

LOANDEPOT COM LLC
 PO BOX 3004
 MONROE, WI 53566-3804

IMPORTANT TAX INFORMATION ENCLOSED

0132863 01 AV 0.498 **AUTO T3 2 1104 98053-863892 -C01-P33005-1



BHANU PRATAP REDDY MALIREDDY

9892 NE 244TH PL

REDMOND WA 98053-8638

January 11, 2024

FOR INFORMATION CALL: 866-258-6572
 CUSTOMER SERVICE HOURS: MON-FRI
 7:00 AM-7:00 PM, SAT 8:00 AM-5:00 PM CST

2023 ANNUAL LOAN STATEMENT

Loan No. 4007576343 Current Total Payment: \$2,886.02 Current Escrow Payment: \$654.79
 Property Address: 9892 NE 244TH PL Interest Reconciliation
 REDMOND WA 98053 2023 Interest Paid: \$17,330.68
 SSN: ***-**-6494 Mortgage Interest Reported: \$17,330.68

Disbursements from Escrow

Property Taxes: \$5,408.57
 Hazard Insurance: \$1,167.00
 Mortgage Insurance: \$1,125.24

Principal Reconciliation

Beginning Balance: \$482,387.92
 Applied Principal: \$9,444.08
 Ending Balance: \$472,943.84

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. LOANDEPOT COM LLC 6531 IRVINE CENTER DR STE 100 IRVINE CA 92618 888-337-6888		*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 20 23	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.
RECIPIENT'S/LENDER'S TIN 26-4599244		PAYER'S/BORROWER'S TIN ***-**-6494		1 Mortgage interest received from payer(s)/borrower(s)* \$ 17,330.68	
PAYER'S/BORROWER'S name BHANU PRATAP REDDY MALIREDDY		2 Outstanding mortgage principal \$ 482,387.92		3 Mortgage origination date 04/05/22	
Street address (including apt. no.) 9892 NE 244TH PL		4 Refund of overpaid interest \$		5 Mortgage insurance premiums \$ 1,125.24	
City or town, state or province, country, and ZIP or foreign postal code REDMOND WA 98053		6 Points paid on purchase of principal residence \$		7 <input 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 1		10 Other *Taxes Paid \$5,408.57		8 Address or description of property securing mortgage 9892 NE 244TH PL REDMOND WA 98053	
Account number (see instructions) 4007576343				11 Mortgage acquisition date	

*If taxes paid at closing, refer to the Closing Disclosure

The amounts reported in Box 1 on the Form 1098 may be overstated if the payments included subsidies by a state funded program or third party payments. Please contact a tax professional to determine what may be deductible.

FIRST TECH FEDERAL CREDIT UNION
 855-855-8805
 P.O. BOX 2100
 BEAVERTON, OR 97075-2100

+ 0816986 000152265 OFTINT 0932541

MALIREDDY HARSHA VARDHAN REDDY
 9892 244TH PL NE
 REDMOND WA 98053-8638



Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the Instructions for Form 8938.

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

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. Note: This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FIRST TECH FEDERAL CREDIT UNION P.O. BOX 2100 BEAVERTON, OR 97075-2100 855-855-8805		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2022) For calendar year 2023		Interest Income Copy B For Recipient 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.	
		1 Interest income \$ 52.97				
		2 Early withdrawal penalty \$ 0.00				
PAYER'S TIN 23-7062675		3 Interest on U.S. Savings Bonds and Treasury obligations \$ 0.00				
RECIPIENT'S TIN XXX-XX-3899		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$ 0.00			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MALIREDDY HARSHA VARDHAN REDDY 9892 244TH PL NE REDMOND WA 98053-8638		6 Foreign tax paid \$ 0.00	7 Foreign country or U.S. possession			
		8 Tax-exempt interest \$ 0.00	9 Specified private activity bond interest \$ 0.00			
		10 Market discount \$ 0.00	11 Bond premium \$ 0.00			
		12 Bond premium on Treasury obligations \$	13 Bond premium on tax-exempt bond \$			
Account number (see instructions) XXXXXXXX3035		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.		17 State tax withheld \$

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual - First name, middle name, last name BHANU PRATAP RE P MALIREDDY	2 Social security number (SSN) or other TIN XXX-XX-6494	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 9892 244TH PL NE	5 City or town REDMOND	6 State or province WA
	7 Country and ZIP or foreign postal code US 98053	9 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): B

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name CENTRIC TECHNOLOGIES, INC	11 Employer identification number (EIN) XX-XXX3773
12 Street address (including room or suite no.) ATTN: JANE BAYLIS 14980 NE 31ST ST STE 120	13 City or town REDMOND
	14 State or province WA
15 Country and ZIP or foreign postal code US 98052-5366	

16 Name PREMERA BLUE CROSS	17 Employer identification number (EIN) 91-049247	18 Contact telephone number 855-756-0804
19 Street address (including room or suite no.) PO BOX 327 MS 342	20 City or town SEATTLE	21 State or province WA
	22 Country and ZIP or foreign postal code US 98111-0327	

Part IV Covered Individuals (Enter the information for each covered individual.)

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23 BHANU PRATAP RE P MALIREDDY	XXX-XX-6494		<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"/>
24 KOVIDA MALIREDDY	XXX-XX-6671		<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"/>
25 HARSHA VARDHAN MALIREDDY	XXX-XX-3899		<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"/>
26			<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"/>
27			<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"/>
28			<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"/>

CENTIFIC TECHNOLOGIES INC
14980 NE 31ST WAY STE120
REDMOND, WA 98052



7BTPNA95CPH0000046009A412C192

005809 RO9MX301 7BT 0191 BB47E 00000159
BHANU PRATAP REDDY P MALIREDDY
9892 244TH PL NE
REDMOND, WA 98053

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

VOID

CORRECTED

OMB No. 1545-2251

2023

Form **1095-C**
Department of the Treasury
Internal Revenue Service

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.

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) BHANU PRATAP REDDY P MALIREDDY		2 Social security number (SSN) XXX-XX-6494		7 Name of employer CENTIFIC TECHNOLOGIES INC		8 Employer identification number (EIN) 20-4012879	
3 Street address (including apartment no.) 9892 244TH PL NE				9 Street address (including room or suite no.) 14980 NE 31ST WAY STE120		10 Contact telephone number 408-833-2721	
4 City or town REDMOND		5 State or province WA		6 Country and ZIP or foreign postal code USA 98053		11 City or town REDMOND	
						12 State or province WA	
						13 Country and ZIP or foreign postal code USA 98052	

Part II Employee Offer of Coverage	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	
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 87.32	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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.

(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			<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			<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			<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			<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"/>
22			<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"/>
23			<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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