ANNUAL SECURED PROPERTY TAX BILL

CITIES, COUNTY, SCHOOLS AND ALL OTHER TAXING AGENCIES IN LOS ANGELES COUNTY

SECURED PROPERTY TAX FOR FISCAL YEAR JULY 1, 2022 TO JUNE 30, 2023

KEITH KNOX, TREASURER AND TAX COLLECTOR

FOR ASSISTANCE, CALL 1(213) 974-2111 OR 1(888) 807-2111, ON THE WEB AT propertytax.lacounty.gov

ASSESSOR'S ID. NO. YR SEQ CK

2022

ASSESSOR'S ID.NO		021 002	22 000	
OWNER OF RECORD AS SAME AS BELOW	OF JANUAR	Y 1, 2022		
MAILING ADDRESS				5

վիվիցՈնյինյիննիիիայլնիննինցայլիիննին

TINWALA, HUZEFA A AND ZEENAT H 14309 LA MESA DR LA MIRADA CA 90638-4023

- Save Time - Pay Online

Electronic Payment Information (Required for Online and Telephone Payments) ID#:19 8065 021 002 8 YEAR:22 SEQUENCE:000 4 Personal Identification Number (PIN)

PIN: GX3J0A

SPECIAL INFORMATION

	DETAIL OF TAXES AGENCY GENERAL TAX LEVY)2	22 000	94 AMOUNT
	ALL AGENCIES	1.000000	\$		5,093.49
	VOTED INDEBTEDNESS METRO WATER DIST COMMNTY COLLEGE UNIFIED SCHOOLS	.003500 .043609 .133012	\$		17.83 222.12 677.49
1	SAFE CLEAN WATER FLOOD CONTROL CNTY SAN DIST 18 MWD STANDBY #13 CB MWD STDBY CHG RPOSD MEASURE A LA CO FIRE DEPT	40 67 97 98 88 64 64 00	\$		20.00 50.50 14.67 122.77 26.04 185.00 10.44 10.00 28.86 73.68 84.90

516,349

509,349

2022

PK

2

7,000

PROPERTY LOCATION AND/OR PROPERTY DESCRIPTION 14309 LA MESA DR TRACT # 18730

LOT 266 **ROLL YEAR 22-23** LAND **IMPROVEMENTS**

TOTAL

CURRENT ASSESSED VALUE TAXABLE VALUE 341,347 341,347 175,002 175,002

VALUATION INFORMATION

ASSESSOR'S REGIONAL OFFICE

REGION #12 INDEX: SOUTH DISTRICT OFFICE 1401 E WILLOW STREET SIGNAL HILL CA 90755 (562)256-1701

ACCT. NO.:

FOR MAILING ADDRESS CHANGE PLEASE MARK BOX BELOW AND

COMPLETE FORM ON REVERSE SIDE

OF THIS PAYMENT COUPON.

PRINT NO.: 545533 BILL TD.:

TRA: 06904

LESS EXEMPTION: NET TAXABLE VALUE

HOME

1ST

\$3,318.90 (After December 10, 2022, add 10%) penalty)

2ND \$3,318.89 (After April 10, 2023, add 10% penalty and

1ST 2ND

\$6,637.79 (Include 1st & 2nd stubs if paying by mail)

SEE REVERSE SIDE FOR MORE INFORMATION

ANY RETURNED PAYMENT MAY BE SUBJECT TO A FEE UP TO \$50.00.

DETACH AND MAIL THIS STUB WITH YOUR 2ND INSTALLMENT PAYMENT DO NOT INCLUDE CASH OR CORRESPONDENCE WITH YOUR PAYMENT DO NOT STAPLE, TAPE OR CLIP PAYMENT STUB OR CHECK

74919

TINWALA, HUZEFA A AND ZEENAT H 14309 LA MESA DR LA MIRADA CA 90638-4023

2ND Installment Taxes due Feb. 1 and must

be received or USPS Postmarked by April 10 If received or postmarked after, include 10% penalty and \$10 cost

> MAKE PAYMENT PAYABLE TO: Please write the ASSESSOR'S ID. NO. on the lower left corner of your payment.

ASSESSOR'S ID. NO. YR SEQ CK 8065 021 002 22 000 94

ANNUAL

2ND INSTALLMENT DUE

INDICATE AMOUNT PAID

\$3,318.89

լուկեւ Միլ Մինսեր եր իր իր իր հետև իր Միլ Արա Միրդի Լ LOS ANGELES COUNTY TAX COLLECTOR P.O. BOX 54018 LOS ANGELES, CA 90054-0018

23722000480650210020000331889000036607791920410

		itial, last name)			0337		7 Name of e														
3 Street address (includ	ling apartment no.)						9 Street add	dress (includi			0.0										
4 City or town			nce		d ZIP or foreign postal of	code	11 City or to	own	REET SUIT	12 Sta	ate or province					13 (Country	and ZI			istal code
	vee Offer of Co				e's Age on Janua	rv 1	SEAT	TLE				h (ente	er 2-dio	ait nur	nber):		10104	4			
Taren Emplo			Feb	Mar Apr			lay	June	July	+				Т				Nov			Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A			1A	1A	1A 1A		1A 1A		1A 1A		A 1A			1	A	
15 Employee Required Contribution (see														6							
16 Section 4980H Safe Harbor and Other Relief (enter code,	\$		2C	2C	2C	20	C	2C	2C	3	2C	21	c	Þ	20	2	1.0	2C		2	C
					check the box and							ge, in	cludin	ng the	e emp]	ioe .		
		(a) Name (of covered individua , middle initial, last n	il(s) iame		+	(b) SSN or	r other TIN	(c) DOB (if SSN of TIN is not avail	or other lable)	(d) Covered all 12 months	Jan	Feb	Mar	Apr					Oct	Nov Dec
18						+						-			Н	+	+	+	-	H	
Silvent address (including genome or salts no.) 19 Coreact beinghose number 13 9315 SE TVINC STREET SUITE 1800 844-952-0.173 845-92					+																
STATION TANK TERMINATE																					
23																					
24						1						_				_	_	+	-		
25						\perp						-				+	+	+	+		-
26						+										+	+	+	+		-
27						+						\vdash				+	+	+	-		+
28						+					-Se	-				+	+	+	+		+
						+										+	1	+	+		
30									,			-							Form 1	095-C	(2023)

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

2 Social security number (SSN)

***-**-8339

Applicable Large Em

CORRECTED

Applicable Large Employer Member (Employer)

