

ARYANSH SINGH BHADORIA
2023 TAX YEAR DOCUMENTS

TAX DOCUMENTS CHECKLIST

Page 3 -4	2023-W2 form with current employer Exyte US Inc.
Page 5 -6	2023-W2 form with previous employer Gcon Management Company LLC
Page 7 -8	Letter of confirmation 401k Rollover from John Hancock to Fidelity
Page 9 -10	2023- Form 1099-R 401k Rollover From John Hancock to Fidelity
Page 11	2023- Form 1099-NEC From Integrity Marketing Group
Page 12 -18	2023- Form 1099 composite -Apex Clearing (Stocks)
Page 19-21	Cryptocurrency Account Statement
Page 22	Spouse Bharati Ashok Raul's ITIN number

OMB No. 1545-0008 REISSUED STATEMENT

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
10002832	60214.36	8119.92
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
74-2792092	64285.60	3985.71
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
008-39-8052	64285.60	932.14
c Employer's name, address and ZIP code EXYTE U.S., INC. 1001 KLEIN ROAD #400 PLANO TX 75074		

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code D 4071.24
12b Code W 1000.00	12c Code DD 12600.32	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's name, address and ZIP code
 ARYANSH SINGH BHADORIA
 13229 S 48TH ST APT 1009
 APT 1009
 PHOENIX AZ 85044

2023 Form W-2

15 State Employer's state I.D. no. AZ 74-2792092	16 State wages, tips, etc. 60214.36
---	--

Wage and Tax Statement
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on 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.
 Department of the Treasury - Internal Revenue Service

17 State income tax 1505.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OMB No. 1545-0008 REISSUED STATEMENT

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
10002832	60214.36	8119.92
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
74-2792092	64285.60	3985.71
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
008-39-8052	64285.60	932.14
c Employer's name, address and ZIP code EXYTE U.S., INC. 1001 KLEIN ROAD #400 PLANO TX 75074		

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code D 4071.24
12b Code W 1000.00	12c Code DD 12600.32	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's name, address and ZIP code
 ARYANSH SINGH BHADORIA
 13229 S 48TH ST APT 1009
 APT 1009
 PHOENIX AZ 85044

2023 Form W-2

15 State Employer's state I.D. no. AZ 74-2792092	16 State wages, tips, etc. 60214.36
---	--

Wage and Tax Statement
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.
 Department of the Treasury - Internal Revenue Service

17 State income tax 1505.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OMB No. 1545-0008 REISSUED STATEMENT

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
10002832	60214.36	8119.92
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
74-2792092	64285.60	3985.71
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
008-39-8052	64285.60	932.14
c Employer's name, address and ZIP code EXYTE U.S., INC. 1001 KLEIN ROAD #400 PLANO TX 75074		

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code D 4071.24
12b Code W 1000.00	12c Code DD 12600.32	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's name, address and ZIP code
 ARYANSH SINGH BHADORIA
 13229 S 48TH ST APT 1009
 APT 1009
 PHOENIX AZ 85044

2023 Form W-2

15 State Employer's state I.D. no. AZ 74-2792092	16 State wages, tips, etc. 60214.36
---	--

Wage and Tax Statement
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
 Department of the Treasury - Internal Revenue Service

17 State income tax 1505.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OMB No. 1545-0008 REISSUED STATEMENT

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
10002832	60214.36	8119.92
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
74-2792092	64285.60	3985.71
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
008-39-8052	64285.60	932.14
c Employer's name, address and ZIP code EXYTE U.S., INC. 1001 KLEIN ROAD #400 PLANO TX 75074		

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code D 4071.24
12b Code W 1000.00	12c Code DD 12600.32	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's name, address and ZIP code
 ARYANSH SINGH BHADORIA
 13229 S 48TH ST APT 1009
 APT 1009
 PHOENIX AZ 85044

2023 Form W-2

15 State Employer's state I.D. no. AZ 74-2792092	16 State wages, tips, etc. 60214.36
---	--

Wage and Tax Statement
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
 Department of the Treasury - Internal Revenue Service

17 State income tax 1505.34	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov. **Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable. Credit for excess taxes.** If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return. **Box 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959. **Box 6.** This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000. **Box 8.** This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441. **Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Instructions for Employee (Continued)

Box 12. The following list explains the codes shown in box 12.

