

CORRECTED (if checked)

CREDITOR'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CITIBANK, N.A. 2 COURT SQUARE - 8TH FLOOR LONG ISLAND CITY, NY 11101		1 Date of identifiable event 02/08/2023	OMB No. 1545-1424	Cancellation of Debt
(855) 522-0243 INTERNAL RECOVERY		2 Amount of debt discharged \$5,408.13	Form 1099-C (Rev. January 2022)	
		3 Interest, if included in box 2 \$	For calendar year 20 23	
CREDITOR'S TIN 13-5266470	DEBTOR'S TIN XXX-XX-3204	4 Debt description CREDIT CARD LOAN		Copy B For Debtor 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 taxable income results from this transaction and the IRS determines that it has not been reported.
DEBTOR'S name RAJESH NAID N KURUGUNTLA		5 If checked, the debtor was personally liable for repayment of the debt <input checked="" type="checkbox"/>		
Street address (including apt. no.) 9611 CUSTER RD APT3125 City or town, state or province, country, and ZIP or foreign postal code PLANO, TX 75025		6 Identifiable event code F	7 Fair market value of property \$	
Account number (see instructions) 5424181265008719				

Form **1099-C** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099C Department of the Treasury - Internal Revenue Service

CITIBANK, N.A.
PO BOX 790034
ST LOUIS, MO 63179

277561 CTTAXTD5 037561
RAJESH NAID N KURUGUNTLA
9611 CUSTER RD
APT3125
PLANO, TX 75025



S 277561 CTTAXTD5 037561 000000 E

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Northern Trust Company Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603 As Paying Agent for:		1 Gross distribution \$ 9,372.42		OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
1450 AAG ACCENTURE, LLP ACCENTURE LLP 1-312-557-9700		2a Taxable amount \$ 9,372.42				Copy B	
PAYER'S TIN 36-3046063		RECIPIENT'S TIN ***-**-3204		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAJESH KURUGUNTLA NAIDU 9611 CUSTER RD APT 3125 PLANO TX 75025-6528		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,874.48			
Account number (see instructions) 14500218613041 N		14 State tax withheld \$		15 State/Payer's state no.		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	
		16 State distribution \$		17 Local tax withheld \$		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) 1		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %	
		9a Your percentage of total distribution \$		9b Total employee contributions \$		This information is being furnished to the IRS.	
		10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		12 FATCA filing requirement <input type="checkbox"/>	
		13 Date of payment		18 Name of locality		19 Local distribution \$	

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Northern Trust Company Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603 As Paying Agent for:		1 Gross distribution \$ 9,372.42		OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
1450 AAG ACCENTURE, LLP ACCENTURE LLP 1-312-557-9700		2a Taxable amount \$ 9,372.42				Copy C	
PAYER'S TIN 36-3046063		RECIPIENT'S TIN ***-**-3204		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		For Recipient's Records	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAJESH KURUGUNTLA NAIDU 9611 CUSTER RD APT 3125 PLANO TX 75025-6528		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,874.48			
Account number (see instructions) 14500218613041 N		14 State tax withheld \$		15 State/Payer's state no.		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	
		16 State distribution \$		17 Local tax withheld \$		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) 1		IRA/ SEP/ SIMPLE <input type="checkbox"/>		8 Other \$ %	
		9a Your percentage of total distribution \$		9b Total employee contributions \$		This information is being furnished to the IRS.	
		10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		12 FATCA filing requirement <input type="checkbox"/>	
		13 Date of payment		18 Name of locality		19 Local distribution \$	

Corrected (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. The Northern Trust Company Benefit Payment Services WB-38 50 S. LaSalle St. Chicago, Illinois 60603 As Paying Agent for:		1 Gross distribution \$ 9,372.42		OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
1450 AAG ACCENTURE, LLP ACCENTURE LLP 1-312-557-9700		2a Taxable amount \$ 9,372.42				Copy 2	
PAYER'S TIN 36-3046063		RECIPIENT'S TIN ***-**-3204		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		File this copy with your state, city, or local income tax return, when required.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAJESH KURUGUNTLA NAIDU 9611 CUSTER RD APT 3125 PLANO TX 75025-6528		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 1,874.48			
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		10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. \$		12 FATCA filing requirement <input type="checkbox"/>	
		13 Date of payment		18 Name of locality		19 Local distribution \$	



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.

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Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Rajesh Naidu Kuruguntla		2 Social security number (SSN) XXX-XX-3204		7 Name of employer Brillio LLC		8 Employer identification number (EIN) 20-1821766	
3 Street address (including apartment no.) 9611 Custer Road, APT 3125				9 Street address (including room or suite no.) 6111 Bollinger Canyon Road, Suite 100		10 Contact telephone number 855-435-7147	
4 City or town Plano		5 State or province TX		6 Country and ZIP or foreign postal code 75025		11 City or town San Ramon	
				12 State or province CA		13 Country and ZIP or foreign postal code 94583	

14 Offer of Coverage (enter required code)	15 Employee Offer of Coverage												16 Employee's Age on January 1				17 Plan Start Month (Enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	18	19	20	21			
1E																				
15 Employee Required Contribution (see instructions)	\$ 80.92	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$							
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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. <input checked="" type="checkbox"/>													
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	
18	Rajesh Naid Kuruguntla	XXX-XX-3204		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Bindu Iswary Mallampati		09/21/1985	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Hasita Kuruguntla		07/27/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Nyshita Kuruguntla		12/06/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FROM: