

SKYLIGHT FINANCIAL SERVICES INC. DBA BASELANE
 90 5TH AVE FLOOR 10
 NEW YORK NY 10011
 UNITED STATES

10002050-018137 <>
 SS GRAND REALTY SERVICES LLC
 200 ANNABELLE BRANCH LN
 APEX NC 27523-5826



CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Skylight Financial Services Inc. DBA Baselane 280 Park Ave New York, NY 10017 +18885861618		FILER'S TIN 85-0695740	OMB No. 1545-2205 Form 1099-K (Rev. January 2022)	Payment Card and Third Party Network Transactions
		PAYEE'S TIN XXXXX7704		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		1a Gross amount of payment card/third party network transactions \$ 2,000.00	2 Merchant category code 6513	Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>		1b Card Not Present transactions \$ 2,000.00	4 Federal income tax withheld \$ 0.00	
PAYEE'S name SS GRAND REALTY SERVICES LLC		3 Number of payment transactions 1	5a January \$ 0.00	
Street address (including apt. no.) 200 Annabelle Branch Lane		5b February \$ 0.00	5c March \$ 0.00	
City or town, state or province, country, and ZIP or foreign postal code Apex, NC 27523		5d April \$ 0.00	5e May \$ 0.00	
PSE'S name and telephone number		5f June \$ 0.00	5g July \$ 0.00	
Account number (see instructions) acct_1NYb3wPNE nYbz9Y6		5h August \$ 2,000.00	5i September \$ 0.00	
		5j October \$ 0.00	5k November \$ 0.00	
		6 State NC	5l December \$ 0.00	
		7 State identification no.	8 State income tax withheld \$ 0.00	

018137 (1:1)



Tax Notification

 A representation of the Tuition Statement form 1098-T is shown below as filed to you. This important tax information has been furnished to the Internal Revenue Service.

Form 1098-T

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number UNC Charlotte Student Accounts Office 9201 University City Blvd Charlotte NC 28223 (704) 6870950		1 Payments received for qualified tuition and related expenses \$8,314.13	2023 Form 1098-T	Tuition Statement
		2 S		
FILER'S employer identification no. 560791228	STUDENT'S TIN *****7090	3		
STUDENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Lekhana Vankayala 200 Annabelle Branch Ln Apex; NC 27523-5826		4 Adjustments made for a prior year S	5 Scholarships or grants S	Note: This is an unofficial copy of the form 1098-T and is provided for information only
		6 Adjustments to Scholarships or grants for a prior year S	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2024	
Service Provider/Acct. No. (see instr.)	8 Check if at least half-time student	9 Checked if a graduate student	10 Ins. contract reimb./refund S	

 Below section provides the additional detail which may be helpful in determining the amount to claim for Hope Scholarship or Lifetime Learning Credit.

Supplemental Information

Hard Copy Sent: Yes on 01/11/2024

Detail of Payment Received

Term	Detail code	Description	Amount	Pro-rata
Spring 2024	7005	WAL Payment Fee	\$1,657.00	
Fall 2023	6005	WAL Tuition Fee	\$3,299.00	
Summer 2023	3005	WAL Payment Fee	\$1,956.00	
Total			\$8,857.10	

Detail of Charges Billed

Term	Detail code	Description	Amount	Pro-rata
Spring 2024	1000	Tuition (Undergraduate) Fee	\$7,504.00	
Spring 2024	2003	Lab & Text Fee	\$3,120.00	
Spring 2024	2010	Campus Fee	\$1,292.00	
Spring 2024	2020	Pre-emptive Fee	\$87.00	

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2281 **600320**
2023

Part I Employee

1 Name of employee (first name, middle initial, last name)
SANTHOSH KUMAR VANKAYALA

2 Social security number (SSN)
***-**-5094

7 Name of employer
NETAPP INC

8 Employer identification number (EIN)
77-0307520

3 Street address (including apartment no.)
200 ANNABELLE BR LN

9 Street address (including room or suite no.)
3060 OLSEN DRIVE

4 City or town
APEX

5 State or province
NC

6 Country and ZIP or foreign postal code
27523

11 City or town
SAN JOSE

12 State or province
CA

10 Contact telephone number
888-747-2367

13 Country and ZIP or foreign postal code
95128

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code																	

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

Cat. No. 60705M

Form 1095-C (2023)