You may need this information to complete your tax return. **Elective deferrals** (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions. **Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. **A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. **B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. **C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5) **D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement. **E**—Elective deferrals under a section 403(b) salary reduction agreement **F**—Elective deferrals under a section 408(k)(6) salary reduction SEP **G**—Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan **H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. **J**—Nontaxable sick pay (information only, not included in box 1, 3, or 5) **K**—20% excise tax on excess golden parachute payments. See the Form 1040 instructions. **L**—Substantiated employee business expense reimbursements (nontaxable) **M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. **N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. **P**—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) **Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount. **R**—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) **T**—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts. **V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements. **W**—Employer contributions (including nonstatutory employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889. **Y**—Deferrals under a section 409A nonqualified deferred compensation plan **Z**—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions. **AA**—Designated Roth contributions under a section 401(k) plan **BB**—Designated Roth contributions under a section 403(b) plan **DD**—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.** **EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan. **FF**—Permitted benefits under a qualified small employer health reimbursement arrangement **GG**—Income from qualified equity grants under section 83(i) **HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year **Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. **Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. **Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Copy B To Be Filed With Employee's FEDERAL Tax Return		2023		OMB No. 1545-0008
a Employee's social security number 008-39-8052	1 Wages, tips, other comp. 21479.42	2 Federal income tax withheld 1713.65		
b Employer ID number 20-5994249	3 Social security wages 21479.42	4 Social security tax withheld 1331.72		
	5 Medicare wages and tips 21479.42	6 Medicare tax withheld 311.45		
c Employer's name, address, and ZIP code GCON Management Company LLC 1606 West Whispering Wind Drive Phoenix, AZ 85085				
d Control Number AZ1622 000238 Bhadoria Aryansh Sin				
e Employee's first name and initial Last name Aryansh Singh Bhadoria 1460 E BELL RD APT 1058 PHOENIX, AZ 85022				
f Employee's address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Verification Code		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 4496.96		
13 Statutory employee	14 Other \$125 1128.88	12b Code W 800.00		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
AZ	20-5994249	21479.42	412.36	
15 State Empr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2023		OMB No. 1545-0008
a Employee's social security number 008-39-8052	1 Wages, tips, other comp. 21479.42	2 Federal income tax withheld 1713.65		
b Employer ID number 20-5994249	3 Social security wages 21479.42	4 Social security tax withheld 1331.72		
	5 Medicare wages and tips 21479.42	6 Medicare tax withheld 311.45		
c Employer's name, address, and ZIP code GCON Management Company LLC 1606 West Whispering Wind Drive Phoenix, AZ 85085				
d Control Number AZ1622 000238 Bhadoria Aryansh Sin				
e Employee's first name and initial Last name Aryansh Singh Bhadoria 1460 E BELL RD APT 1058 PHOENIX, AZ 85022				
f Employee's address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Verification Code		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 4496.96		
13 Statutory employee	14 Other \$125 1128.88	12b Code W 800.00		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
AZ	20-5994249	21479.42	412.36	
15 State Empr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2023		OMB No. 1545-0008
a Employee's social security number 008-39-8052	1 Wages, tips, other comp. 21479.42	2 Federal income tax withheld 1713.65		
b Employer ID number 20-5994249	3 Social security wages 21479.42	4 Social security tax withheld 1331.72		
	5 Medicare wages and tips 21479.42	6 Medicare tax withheld 311.45		
c Employer's name, address, and ZIP code GCON Management Company LLC 1606 West Whispering Wind Drive Phoenix, AZ 85085				
d Control Number AZ1622 000238 Bhadoria Aryansh Sin				
e Employee's first name and initial Last name Aryansh Singh Bhadoria 1460 E BELL RD APT 1058 PHOENIX, AZ 85022				
f Employee's address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Verification Code		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 4496.96		
13 Statutory employee	14 Other \$125 1128.88	12b Code W 800.00		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
AZ	20-5994249	21479.42	412.36	
15 State Empr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

Extra Employee Copy		2023		OMB No. 1545-0008
a Employee's social security number 008-39-8052	1 Wages, tips, other comp. 21479.42	2 Federal income tax withheld 1713.65		
b Employer ID number 20-5994249	3 Social security wages 21479.42	4 Social security tax withheld 1331.72		
	5 Medicare wages and tips 21479.42	6 Medicare tax withheld 311.45		
c Employer's name, address, and ZIP code GCON Management Company LLC 1606 West Whispering Wind Drive Phoenix, AZ 85085				
d Control Number AZ1622 000238 Bhadoria Aryansh Sin				
e Employee's first name and initial Last name Aryansh Singh Bhadoria 1460 E BELL RD APT 1058 PHOENIX, AZ 85022				
f Employee's address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Verification Code		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 4496.96		
13 Statutory employee	14 Other \$125 1128.88	12b Code W 800.00		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
AZ	20-5994249	21479.42	412.36	
15 State Empr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code GCON Management Company LLC 1606 West Whispering Wind Drive Phoenix, AZ 85085	c Tax year/Form corrected 2023 /W-2		d Employee's correct SSN 008-39-8052
	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) Complete boxes f and/or g only if incorrect on form previously filed ▶		
	f Employee's previously reported SSN		
b Employer's Federal EIN 20-5994249	g Employee's previously reported name		
h Employee's first name, and initial Aryansh Singh		Last name Bhadoria	Suff.
		13229 S 48 TH ST APT 1009 PHOENIX, AZ 85044	
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the instructions for Forms W-2c and W-3c, boxes 5 and 6).			
Previously reported		Correct information	
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12a See Inst. for box 12	12a See Inst. for box 12
13 Statutory employee Retirement plan Third-party sick pay	13 Statutory employee Retirement plan <input checked="" type="checkbox"/> Third-party sick pay	12b	12b
14 Other (see instructions)	14 Other (see instructions)	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
15 State	15 State	15 State	15 State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax	17 State income tax	17 State income tax	17 State income tax
Locality Correction Information			
Previously reported		Correct information	
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name	20 Locality name

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

38-2099803

Copy C - For the Employee's Records



GCON MANAGEMENT COMPANY, LLC | Contract: 158856

withdrawal details

Withdrawal information

Payment amount: \$13,163.78

Type of withdrawal: Termination of employment

Name: BHADORIA, ARYANSH SINGH
SSN: xxx-xx-8052

Withdrawal date: 05/08/2023

Transaction number: 3309614856

Withdrawal information details

Money type	Account balance(\$)	Vesting(%)	Available amount(\$)
ER PROFIT SHARING	7,081.02	100.000	7,081.02
SAFE HARBOR NON-ELECTIVE CONTR	6,082.76	100.000	6,082.76
Total available amount			13,163.78
Taxable amount			0.00
State tax			0.00
Federal tax			0.00
Total payment amount			13,163.78

Payee payment instructions

Payee name: FIDELITY INVESTMENTS

Payment amount: \$13,163.78
Payment method: Paid by check
Payment to: Financial institution

Payee address

FIDELITY INVESTMENTS
EXYTE AMERICAS, INC.
13229 S 48TH ST APT 1009
PHOENIX, AZ 85044-5036
USA

Bank details

Bank / Branch name:
ABA / Routing number:
Credit party name:

Feedback

This information does not constitute legal or tax advice with respect to any taxpayer. It was neither written nor intended for use by any such taxpayer for the purpose of avoiding penalties, and it cannot be so used. If it is used or referred to in promoting, marketing, or recommending any transaction or matter addressed herein, it should be understood as having been written to support such promotion, marketing, or recommendation, and any taxpayer receiving it should seek advice based on the taxpayer's particular circumstances from an independent tax advisor.

All contract information is confidential and you agree to safeguard and protect such information in accordance with the standards required by law and use such information only for authorized plan administration purposes.

Group annuity contracts and recordkeeping agreements are issued by John Hancock Life Insurance Company (U.S.A.), Boston, MA (not licensed in NY). John Hancock Life Insurance Company (U.S.A.) makes available a platform of investment alternatives to sponsors or administrators of retirement plans without regard to the individualized needs of any plan. Unless otherwise specifically stated in writing, John Hancock Life Insurance Company (U.S.A.) does not, and is not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity. Securities are offered through John Hancock Distributors LLC, member FINRA, SIPC.

