Form I U	42-5		So to www irs gov/Form 1042S for instructions and the latest information									UMB No. 1545-0096				
Department of	f the Treasury	_	► Go to www.irs.gov/Form1042S for instructions and					d the latest information.				·	Copy B			
Internal Reven		00	0000271885 UNIQUEFORM I			VI IDEN					AMENDME		for Recipient			
1 Income code 2 Gross income 3 Chapter indicator. Enter "3" or "4" 3						13e	Recipie	nt's U.S. TIN,	if any			13f Ch. 3 status code 16				
oodo			3a Exemption of	ode ()4	4a Exemption co	ode 16	886-17-5531						13g Ch. 4 status code 23			
18 27,581 3b Tax rate 00.00 4b Tax rate 00.00							13h Recipient's GIIN 13i Recipient's foreign number, if any						tax Identification 13j LOB code			
5 Withholding allowance							1									
6 Net income											CIHPM20)27E				
7a Federal tax withheld -0-							13k	Recipie	nt's account i	numbe	r					
7b Check if federal tax withheld was not deposited with the IRS because											0000000					
escrow p	procedures we	ere app	olied (see instruct	ions)			131 Recipient's date of birth (YYYYMMDD)									
7c Check if withholding occurred in subsequent year with respect to a partnership interest							1999	0301								
	eld by other a						14a	Primary	Withholding) Agent	's Name (if a	pplicabl	le)			
9 Overwithhe	eld tax repaid to	recipie	nt pursuant to adjus	tment proce	edures (see instruction	ons)										
()		14b	14b Primary Withholding Agent's EIN 15 Check if pro-rata basis rep							reporting	
10 Total w	ithholding cre	dit (co	mbine boxes 7a,	8, and 9)												
							15a	Intermed	liary or flow-thr	ough er	ntity's EIN, if a	iny 15	b Ch. 3 status co	de 15c	Ch. 4 status code	
11 Tax paid	l by withholdi	ng age	nt (amounts not v	withheld) ((see instructions)											
						15d Intermediary or flow-through entity's name										
12a Withho	olding agent's	EIN	12b Ch. 3 statu	us code	12c Ch. 4 status	s code										
45-05748	838		08		01		15e Intermediary or flow-through entity's GIIN 15f Country code 15g Foreign tax identification number, if any									
12d Withho	olding agent's	name					15f	Country	/ code	15g F	oreign tax io	dentifica	tion number, if	any		
	ital Managemer															
12e Withholding agent's Global Intermediary Identification Number (GIIN)							15h Address (number and street)									
12f Countr	y code	120	Foreign tax ide	ntification	number, if any		15i	City or t	town, state or	r provii	nce, country	ZIP or f	oreign postal c	ode		
US																
12h Address (number and street) 5847 San Felipe Street, Suite 4450						16a Payer's name 16b Payer's TIN										
12i City or town, state or province, country, ZIP or foreign postal code Houston, TX 77057						16c Payer's GIIN 16d Ch. 3 status code 1				16e Ch	6e Ch. 4 status code					
13a Recipient's name 13b Recipient's country code				ode	17a	State in	come tax wit	hheld	17b Pay	er's stat	e tax no.	17c	Name of state			
Atharva Manohar Mhaskar IN																
	ss (number an	d stree	t)	•							·					
Onn. P.V.1	A Courtyard Doshi Hospital															
13d City or town, state or province, country, ZIP or foreign postal code Mira Road, Maharashtra INDIA 401107																

Form **1042-S** (2023)

Recipient's Account #:

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^{*} The form is being furnished to the United States Internal Revenue Service.

