 Cypress Waters Blvd.
Coppell, TX 75019
TIN#: 75-2921540

YEAR: 2023
ACCT #: 0688324573
SSN/TIN: XXX-XX-0970

DISBURSEMENTS FROM ESCROW

CURRENT TOTAL PYMT: \$0.00
CURRENT ESCROW PYMT: \$0.00
CURRENT OPTIONAL INS PYMT: \$0.00

PRINCIPAL RECONCILIATION

BEG BAL: \$360,333.40
APPLIED BALANCE: \$700.26
ENDING BAL: \$0.00

INTEREST RECONCILIATION

INTEREST PAID: \$899.58
MORTGAGE INTEREST RECEIVED FROM
PAYER(S)/BORROWER(S): \$899.58

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. Nationstar Mortgage LLC d/b/a Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019 Customer Service: 888-480-2432		*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 Form 1098 (Rev. January 2022) For calendar year 2023	
RECIPIENT'S/LENDER'S TIN 75-2921540		PAYER'S/BORROWER'S TIN XXX-XX-0970		1 Mortgage interest received from payer(s)/borrower(s)* \$ 899.58	
PAYER'S/BORROWER'S name MOHAMMED A AZAM		2 Outstanding mortgage principal \$ 360,333.40		3 Mortgage origination date 07/17/2020	
Street address (including apt. no.) 9628 WASHINGTON AVE		4 Refund of overpaid interest \$ 0.00		5 Mortgage insurance premiums \$ 0.00	
City or town, state or province, country, and ZIP or foreign postal code LAUREL, MD 207230000		6 Points paid on purchase of principal residence \$ 0.00		7 <input checked="" type="checkbox"/> 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.	
9 Number of properties securing the mortgage 01		10 Other		8 Address or description of property securing mortgage	
Account number (see instructions) 0688324573				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.

S 0001 8233 RN98EUZ2 001845 E

Instructions for Recipient

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because: (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it should receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for 2012 taxes.

Box 4. Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

Box 6. Shows taxable grants you received from a federal, state, or local government.

Box 7. Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

Box 8. If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

Box 9. Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

Box 10a-11. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-G and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099g.

CORRECTED (if checked)

PAYER'S Name, Address, City, State, and ZIP Code Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue 1101 4th St, SW Washington, DC 20024		1 Unemployment compensation \$	OMB No. 2545-0120 2023 Form 1099-G	Certain Government Payments Copy B For Recipient 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.
PAYER'S Federal ID Number 536001131		2 State or local income tax refunds, credits or offsets \$ 4,223.00	3 Box 2 amount is for tax year 2022	
RECIPIENT'S identification number ***-**-0970		4 Federal income withheld \$	5 RTAA payments \$	
Recipient's Name AZAM MOHAMMED 9628 WASHINGTON AVE LAUREL, MD 20723-1870		6 Taxable grants \$	7 Agriculture payments \$	
Account number		8 If checked, box 2 is trade or business income <input type="checkbox"/>	9 Market gain	
		10a State	10b State identification no.	11 State income tax withheld \$