NOT FDIC INSURED | MAY LOSE VALUE | NOT BANK GUARANTEED

© 2024 All rights reserved.

G-PS 24432

PAYER'S Name, Street Address, City, State, and ZIP code
JOHN HANCOCK LIFE INS. CO. (U.S.A.)
1-800-689-7937 MYPLAN.JOHNHANCOCK.COM
PO BOX 600
BUFFALO NY 14201-0600

1913

RECIPIENT'S Name and Address

0025943 01 AB 0.537 **AUTO T0 0 0506 85044-503659 -C03-P25968-1



ARYANSH SING BHADORIA
GRP015885600
13229 S 48TH ST APT 1009
PHOENIX, AZ 85044-5036



Customer service phone number (800) 689-7937	10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>
PAYER'S TIN 01-0233346	RECIPIENT'S TIN XXX-XX-8052	Account Number (see instructions) GRP015885600	13 Date of payment

FORM 1099-R (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 13163.78	2a Taxable amount \$ 0.00	OMB No. 1545-0119 2023 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the IRS	
2b Taxable amount not determined	Total distribution X		
3 Capital gain (included in Box 2a) \$	4 Federal income tax withheld \$		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) G	IRA/ SEP/ SIMPLE	8 Other \$	%
9a Your percentage of total distribution %	9b Total employee contributions \$		
14 State tax withheld \$	15 State/Payer's state no. AZ-010233346	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

COPY C
For
Recipient's
Records

PAYER'S Name, Street Address, City, State, and ZIP code
JOHN HANCOCK LIFE INS. CO. (U.S.A.)
1-800-689-7937 MYPLAN.JOHNHANCOCK.COM
PO BOX 600
BUFFALO NY 14201-0600

1913

RECIPIENT'S Name and Address

ARYANSH SING BHADORIA
GRP015885600
13229 S 48TH ST APT 1009
PHOENIX, AZ 85044-5036

Customer service phone number (800) 689-7937	10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>
PAYER'S TIN 01-0233346	RECIPIENT'S TIN XXX-XX-8052	Account Number (see instructions) GRP015885600	13 Date of payment

FORM 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 13163.78	2a Taxable amount \$ 0.00	OMB No. 1545-0119 2023 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the IRS	
2b Taxable amount not determined	Total distribution X		
3 Capital gain (included in Box 2a) \$	4 Federal income tax withheld \$		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) G	IRA/ SEP/ SIMPLE	8 Other \$	%
9a Your percentage of total distribution %	9b Total employee contributions \$		
14 State tax withheld \$	15 State/Payer's state no. AZ-010233346	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

COPY 2
File this copy with your state, city, or local income tax return, when required.

PAYER'S Name, Street Address, City, State, and ZIP code
JOHN HANCOCK LIFE INS. CO. (U.S.A.)
1-800-689-7937 MYPLAN.JOHNHANCOCK.COM
PO BOX 600
BUFFALO NY 14201-0600

1913

RECIPIENT'S Name and Address

ARYANSH SING BHADORIA
GRP015885600
13229 S 48TH ST APT 1009
PHOENIX, AZ 85044-5036

Customer service phone number (800) 689-7937	10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>
PAYER'S TIN 01-0233346	RECIPIENT'S TIN XXX-XX-8052	Account Number (see instructions) GRP015885600	13 Date of payment

FORM 1099-R

0506-03-00-0025943-0001-0026004

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 13163.78	2a Taxable amount \$ 0.00	OMB No. 1545-0119 2023 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the IRS	
2b Taxable amount not determined	Total distribution X		
3 Capital gain (included in Box 2a) \$	4 Federal income tax withheld \$		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) G	IRA/ SEP/ SIMPLE	8 Other \$	%
9a Your percentage of total distribution %	9b Total employee contributions \$		
14 State tax withheld \$	15 State/Payer's state no. AZ-010233346	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

COPY B
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.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. JOHN HANCOCK LIFE INS. CO. (U.S.A.) 1-800-689-7937 myplan.johnhancock.com PO BOX 600 Buffalo, NY 14201-0600 (800) 689-7937		1 Gross distribution \$ 13163.78 2a Taxable amount \$	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S TIN 01-0233346		RECIPIENT'S TIN XXX-XX-8052		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name ARYANSH SING BHADORIA 13229 S 48TH ST APT 1009 GRP015885600 PHOENIX, AZ 85044-5036		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	Copy B 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.		
Account number (see instructions) GRP015885600		11 1st year of desig. Roth contrib.	7 Distribution code(s) G	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %	12 FATCA Filing requirement <input type="checkbox"/>
10 Amount allocable to IRR within 5 years \$		14 State tax withheld \$	9a Your percentage of total distribution %	9b Total employee contributions \$	13 Date of payment	16 State distribution \$
Form 1099-R		www.irs.gov/form1099r	17 Local tax withheld \$	15 State/Payer's state no. AZ 010233346	19 Local distribution \$	Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. JOHN HANCOCK LIFE INS. CO. (U.S.A.) 1-800-689-7937 myplan.johnhancock.com PO BOX 600 Buffalo, NY 14201-0600 (800) 689-7937		1 Gross distribution \$ 13163.78 2a Taxable amount \$	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S TIN 01-0233346		RECIPIENT'S TIN XXX-XX-8052		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name ARYANSH SING BHADORIA 13229 S 48TH ST APT 1009 GRP015885600 PHOENIX, AZ 85044-5036		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	Copy C For Recipient's Records		
Account number (see instructions) GRP015885600		11 1st year of desig. Roth contrib.	7 Distribution code(s) G	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %	12 FATCA Filing requirement <input type="checkbox"/>
10 Amount allocable to IRR within 5 years \$		14 State tax withheld \$	9a Your percentage of total distribution %	9b Total employee contributions \$	13 Date of payment	16 State distribution \$
Form 1099-R		www.irs.gov/form1099r	17 Local tax withheld \$	15 State/Payer's state no. AZ 010233346	19 Local distribution \$	Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. JOHN HANCOCK LIFE INS. CO. (U.S.A.) 1-800-689-7937 myplan.johnhancock.com PO BOX 600 Buffalo, NY 14201-0600 (800) 689-7937		1 Gross distribution \$ 13163.78 2a Taxable amount \$	OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S TIN 01-0233346		RECIPIENT'S TIN XXX-XX-8052		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name ARYANSH SING BHADORIA 13229 S 48TH ST APT 1009 GRP015885600 PHOENIX, AZ 85044-5036		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	Copy 2 File this copy with your state, city, or local income tax return, when required.		
Account number (see instructions) GRP015885600		11 1st year of desig. Roth contrib.	7 Distribution code(s) G	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %	12 FATCA Filing requirement <input type="checkbox"/>
10 Amount allocable to IRR within 5 years \$		14 State tax withheld \$	9a Your percentage of total distribution %	9b Total employee contributions \$	13 Date of payment	16 State distribution \$
Form 1099-R		www.irs.gov/form1099r	17 Local tax withheld \$	15 State/Payer's state no. AZ 010233346	19 Local distribution \$	Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Integrity Marketing Group 1445 Ross Ave 40th Flr Dallas, TX 75252 (866) 650-1857		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year 2023		Nonemployee Compensation
PAYER'S TIN 81-3098308	RECIPIENT'S TIN XXXXXX8052	1 Nonemployee compensation \$ 1000.00		
RECIPIENT'S name Aryansh Singh Bhadoria 13229 S 48th St Apt 1009 Phoenix, AZ 85044		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		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.
		3		
4 Federal income tax withheld \$		5 State tax withheld		
Account number (see instructions)		HGI	6 State/Payer's state no.	
				7 State income \$