2023 8 Employer identification number (EIN) 84-1246887

Department of the Treasury Internal Revenue Service

Part I Employee

1 Name of employee (fi	inst name, middle ir	nitial last name)		1950	rial sanuille number l	0010	7 Name of small		,,,	(<u>_</u> p.o)o	٠,										
ZEENAT	Н	TINWALA		XX	X-XX-8557	sany	7 Name of employer											0)			
3 Street address (includ	ding apartment no.)			1 440	DE 101 0551		9 Street address	(include	ding room or suite no.)				_		1	0 Conta	act tele	phone n	umber		_
13915 SOUT	HEAST 79T	H DRIVE					PO BOX		07							(20	6)	266-	100	0	
4 City or town NEWCASTLE		5 State or province WA	8	6 Country a US 98	nd ZIP or foreign post	tal code				2 State or provi	nce				1	3 Coun	try and	ZIP or f	foreign	postal c	ode
Part II Emplo	yee Offer of Co				s Age on Januar	y 1:	SEATTLE		Plan Start Month	WA (enter 2-digit r	number	: 01			_	US	981	08-1	207		
	All 12 Worths	Jan	Feb	Mar	Apr	_	May J	une	July	Aug	_	Sept	_		Oct		No	The state of the s		Dec	_
14 Offer of Coverage									July	nug	-	Обрі	\rightarrow		ou	+	PAL	N	\vdash	Dec	_
(enter required code)	1A																				
15 Employee Required													\neg			+					_
Contribution (see instructions)					1																
	5	S	\$	\$	\$	\$	\$		s s		\$		\$	5		\$			s		
16 Section 4980H Sale													\neg								_
Harbor and Other Relief (enter code,																					
if applicable)	2C																				
17 ZIP Code												V					-				
For Privacy Act and F	Paperwork Reduct	ion Act Notice, se	e separate instru	ictions.			Ca	t. No. 6	60705M									Earm	1005 /	C (2023)	
Part III Covered If Employer	d Individuals	elf-insured cover	rage, check the	e box and ente	er the information	for ea	nch individual o	arollo	d in coverage, includ	ing the arms		EZI.							P01	D320 Page 3	_
	(a) Name of covered	d individual(s)	2011 0110 0110	or the information	101 04	(b) SSN or othe		(c) DOB (if SSN or oth						(e) M	onths o	f covera	age			_
	Fir	st name, middle init	tial, last name				(b) SSIV OF OBIE	TIN	TIN is not available)	er (d) Covere all 12 mont	hs Ja	n Feb	Mar	Apr	May	June J	uly A	ug Sep	Oct	Nov E	Dec
18 ZEENAT		Н	TINWALA				VVV VV 01			×								-			
			TIMMETER				XXX-XX-85	1 00		+ ^	+	+-			\vdash	+	+	+	\vdash	\vdash	_
19				*						1.											
20																	T				
21																	\top	1		\Box	
22											+					+	+	+	\forall	\vdash	
23						\neg				1	+	-			+	+	+	+	\vdash	\vdash	_
24								-		-	+	-			-	+	+	+	\vdash	+	_
						-		-		-	+				_	_	_	_	Ш		
25																					
26										981			-								
27																					_
28																	T				_
29									, a						1	1	+	+	\vdash		-
30											1				+	+	+	+		+	_
																					_

Do not attach to your tax return. Keep for your records.

Go to www.irs.gow/Form1095C for instructions and the latest information.

VOID

Applicable Large Employer Member (Employer)

CORRECTED

2023

Form1095-C (2023)

\$ 1095-C Department of the Treasury Internal Parents Service

Part I Employee

1 Name of employee (first name, middle initial, last name)
2.5550AT H TINWALA
3 Street address (including apertment no.)

CORRECTED (if checked) *Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the RECIPIENT'S/LENDER'S name, address, and telephone number OMB No. 1545-1380 BANK OF WHITTIER, N.A. Mortgage Form 1098 15141 EAST WHITTIER BLVD WHITTIER CA 90603 secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person. Interest (Rev. January 2022) Statement 562-945-7553 For calendar year 2 Outstanding mortgage principal Mortgage interest received from payer(s)/borrower(s)* 10,701.21 RECIPIENT'S/LENDERS TIN PAYER'S/BORROWERS TIN Сору В For Payer/ Borrower 95-3741119 XXX-XX-8339 249,475.95 nortgage origination of 01/01/2014
5 Mortgage Insurance premiums 3 Mortgage origination date PAYER'S/BORROWER'S name, street address, city, state, and ZIP code 4 Refund of overpaid interest The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sention may be imposed on you if the IRS determines that an underpayment of tax results because you oversitated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (fox 4); or because you daimed a nondeductible item. 0.00