Form 1042-5			•							' X	OMB No. 1545-0096				
	f the Treasury	► Go to www.irs.gov/Form1042S for instructions and						id the latest information.				U	Copy C for Recipient		
Internal Revenue Service 0000271885 UNIQUE FORM IDENT				TIFIER		AMENDED		AMENDME	NT NO.	Attach to any	eral tax return you file				
1 Income code 2 Gross income 3 Chapter indicator. Enter "3" or "4" 3						13e Recipient's U.S. TIN, if any 13f Ch. 3 status code 16							ode 16		
code			3a Exemption of	ode ()4	4a Exemption	on code 16	886-17-5531						13g Ch. 4 status code 23		
18 27,581 3b Tax rate 00.00 4b Tax rate 00.00						13h Recipient's GIIN 13i Recipient's foreign tax Identification number, if any							13j LOB code		
5 Withholding allowance															
6 Net income							CIHPM2027E								
7a Federal tax withheld -0-							13k	Recipie	ent's account	numbe	er				
7b Check if federal tax withheld was not deposited with the IRS because															
escrow	procedures w	ere app	olied (see instruct	ions)			13I		ent's date of b	oirth (Y	YYYMMDD)			_	
7c Check if withholding occurred in subsequent year with respect to a partnership interest							19990301								
8 Tax withh	neld by other a	gents					14a	Primar	y Withholding	g Agent	t's Name (if a	pplicab	le)		
9 Overwithhe	eld tax repaid to	recipier	nt pursuant to adjus	tment proc	edures (see insti	ructions)									
()	14b Primary Withholding Agent's EIN 15 Check if pro-rata basis reporting								asis reporting
10 Total w	ithholding cre	dit (co	mbine boxes 7a,	8, and 9)			4=								45
							15a	Interme	diary or flow-th	rough e	ntity's EIN, if a	ny 15	b Ch. 3 status co	ode	15c Ch. 4 status code
11 Tax paid by withholding agent (amounts not withheld) (see instructions)															
40 14511							15d Intermediary or flow-through entity's name								
12a Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code															
45-0574			08		01		15e Intermediary or flow-through entity's GIIN 15f Country code 15g Foreign tax identification number, if any								
12d Withho	olding agent's	name					15f	Countr	y code	15g F	Foreign tax ic	lentifica	tion number, if	any	
	ital Managemer														
12e Withho	olding agent's	Global	Intermediary Ide	ntification	n Number (GIII	N)	15h Address (number and street)								
12f Countr	ry code	120	Foreign tax ide	ntification	number if ar		15i City or town, state or province, country, ZIP or foreign postal code								
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	ss (number an	d stree	rt)				16a	Payer's	name				16b Payer's	TIN	
12h Address (number and street) 5847 San Felipe Street, Suite 4450								•							
12i City or town, state or province, country, ZIP or foreign postal code Houston, TX 77057						16c Payer's GIIN 16d Ch. 3 status code 16e Ch. 4 status						Ch. 4 status code			
13a Recipient's name Atharva Manohar Mhaskar Atharva Manohar Mhaskar IN				17a	State in	ncome tax wi	thheld	17b Pay	er's stat	te tax no.		17c Name of state			
13c Address (number and street)															
. Opp. P.V.	A Courtyard Doshi Hospital														
Opp. P.V.Doshi Hospital 13d City or town, state or province, country, ZIP or foreign postal code Mira Road, Maharashtra INDIA															
401107															

Form **1042-S** (2023)

Recipient's Account #:

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Form I U	42-5		•			•	d the latest information					UMB No. 1545-0096				
Department of the Treasury			Go to www.irs.g	<i>1042S</i> for instructions	s and th	e lates	t information.			·U	Copy D for Recipient			nt		
Internal Revenue Service (0000271885 UNIQUEF			ENTIFIE	TIFIER AMENDED			AMENDME	NT NO.	Attach to any state tax return you file			ı file	
1 Income code 2 Gross income 3 Chapter indicator. Enter "3" or "4" 3						136	e Recip	oient's U.S. TIN	13f Ch. 3 status code 16							
code			3a Exemption o	ode ()4	4a Exemption code			5-17-5531		13g Ch. 4 status code 23						
10 21,301 3b Tax rate 00.00 4b Tax rate 00.00							n Recip	oient's GIIN	tax Identification 13j LOB code			e				
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6 Net income							CIHPM2027E 13k Recipient's account number									
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	-					⊣ ∣	19990301									
			d in subsequenty		respect to a	$\exists $	17,	770301								
	held by other a					14	a Prim	ary Withholding	g Agen	t's Name (if a	applicabl	e)				
9 Overwithhe	eld tax repaid to	recipie	nt pursuant to adjus	tment proce	edures (see instructions)											
()	14	14b Primary Withholding Agent's EIN 15 Check if pro-rata basis reportion							sis reporting		
10 Total w	ithholding cre	dit (co	mbine boxes 7a,	8, and 9)												
						158	a Intern	nediary or flow-th	rough e	entity's EIN, if a	iny 151	b Ch. 3 status co	ode '	15c Ch. 4 statu	s code	
11 Tax paid	d by withholdi	ng age	nt (amounts not v	withheld)	(see instructions)	L							Ш.			
							15d Intermediary or flow-through entity's name									
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12d Withho	olding agent's	name				151	15f Country code 15g Foreign tax identification number, if any									
	ital Managemer															
12e Withho	olding agent's	Globa	l Intermediary Ide	ntification	Number (GIIN)	151	15h Address (number and street)									
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US 12h Address (number and street)							Pave	r's name				16b Payer's	TIN			
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12i City or town, state or province, country, ZIP or foreign postal code						160	Paye	r's GIIN			16d CI	n. 3 status code	16e	Ch. 4 status co	ode	
Houston, T. 77057	Λ															
13a Recipient's name 13b Recipient's country code				178	S tate	income tax wi	thheld	17b Pay	/er's stat	e tax no.		17c Name of	state			
Atharva Manohar Mhaskar IN																
	ss (number an	d stree	it)													
D-604, RNA Courtyard , Opp. P.V.Doshi Hospital																
13d City or town, state or province, country, ZIP or foreign postal code																
Mira Road, Maharashtra INDIA 401107																

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