Form **1099-NEC** (Rev. 1-2024) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

Instructions for Recipient - 1099-NEC (2023)

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

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.

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

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

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.

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Integrity Marketing Group 1445 Ross Ave 40th Flr Dallas, TX 75252 (866) 650-1857		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year 2023		Nonemployee Compensation
PAYER'S TIN 81-3098308	RECIPIENT'S TIN XXXXXX8052	1 Nonemployee compensation \$ 1000.00		
RECIPIENT'S name Aryansh Singh Bhadoria 13229 S 48th St Apt 1009 Phoenix, AZ 85044		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 2 To be filed with recipient's state income tax return, when required.
		3		
4 Federal income tax withheld \$		5 State tax withheld		
Account number (see instructions)		HGI	6 State/Payer's state no.	
				7 State income \$

Form **1099-NEC** (Rev. 1-2024) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

Apex Clearing

One Dallas Center
350 North St Paul, Ste 1300
Dallas, TX 75201

IMPORTANT TAX DOCUMENTS ENCLOSED

IN ACCOUNT WITH
WEBULL FINANCIAL LLC
888-828-0618

ARYANSH SINGH BHADORIA
13229 S 48TH STREET APT 1009
PHOENIX, AZ 85044-5036

IMPORTANT YEAR END MESSAGES

This document includes your Consolidated Form 1099 that we are required to provide to you and contains information that we are providing to the Internal Revenue Service and additional information that may be helpful to you for filing your tax return. You may wish to seek the advice of a tax professional when preparing your return.

Please verify your personal information for accuracy and contact us to correct any discrepancies. If you own Mutual Funds, Real Estate Trusts (REITs), REMIC Securities or certain fixed investment trusts (WHFITs), income distributions may be reclassified by the issuer after the original 1099 is sent. If you hold these securities or another security that is subject to a reclassification event, you may receive a corrected Form 1099.

Apex Clearing One Dallas Center 350 North St Paul, Ste 1300 Dallas, TX 75201 Customer Service: 214-765-1009 Payer's Federal ID No: 13-2967453 IN ACCOUNT WITH WEBULL FINANCIAL LLC 888-828-0618	Account 5JE72127	Form 1099 Composite	2023
	ARYANSH SINGH BHADORIA 13229 S 48TH STREET APT 1009 PHOENIX, AZ 85044-5036 RECIPIENT'S ID No: XXX-XX-8052	Statement Date: 2024-01-31 <input type="checkbox"/> Corrected	

FATCA filing Requirement

Tax Reporting Statement

Dividends and Distributions	2023 Form1099DIV	OMB No. 1545-0110
1a- Total Ordinary Dividends (includes amount shown on 1b)	0.00	
1b- Qualified Dividends	0.00	
2a- Total Capital Gain Distributions (includes lines 2b, 2c, 2d)	0.00	
2b- Unrecaptured Section 1250 Gain	0.00	
2c- Section 1202 Gain	0.00	
2d- Collectibles (28%) Gain	0.00	
2e- Section 897 ordinary dividends	0.00	
2f- Section 897 capital gain	0.00	
3- Nondividend Distributions	0.00	
4- Federal Income Tax Withheld	0.00	
5- Section 199A Dividends	0.00	
6- Investment Expenses	0.00	
7- Foreign Tax Paid	0.00	
8- Foreign Country or U.S. Possessions		
9- Cash Liquidation Distribution	0.00	
10- Noncash Liquidation Distributions	0.00	
12- Exempt-Interest Dividends	0.00	
13- Specified Private Activity Bond Interest Dividends	0.00	

Interest Income	2023 Form1099INT	OMB No. 1545-0112
1- Interest Income	0.00	
2- Early Withdrawal Penalty	0.00	
3- Interest on US Savings Bonds & Treasury Obligations	0.00	
4- Federal Income Tax Withheld	0.00	
5- Investment Expenses	0.00	
6- Foreign Tax Paid	0.00	
7- Foreign Country or U.S. Possession		
8- Tax-Exempt Interest (includes box 9)	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	0.00	
13- Bond Premium on Tax-Exempt bonds	0.00	
14- Tax-Exempt and Tax Credit Bond CUSIP no.		

Miscellaneous Information	2023 Form1099MISC	OMB No. 1545-0115
2- Royalties	0.00	
3- Other Income	0.00	
4- Federal Income Tax Withheld	0.00	
8- Substitute Payments in Lieu of Dividends or Interest	0.00	

REGULATED FUTURES CONTRACTS & SECTION 1256 OPTIONS		
	2023 Form1099B	OMB No. 1545-0715
8- Profit or (loss) realized in 2023 on closed contracts	0.00	
9- Unrealized profit or (loss) on open contracts - 12/31/2022	0.00	
10- Unrealized profit or (loss) on open contracts - 12/31/2023	0.00	
11- Aggregate profit or (loss) on contracts	0.00	
<i>As applicable, proceeds from other sale transactions are summarized below and details are provided in subsequent sections of this document. More details on futures and section 1256 options transactions are also provided in other sections of this document.</i>		

* 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. Taxpayers are reminded that they are ultimately responsible for the accuracy of their tax returns.

Dividends may be reclassified for tax purposes after the original Form 1099 is sent in certain cases where information from issuers is received late. This may require us to provide you an amended tax form.

C - Corrected

Apex Clearing

Tax Summary

2023

5JE72127

2024-01-31

Summary Of Sale Proceeds

Proceeds from sales of securities are reported individually by trade to the Internal Revenue Service. Please refer to the Proceeds from Broker and Barter Exchange Transactions details sections to determine correct amounts to include in your tax return. The summary transaction amounts shown below are for informational purposes.

Section	Total Proceeds	Total Cost Basis	Total Market Discount	Wash Sale Loss Disallowed	Total Net Gain or Loss(-)
Short-term transactions for covered tax lots	105.09	75.99	0.00	0.00	29.10
Short-term transactions for noncovered tax lots	0.00	0.00	0.00	0.00	0.00
Total Short-term	105.09	75.99	0.00	0.00	29.10
Long-term transactions for covered tax lots	0.00	0.00	0.00	0.00	0.00
Long-term transactions for noncovered tax lots	0.00	0.00	0.00	0.00	0.00
Total Long-term	0.00	0.00	0.00	0.00	0.00
Undetermined transactions for noncovered tax lots	0.00	0.00	0.00	0.00	0.00
Total Undetermined-term	0.00	0.00	0.00	0.00	0.00

Original Issue Discount

Original Issue Discount (Non-US Treasury Obligations)	0.00
Original Issue Discount on U.S. Treasury Obligations	0.00
Other Periodic Interest	0.00
Market Discount - Covered Positions	0.00
Acquisition Premium - Covered Positions	0.00
Bond Premium - Covered Positions	0.00
Tax-Exempt OID - Covered Positions	0.00
Tax Exempt OID - Specified Private Activity Bonds - Covered Positions	0.00
Investment Expenses	0.00

Amounts shown in this section are summary totals for your reference. For bond-by-bond detail, use the Form1099-OID section of this document.

FEDERAL TAX WITHHELD

Form	Federal Income Tax Withheld
1099-B Total (aggregate):	0.00
1099-DIV Total:	0.00
1099-INT Total:	0.00
1099-MISC Total:	0.00
1099-OID Total:	0.00

Apex Clearing

Proceeds from Broker and Barter Exchange Transactions 2023 Form 1099-B*

5JE72127

2024-01-31

OMB No. 1545-0715

The following information is being provided to assist in your review and the preparation of your tax return.

This Form 1099-B - Proceeds from Broker and Barter Exchange Transactions provides information relating to sales of securities in your account. The sales details are organized into potentially five separate sections depending on your holding period in the security for the sale (short-term vs long-term) and whether the security is considered a "covered security" for tax reporting purpose. For covered securities, cost basis (adjusted as required under tax regulations) is being reported to the Internal Revenue Service (IRS), whereas for noncovered securities, cost basis if set forth below is provided only for your information.

A separate category is provided for sales of securities for which we do not know your holding period. For such tax lots, you will need to use your historical documents to determine your holding period (whether short-term or long-term) and your tax basis.

Unless noted otherwise under the column "Additional Notes", cost basis and corresponding gain or loss is determined by treating tax lots acquired first as being sold first. We have also assumed that you have made an election to amortize premium on the purchase of taxable bonds.

As brokers, we are only required to apply wash sales loss disallowance rules to securities with the same CUSIP or identifier and purchased and sold within the same account. We are also not required to apply wash sales rules across covered and noncovered securities. You as the taxpayer, however, generally have broader obligations under the wash sales rules to determine disallowed losses, and you may wish to consult with a tax adviser as to the application of such rules to you.

Sales of certain contingent payment debt instruments give rise to ordinary income rather than short-term or long-term capital gain or loss. Such ordinary income treatment is indicated in the Additional Notes column as "Box 2 - Ordinary." In addition, certain assets classified as collectibles are subject to special tax treatment. Any such classification is noted in the Additional Notes column as "Box 3 - Collectibles Box Checked." Loss disallowed for certain transactions involving change in control or capital structure is noted in the Additional Notes column as "Box 7 - Loss Disallowed Box Checked." Disposition of a QOF investment is noted in the Additional Notes column as "Box 3 - QOF."

Information in the transaction detail sections below that have a Box number is being transmitted to the IRS, whereas additional information that is not being transmitted to the IRS is not headed by a Box number. Such additional information may be helpful to you in the preparation of your tax return. Remember that taxpayers are ultimately responsible for the accuracy of their tax returns.

FATCA filing requirement []

SHORT-TERM TRANSACTIONS FOR COVERED TAX LOTS

Report on Form 8949, Part I with Box A checked.

Box 2: Type of Gain or Loss - Short-term (unless indicated as Ordinary in Additional Notes Column)

Box 5: Box Not Checked (Covered Security)

Box 6: Gross (unless indicated as Net in Additional Notes Column)

Box 12: Basis Reported to the IRS

1a - Description of property | CUSIP | Symbol

1c - Date Sold or Disposed	Quantity	1d - Proceeds	1b - Date Acquired	1e - Cost or Other Basis	1f - Accrued Market Discount (M) & 1g - Wash Sale Loss Disallowed (D)	Gain or Loss (-)	Additional Notes
TESLA INC COMMON STOCK CUSIP: 88160R101 Symbol: TSLA							
2023-06-23	0.40842	105.09	Various	75.99	0.00	29.10	
Totals:		105.09		75.99		29.10	

* 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. Taxpayers are reminded that they are ultimately responsible for the accuracy of their tax returns.

Common Instructions for Recipient

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 TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You also may 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.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file as the "payer" the respective Form 1099 (DIV, INT, or OID) (with a Form 1096) to the IRS for each of the other owners to show their share of the income, and you must furnish the respective Copy B Form(s) to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the 2023 General Instructions for Certain Information Returns.

FreeFile. 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.

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

Keep tax documents for your records.**1099-DIV Instructions for Recipient**

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also report it on Schedule B (Form 1040), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Instructions for Form 1040 for how to determine this amount and where to report. The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See How To Report in the Instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2b, 2c, 2d, and 2f and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Form 1040.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows the portion of the amount in box 2a that is 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040).

Box 2e. Shows the portion of the amount in box 1a that is section 897 gain attributable to disposition of U.S. real property interests (USRPI).

Box 2f. Shows the portion of the amount in box 2a that is section 897 gain attributable to disposition of USRPI. Note: Boxes 2e and 2f apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. It is generally treated as effectively connected to a trade or business within the United States. See the instructions for your tax return.

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN 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 the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Form 1040.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions.

Box 11. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Box 12. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above.

Box 13. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 12. See the Instructions for Form 6251.

Boxes 14-16. State income tax withheld reporting boxes.

1099-INT 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.

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.

1099-B Instructions to Recipients

Brokers and barter exchanges must report proceeds from (and in some cases, basis for) transactions to you and the IRS on Form 1099-B. Reporting is also required when your broker knows or has reason to know that a corporation in which you own stock has had a reportable change in control or capital structure. You may be required to recognize gain from the receipt of cash, stock, or other property that was exchanged for the corporation's stock. If your broker reported this type of transaction to you, the corporation is identified in box 1a.

CUSIP number. Shows the CUSIP (Committee on Uniform Security Identification Procedures) number or other applicable identifying number.

Applicable checkbox on Form 8949. Indicates where to report this transaction on Form 8949 and Schedule D (Form 1040), and which checkbox is applicable. See the instructions for your Schedule D (Form 1040) and/or Form 8949.

Box 1a. Shows a brief description of the item or service for which amounts are being reported. For regulated futures contracts and forward contracts, "RFC" or other appropriate description may be shown. For Section 1256 option contracts, "Section 1256 option" or other appropriate description may be shown. For a corporation that had a reportable change in control or capital structure, this box may show the class of stock as C (common), P (preferred), or O (other).

Box 1b. This box may be blank if box 5 is checked or if the securities sold were acquired on a variety of dates. For short sales, the date shown is the date you acquired the security delivered to close the short sale.

- Box 1c.** Shows the trade date of the sale or exchange. For short sales, the date shown is the date the security was delivered to close the short sale. For aggregate reporting in boxes 8 through 11, no entry will be present.
- Box 1d.** Shows the cash proceeds, reduced by any commissions or transfer taxes related to the sale, for transactions involving stocks, debt, commodities, forward contracts, non-Section 1256 option contracts, or securities futures contracts. May show the proceeds from the disposition of your interest(s) in a widely held fixed investment trust. May also show the aggregate amount of cash and the fair market value of any stock or other property received in a reportable change in control or capital structure arising from the corporate transfer of property to a foreign corporation. Losses on forward contracts or non-Section 1256 option contracts are shown in parentheses. This box does not include proceeds from regulated futures contracts or Section 1256 option contracts. Report this amount on Form 8949 or on Schedule D (Form 1040) (whichever is applicable) as explained in the Instructions for Schedule D (Form 1040).
- Box 1e.** Shows the cost or other basis of securities sold. If the securities were acquired through the exercise of a noncompensatory option granted or acquired on or after January 1, 2014, the basis has been adjusted to reflect your option premium. If the securities were acquired through the exercise of a noncompensatory option granted or acquired before January 1, 2014, your broker is permitted, but not required, to adjust the basis to reflect your option premium. If the securities were acquired through the exercise of a compensatory option, the basis has not been adjusted to include any amount related to the option that was reported to you on a Form W-2. If box 5 is checked, box 1e may be blank. See the Instructions for Form 8949, the Instructions for Schedule D (Form 1040), or Pub. 550 for details.
- Box 1f.** Shows the amount of accrued market discount. For details on market discount, see the Schedule D (Form 1040) instructions, the Instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1f may be blank. Box 1g. Shows the amount of nondeductible loss in a wash sale transaction. For details on wash sales, see the Schedule D (Form 1040) instructions, the Instructions for Form 8949, and Pub. 550. If box 5 is checked, box 1g may be blank.
- Box 2.** The short-term and long-term boxes pertain to short-term gain or loss and long-term gain or loss. If the "Ordinary" box is checked, your security may be subject to special rules. For example, gain on a contingent payment debt instrument subject to the noncontingent bond method is generally treated as ordinary interest income rather than as capital gain. See the Instructions for Form 8949, Pub. 550, or Pub. 1212 for more details on whether there are any special rules or adjustments that might apply to your security. If box 5 is checked, box 2 may be blank.
- Box 3.** If checked, proceeds are from a transaction involving collectibles or from a Qualified Opportunity Fund (QOF).
- Box 4.** Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN 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.** If checked, the securities sold were noncovered securities and boxes 1b, 1e, 1f, 1g, and 2 may be blank. Generally, a noncovered security means: stock purchased before 2011, stock in most mutual funds purchased before 2012, stock purchased in or transferred to a dividend reinvestment plan before 2012, debt acquired before 2014, options granted or acquired before 2014, and securities futures contracts entered into before 2014.
- Box 6.** If the exercise of a noncompensatory option resulted in a sale of a security, a checked "Net proceeds" box indicates whether the amount in box 1d was adjusted for option premium.
- Box 7.** If checked, you cannot take a loss on your tax return based on gross proceeds from a reportable change in control or capital structure reported in box 1d. See the Form 8949 and Schedule D (Form 1040) instructions. The broker should advise you of any losses on a separate statement.
- Regulated Futures Contracts, Foreign Currency Contracts, and Section 1256 Option Contracts (Boxes 8 Through 11)**
- Box 8.** Shows the profit or (loss) realized on regulated futures, foreign currency, or Section 1256 option contracts closed during 2023.
- Box 9.** Shows any year-end adjustment to the profit or (loss) shown in box 8 due to open contracts on December 31, 2022.
- Box 10.** Shows the unrealized profit or (loss) on open contracts held in your account on December 31, 2023. These are considered closed out as of that date. This will become an adjustment reported as unrealized profit or (loss) on open contracts—12/31/2023 in 2024.
- Box 11.** Boxes 8, 9, and 10 are all used to figure the aggregate profit or (loss) on regulated futures, foreign currency, or Section 1256 option contracts for the year. Include this amount on your 2023 Form 6781.
- Box 12.** If checked, the basis in box 1e has been reported to the IRS and either the short-term or the long-term gain or loss box in box 2 will be checked. If box 12 is checked on Form(s) 1099-B and NO adjustment is required, see the instructions for your Schedule D (Form 1040) as you may be able to report your transaction directly on Schedule D (Form 1040). If the "Ordinary" box in box 2 is checked, an adjustment may be required.
- Box 13.** Shows the cash you received, the fair market value of any property or services you received, and the fair market value of any trade credits or scrip credited to your account by a barter exchange. See Pub. 525.
- Boxes 14–16.** Show state(s)/local income tax information.

1099-MISC Instructions to Recipients

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the Instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

- Box 1.** Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.
- Box 2.** Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.
- Box 3.** Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).
- Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.
- Box 5.** Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.
- Box 6.** For individuals, report on Schedule C (Form 1040).
- Box 7.** If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).
- Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).
- Box 9.** Report this amount on Schedule F (Form 1040).
- Box 10.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.
- Box 11.** Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.
- Box 12.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.
- Box 13.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.
- Box 14.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.
- Box 15.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.
- Boxes 16–18.** Show state or local income tax withheld from the payments.

1099-OID Instructions to Recipients

Original issue discount (OID) is the excess of an obligation's stated redemption price at maturity over its issue price (acquisition price for a stripped bond or coupon). OID on a taxable obligation is taxable as interest over the life of the obligation. If you are the holder of a taxable OID obligation, you generally must include an amount of OID in your gross income each year you hold the obligation. Obligations that may have OID include a bond, debenture, note, certificate, or other evidence of indebtedness having a term of more than 1 year. For example, the OID rules may apply to certificates of deposit (CDs), time deposits, bonus savings plans, and other deposit arrangements, especially if the payment of interest is deferred until maturity. In addition, the OID rules apply to Treasury inflation-protected securities. See Pub. 550 for more information.

If, as the record holder, you receive Form 1099-OID showing amounts belonging to another person, you are considered a nominee recipient. Complete a Form 1099-OID for each of the other owners showing the amounts 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 as the "recipient." File Form(s) 1099-OID 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. If you bought or sold an obligation during the year and you are not a nominee, you are not required to issue or file Form 1099-OID showing the OID or stated interest allocable to the seller/buyer of the obligation.

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 covered security acquired with acquisition premium, your payer generally must report either (1) a net amount of OID that reflects the offset of OID by the amount of acquisition premium amortization for the year, or (2) a gross amount for both the OID and the acquisition premium amortization for the year. For a noncovered security acquired with acquisition premium, your payer is only required to report the gross amount of OID.

- Box 1.** Shows the OID on a taxable obligation for the part of the year you owned it. Report the amount in box 1 as interest income on your income tax return. However, depending on the type of debt instrument, the issue or acquisition date, and other factors (for example, if you paid acquisition or bond premium, or the obligation is a stripped bond or coupon), you may have to figure the correct amount of OID to report on your return. See Pub. 1212 for details on how to figure the correct OID. See the instructions above for a covered security acquired with acquisition premium.
- Box 2.** Shows qualified stated interest on this obligation for the year, which is an amount separate from the OID. If you held the obligation the entire year, report this amount as interest income on your tax return. If you disposed of the obligation or acquired it from another holder during the year, see Pub. 550 for reporting instructions. If there is an amount in both boxes 2 and 8, the amount in box 2 is interest on a U.S. Treasury obligation and is exempt from state and local income taxes. If there is an amount in both boxes 2 and 11, the amount in box 2 is tax-exempt interest and is not included in interest income on your tax return. In general, see how to report tax-exempt interest in the Instructions for Forms 1040 and 1040-SR.
- Box 3.** Shows interest or principal forfeited if you withdrew the money before the maturity date of the obligation, such as from a CD. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Forms 1040 and 1040-SR to see where to take the deduction.
- 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 for information on backup withholding. Include this amount on your income tax return as tax withheld.
- Box 5.** For a covered security acquired with OID, 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. For a tax-exempt obligation that is a covered security acquired on or after January 1, 2017, and issued with OID, shows the market discount that accrued on the obligation during the year while held by you.

For a covered security acquired on or after January 1, 2015, 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). The payer may, but is not required to, report the market discount for a tax-exempt obligation that is a covered security acquired before January 1, 2017. Report the accrued market discount on your income tax return as directed in the Instructions for Forms 1040 and 1040-SR. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 6. For a taxable covered security, shows the amount of acquisition premium amortization for the year that reduces the amount of OID that is included as interest on your income tax return. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040 or 1040-SR). If an amount is not reported in this box for a covered security acquired with acquisition premium, the payer has reported a net amount of OID that reflects the offset of OID that is included in income. If the payer has reported a net amount of OID in box 1 or box 8, you must report the net amount of OID on Schedule B (Form 1040 or 1040-SR) and you must not make an adjustment to this amount for acquisition premium on Schedule B (Form 1040 or 1040-SR). If there is an amount in both boxes 6 and 11, for a tax-exempt obligation that is a covered security acquired on or after January 1, 2017, and is issued with OID, the amount in box 6 shows the amount of acquisition premium amortization for the year that reduces the amount of your tax-exempt OID for the year. The payer may, but is not required to, report the acquisition premium for a tax-exempt obligation that is a covered security acquired before January 1, 2017, and issued with OID. See the instructions above for a covered security acquired with acquisition premium.

Box 7. Shows the identification (CUSIP) number or description of the obligation (may include the stock exchange, issuer, coupon rate, and year of maturity).

Box 8. Shows OID on a U.S. Treasury obligation for the part of the year you owned it. Report this amount as interest income on your federal income tax return and see Pub. 1212 to figure any appropriate adjustments to this amount. This OID is exempt from state and local income taxes and is not included in box 1. See the instructions above for a covered security acquired with acquisition premium. If the number in this box is negative, it represents a deflation adjustment. See Pub. 550 for further information on accounting for this adjustment.