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	SANTHOSH KUMAR VANKAYALA	***-**-5094		<input checked="" type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X	X
19	RUPASUNEETHA KARUMURI	***-**-2664		<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X	X
20	JAIVARDHAN VANKAYALA	***-**-4819		<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X	X
1	LEKHANA VANKAYALA	***-**-7090		<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X	X
2				<input type="checkbox"/>													
3				<input type="checkbox"/>													
4				<input type="checkbox"/>													
5				<input type="checkbox"/>													
6				<input type="checkbox"/>													
7				<input type="checkbox"/>													
8				<input type="checkbox"/>													
9				<input type="checkbox"/>													
10				<input type="checkbox"/>													
11				<input type="checkbox"/>													
12				<input type="checkbox"/>													
13				<input type="checkbox"/>													
14				<input type="checkbox"/>													
15				<input type="checkbox"/>													
16				<input type="checkbox"/>													
17				<input type="checkbox"/>													

NetApp Inc
3060 Olsen Drive
San Jose CA 95128



**Transfer of Stock
Acquired Through an
Employee Stock
Purchase Plan Under
Section 423(c)**

This is important tax information and is being furnished to the Internal Revenue Service.

Santhosh KUMAR Vankayala
200 Annabelle Br Ln
Apex NC 27523

**Copy B
For Employee**
(keep for your records)

EMPLOYEE'S identification number: XXX-XX-5094

Date option granted (Box 1)	Date option exercised (Box 2)	Fair market value per share on grant date (Box 3)	Fair market value per share on exercise date (Box 4)	Exercise price paid per share (Box 5)	No. of shares transferred (Box 6)	Date legal title transferred (Box 7)	Exercise price per share determined as if the option was exercised on the date shown in box 1. (Box 8)
Account Number: ESPP2023-8241							
12/01/2022	05/31/2023	\$68.07	\$66.35	\$56.40	115	05/31/2023	\$57.86
Account Number: ESPP2023-8242							
06/01/2023	11/30/2023	\$71.96	\$91.39	\$61.17	117	11/30/2023	\$61.17

Instructions for Employee:

You have received this form because (1) your employer (or its transfer agent) has recorded a first transfer of legal title of stock you acquired pursuant to your exercise of an option granted under an employee stock purchase plan and (2) the exercise price was less than 100 percent of the value of the stock on the date shown in box 1 or was not fixed or determinable on that date. No income is recognized when you exercise an option under an employee stock purchase plan. **However,** you must recognize (report) gain or loss on your tax return for the year in which you sell or otherwise dispose of the stock. Keep this form and use it to figure the gain or loss. For more information, see Pub. 525, Taxable and Nontaxable Income.

Account Number.

May show an account or other unique number your employer or transfer agent assigned to distinguish your account.

Box 1.

Shows the date the option to purchase the stock was granted to you.

Box 2. Shows the date you exercised the option to purchase the stock.

Box 3. Shows the fair market value (FMV) per share on the date the option to purchase the stock was granted to you.

Box 4. Shows the FMV per share on the date you exercised the option to purchase the stock.

Box 5. Shows the price paid per share on the date you exercised the option to purchase the stock.

Box 6. Shows the number of shares to which legal title was transferred by you.

Box 7. Shows the date legal title of the shares was first transferred by you.

Box 8. If the exercise price per share was not fixed or determinable on the date entered in box 1, box 8 shows the exercise price per share determined as if the option was exercised on the date in box 1. If the exercise price per share was fixed or determinable on the date shown in box 1, then box 8 will be blank.

NetApp Inc
 3060 Olsen Drive
 San Jose CA 95128

Statement of Taxable Income

From 1/1/2023 to 12/31/2023

Santhosh KUMAR Vankayala
 200 Annabelle Br Ln
 Apex NC 27523

Type	Grant Number	Grant Date	Transaction Date	Value Date	Price/Tax Basis	Value Basis	Sale Date	Sale Price	Shares	Total Price	Total Value	Adjusted Sale Price	W-2 Income	Adjustment for AMT Calculation	
RSU	RS84578	7/1/2021	2/15/2023	2/15/2023	\$0.0000	\$68,7100			11	\$0.00	\$755.81		\$755.81		
RSU	RS84578	7/1/2021	5/15/2023	5/15/2023	\$0.0000	\$64,7500			10	\$0.00	\$647.50		\$647.50		
RSU	RS79615	7/1/2020	6/1/2023	6/1/2023	\$0.0000	\$71,9600			38	\$0.00	\$2,734.48		\$2,734.48		
RSU	RS84578	7/1/2021	8/15/2023	8/15/2023	\$0.0000	\$76,2900			11	\$0.00	\$839.19		\$839.19		
RSU	RS84578	7/1/2021	11/15/2023	11/15/2023	\$0.0000	\$78,9200			11	\$0.00	\$868.12		\$868.12		
													\$5,845.10		
													Total W-2 Income	\$5,845.10	

RESTRICTED TRANSACTIONS

The W-2 Income and/or company tax deduction reflected on this report assumes that all dispositions constitute sales to unrelated parties. Please verify these amounts with your tax professional if the dispositions reflected in this report are not sales to unrelated parties.



NetApp Inc
 3060 Olsen Drive
 San Jose CA 95128

Santhosh KUMAR Vankayala
 200 Annabelle Br Ln
 Apex NC 27523

Statement of Taxable Income - Stock Purchase

From 1/1/2023 to 12/31/2023

Purchase Date	Purchase Price	Value on Purchase Date	Sale Date	Shares Sold	Total Value on Purchase Date	Total Purchase Price	Grant Date	Discount on Grant Date	Total Discount on Grant Date	Sale Price	Total Sale Price	W-2 Income
05/29/2020	\$37.8590		07/20/2023	92		\$3,483.03	12/02/2019	\$8,9130	\$820.00	\$80,0000	\$7,360.00	\$820.00
											\$820.00	

QUALIFYING DISPOSITIONS

W-2 Income for Qualifying Dispositions is the lower of the Total Discount on the Grant Date or the difference between the Total Sale Price and the Total Purchase Price.

Total W-2 Income \$820.00



Instructions for Student

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040-SR. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Form 1040. Also, for more information, go to www.irs.gov/Credits-Deductions/Individuals/Qualified-Ed-Expenses.

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Student'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. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

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

Box 1. Shows the total payments received by an eligible educational institution in 2023 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2023 that relate to those payments received during 2023.

Box 2. Reserved for future use.

Box 3. Reserved for future use.

Box 4. Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit

that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

TIP: You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040-X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January–March 2024. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098T.

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

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Wake Tech Comm Coll 9101 Fayetteville Road Raleigh, NC 27603 919-866-5030		1 Payments received for qualified tuition and related expenses \$ 509.00	OMB No. 1545-1574 2023 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S employer identification no. 56-0792775	STUDENT'S TIN XXX-XX-7090	2	3	
STUDENT'S name Lekhana Vankayala		4 Adjustments made for a prior year \$	5 Scholarships or grants \$	
Street address (including apt. no.) 200 Annabelle Branch Ln		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2024 <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code Apex, NC 27523		8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.) 2347976		10 Ins. contract reimb./refund \$		
Form 1098-T (keep for your records)		www.irs.gov/Form1098T		Department of the Treasury - Internal Revenue Service

Wake Tech Comm Coll
9101 Fayetteville Road
Raleigh, NC 27603

Lekhana Vankayala

200 Annabelle Branch Ln
Apex, NC 27523

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BLUE RIDGE BANK N A 17 WEST MAIN STREET LURAY, VA 22835 (504) 743-6521		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2022) For calendar year 20 <u>23</u>		Interest Income
PAYER'S TIN 54-0132730		1 Interest income \$ 79.96			
RECIPIENT'S TIN **-***7704		2 Early withdrawal penalty \$		Copy B For Recipient	
RECIPIENT'S name SS GRAND REALTY SERVICES LLC Street address (including apt. no.) 200 ANNABELLE BRANCH LN City or town, state or province, country, and ZIP or foreign postal code APEX, NC 27523		3 Interest on U.S. Savings Bonds and Treasury obligations \$			
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld \$ 0.00	5 Investment expenses \$		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.
Account number (see instructions) 63-5997		6 Foreign tax paid \$	7 Foreign country or U.S. possession		
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$		
		10 Market discount \$	11 Bond premium \$		
		12 Bond premium on Treasury obligations \$	13 Bond premium on tax-exempt bond \$		
		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	

Form **1099-INT** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

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.

(Continued on the back of Copy 2.)

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BLUE RIDGE BANK N A 17 WEST MAIN STREET LURAY, VA 22835 (504) 743-6521		Payer's RTN (optional)		OMB No. 1545-0112 Form 1099-INT (Rev. January 2022)		Interest Income
PAYER'S TIN 54-0132730		RECIPIENT'S TIN **.*7704		For calendar year 20 <u>23</u>		
RECIPIENT'S name VANKAYALA Street address (including apt. no.) 200 ANNABELLE BRANCH LANE City or town, state or province, country, and ZIP or foreign postal code APEX, NC 27523		1 Interest income \$ 79.96		2 Early withdrawal penalty \$		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.
Account number (see instructions) 63-6060		3 Interest on U.S. Savings Bonds and Treasury obligations \$		4 Federal income tax withheld \$ 0.00		
FATCA filing requirement <input type="checkbox"/>		5 Investment expenses \$		6 Foreign tax paid \$		
		7 Foreign country or U.S. possession \$		8 Tax-exempt interest \$		
		9 Specified private activity bond interest \$		10 Market discount \$		
		11 Bond premium \$		12 Bond premium on Treasury obligations \$		
		13 Bond premium on tax-exempt bond \$		14 Tax-exempt and tax credit bond CUSIP no.		
		15 State		16 State identification no.		
		17 State tax withheld \$		\$		

Form **1099-INT** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

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.

(Continued on the back of Copy 2.)



P.O. BOX 15362
WILMINGTON DE 19850

**Tax Year 2023 Form 1099-MISC
Miscellaneous Information (Copy B)**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Recipient's Information



0022522 101 NSPOTAS0 1Z1 000000000000 0033 80

SANTHOSH K VANKAYALA
200 ANNABELLE BRANCH LN
APEX NC 27523

Payer's Information

Federal ID Number: 13-4994650
JPMORGAN CHASE BANK NA
CREDIT CARD COLLECTIONS & RECOVERY

Form 1099-MISC Questions

Phone Support: 866-578-2888

Recipient's ID Number: XXX-XX-5094

Original

Summary of Form 1099-MISC Miscellaneous Information

(OMB No. 1545-0115)

Box	Description	Amount	Box	Description	Amount
1.	Rents	\$0.00	10.	Gross proceeds paid to an attorney	\$0.00
2.	Royalties	\$0.00	11.	Fish purchased for resale	\$0.00
3.	Other Income	\$800.00	12.	Section 409A deferrals	\$0.00
4.	Federal income tax withheld	\$0.00	13.	FATCA Filing requirement	(See Details)
5.	Fishing boat proceeds	\$0.00	14.	Excess golden parachute payments	\$0.00
6.	Medical and health care payments	\$0.00	15.	Nonqualified deferred compensation	\$0.00
7.	Payer made direct sales totaling \$5,000 or more of consumer products to a recipient for resale (See Details)		16.	State tax withheld	(See Details)
8.	Substitute payments in lieu of dividends or interest	\$0.00	17.	State/payer's state no.	(See Details)
9.	Crop insurance proceeds	\$0.00	18.	State income	(See Details)

Details of Form 1099-MISC Miscellaneous Information

(OMB No. 1545-0115)

Account Number	Box #1	Box #2	Box #3	Other Boxes	
Account Description	Rents	Royalties	Other Income		
424631XXXXXX9495	\$0.00	\$0.00	\$800.00	#7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale	No
				#13 FATCA Filing requirement	NO
				#17 State/payer's state no.	NC

024401705610122522000100000000

2023 W-2 and EARNINGS SUMMARY

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

d Control number 000005870 T98	Dept. UQD1	Corp. C S	Employer use only 2770
c Employer's name, address, and ZIP code NC HEALTH AFFILIATES LLC P.O. BOX 2291 DURHAM, NC 27702-2291			
e/f Employee's name, address, and ZIP code RUPASUNEETHA KARUMURI 200 ANNABELLE BR LN APEX, NC 27523			
b Employer's FED ID number 36-4864944	a Employee's SSA number XXX-XX-2664		
1 Wages, tips, other comp. 118128.62	2 Federal income tax withheld 5331.19		
3 Social security wages 140628.62	4 Social security tax withheld 8718.97		
5 Medicare wages and tips 140628.62	6 Medicare tax withheld 2039.11		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 464.20		
14 Other	12b D 22500.00		
	12c W 3645.02		
	12d DD 7667.39		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State NC	Employer's state ID no. 601374915	16 State wages, tips, etc. 118128.62	
17 State income tax 4984.00		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

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

RUPASUNEETHA KARUMURI
 200 ANNABELLE BR LN
 APEX, NC 27523

Social Security Number: XXX-XX-2664



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PAGE 1 OF 1

Fold and Detach Here

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3 Social security wages 140628.62	4 Social security tax withheld 8718.97		
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Federal Filing Copy
W-2 Wage and Tax Statement 2023
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

NC. State Filing Copy
W-2 Wage and Tax Statement 2023
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy
W-2 Wage and Tax Statement 2023
 Copy 2 to be filed with employee's City or Local Tax Return. OMB No. 1545-0008