Box 9. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 2. Note: This amount is not deductible.

Box 10. For a taxable covered security, including a Treasury inflation-protected 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 or 1040-SR). 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 2. If the amount in this box is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4). If there is an amount in both boxes 10 and 11, for a tax-exempt obligation that is a covered security acquired on or after January 1, 2017, and issued with OID, the amount in box 10 shows the amount of premium amortization for the year that reduces the amount of your tax-exempt interest for the year. The payer may, but is not required to, report the premium amortization for a tax-exempt obligation that is a covered security acquired before January 1, 2017, and issued with OID.

Box 11. For a tax-exempt obligation that is a covered security acquired on or after January 1, 2017, shows the tax-exempt OID on the obligation for the part of the year you owned it. The payer may, but is not required to, report the OID for a tax-exempt obligation that is a covered security acquired before January 1, 2017. In general, report the amount of tax-exempt OID on Form 1040 or 1040-SR. See the instructions above for a covered security acquired with acquisition premium.

Boxes 12-14. State income tax withheld reporting.



Cryptocurrency Account Statement

Account 5JE72127

For the Period Jan 1, 2023 - Dec 31, 2023

Realized Gain/Loss

Jan 1, 2023 - Dec 31, 2023

SHORT TERM (These transactions should be reported on Form 8949 Part I with box C checked.)

Close Date / Open Date	Asset	Quantity	Unit Proceeds / Unit Cost	Net Cost	Net Proceeds	Gain/Loss	Disposal Method
2023-05-05	BTC	0.00070000	\$29,342.857143		\$20.54		FIFO
2022-11-14		0.00006554	\$16,783.643576	\$1.10	\$1.92	\$0.82	
2022-09-09		0.00035353	\$21,214.606964	\$7.50	\$10.38	\$2.88	
2022-09-02		0.00028093	\$20,610.116399	\$5.79	\$8.24	\$2.45	
Total Short Term				\$14.39	\$20.54	\$6.15	

LONG TERM (These transactions should be reported on Form 8949 Part II with box F checked.)

Close Date / Open Date	Asset	Quantity	Unit Proceeds / Unit Cost	Net Cost	Net Proceeds	Gain/Loss	Disposal Method
No Long Term Realized Gains or Losses for the Indicated Period							
Total Long Term				\$0.00	\$0.00	\$0.00	

Total Realized Gain/Loss	\$14.39	\$20.54	\$6.15
---------------------------------	----------------	----------------	---------------

For purposes of providing you with cost basis information and calculating gain or loss, unless otherwise noted, it was assumed that the oldest position was sold first. It is unclear if the wash sale rules apply to cryptocurrency trades — holding periods and cost basis values in this statement are not adjusted for wash sales. This statement is being provided as a courtesy and is not reported to the IRS. You are ultimately responsible for the reporting and accuracy of your cryptocurrency transactions on your income tax return, please consult your tax advisor.



Cryptocurrency Account Statement

Account 5JE72127

For the Period Jan 1, 2023 - Dec 31, 2023

Income Jan 1, 2023 - Dec 31, 2023

CRYPTOCURRENCY (These transactions should be reported on Form 1040 Schedule 1 line 8.)

Date	Time	Asset	Activity Type	Quantity	Unit Price	Comm/Fee	Net
No Income for the Indicated Period							
Total							\$0.00

For purposes of providing you with cost basis information and calculating gain or loss, unless otherwise noted, it was assumed that the oldest position was sold first. It is unclear if the wash sale rules apply to cryptocurrency trades — holding periods and cost basis values in this statement are not adjusted for wash sales. This statement is being provided as a courtesy and is not reported to the IRS. You are ultimately responsible for the reporting and accuracy of your cryptocurrency transactions on your income tax return, please consult your tax advisor.

Understanding This Statement

Realized Gain/Loss

This section shows cryptocurrency realized gains and losses for the indicated statement period. Short term and long term gains and losses are listed in separate sub-sections. Within each subsection, disposals are listed in chronological order (most recent first), followed by the one or more tax lots closed by each disposal. This section may be used as an attachment to your tax return.

- Close Date — Date of disposal.
- Open Date — Date of original acquisition of tax lot closed.
- Asset — Cryptocurrency disposed.
- Quantity — Amount of disposal or amount of each closed tax lot. For disposals that close a single tax lot, tax lot quantity equals the disposal quantity; for disposals that close multiple tax lots, the sum of tax lot quantities equals the disposal quantity.
- Unit Proceeds — Proceeds per unit of asset, calculated as Net Proceeds divided by Quantity.
- Unit Cost — Cost per unit of closed tax lot.
- Net Cost — Total cost of closed tax lot, inclusive of commissions and fees.
- Net Proceeds — Total proceeds of disposal or amount of proceeds allocated to an individual closed tax lot, inclusive of commissions and fees.
- Gain/Loss — Gain or loss resulting from disposal, calculated as Net Proceeds less Net Cost.
- Disposal Method — Disposal method, also known as lot relief method, used to select tax lots to close (FIFO indicates first in first out, LIFO indicates last in first out, HighCost indicates highest cost first, LowCost indicates lowest cost first, SpecLot indicates specific lots were chosen for this disposal).

Income

This section shows cryptocurrency income from hard forks, airdrops, staking income and other events for the indicated statement period. This section may be used as an attachment to your tax return.

- Date — Date of income.
- Time — Time of income.
- Asset — Cryptocurrency received as income.
- Activity Type — Type of income.
- Quantity — Amount of asset received as income.
- Unit Price — Fair market value per unit of asset received as income, expressed in US dollars.
- Comm/Fee — Commission and/or fee amount related to processing income, expressed in US dollars.
- Net — Total value of asset received as income, expressed in US dollars.

For purposes of providing you with cost basis information and calculating gain or loss, unless otherwise noted, it was assumed that the oldest position was sold first. It is unclear if the wash sale rules apply to cryptocurrency trades — holding periods and cost basis values in this statement are not adjusted for wash sales. This statement is being provided as a courtesy and is not reported to the IRS. You are ultimately responsible for the reporting and accuracy of your cryptocurrency transactions on your income tax return, please consult your tax advisor.