6 Points paid on purchase of principal residence

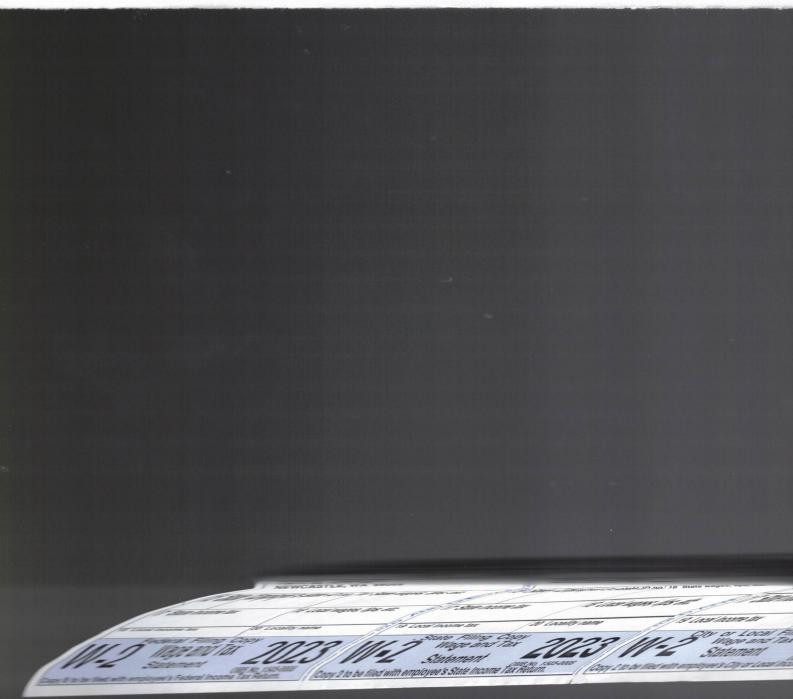
\$ 0.00 HUZEFA ABBAS TINWALA If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. 13915 SE 79TH DR NEWCASTLE WA 98059 8 Address or description of property securing mortgage 9 Number of properties securing the mortgage 10 Other Taxes Paid: \$0.00 Loan Number: 000000170032481 14309 LA MESA DR Account number (see instructions) 11 Mortgage acquisition date 2867 LA MIRADA CA 90638

Form 1098 (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



2023 W-2 and EARNINGS SUMMARY

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.

Social Security Number: XXX-XX-8339

HUZEFA TINWALA 13915 SE 79TH DR NEWCASTLE, WA 98059



201700			71707.23			20
Social security wage 160200		4 Social	security tax withheld		3 Social	
Medicare wages and		6 Madias	9932.40 re tax withheld	-11-	F. Mandin	16
273018		6 Medica	4615.94		5 Medica	are wage
d Cantral number	Common number Dept. Corp. Employer use					
0000005617 UF1		CNQA	C S 10587	1	000000	05617 UF
Employer's name,	address, a	nd ZIP co	ode		c Emplo	yer's na
SLALOM INC 255 S KING ST SUITE 1800 SEATTLE, WA		HAWK T	OWER	t oder men yake teker data baset sear men samt se	255 SUI	S KING TE 180 ATTLE,
Employer's FED IC 84-124688			/ee's SSA number XXX-XX-8339	1	b Emplo	oyer's F 84-12
Social security tips		8 Allocat	ed tips		7 Social	security
		10 Deper	ndent care benefits			
11 Wonqualified plans		C	structions for box 12 60.06		11 Nonq	
4 Other		12b D	5585.52		14 Other	
*		12c DD	15465.58			
		12d	7 27 7 7			
		13 Stat emp.	Ret. plan 3rd party sick pa	7		
if Employee's name,	address	and ZIP c	ode	116	e/f Emple	oyee's r
HUZEFA TINV	VALA			E	HUZE	EFA :
13915 SE 79TH	DR					5 SE 7
MEMICASTLE, V	WA 9805	59		HERE		CASTI
State Employer's s	rate ID no.	16 State	wages, tips, etc.	1 DETACH	5 State	Employ
T State income fax.		18 Local	wages, tips, etc.	ONV	17 State	income
F Local Income Str.		29 Locali	by name	131	19 Local	income

nal Filling Copy Wage and Tax

Mage and Tax

255 S KING STREET, HAWK TOWER

Employee's name, address, and ZIP code

SLALOM INC

SUITE 1800 SEATTLE, WA 98104

HIUZEFA TINWALA

NEWCASTLE, WA 98059

84-1246887

267433.03

160200.00

ages and tips

5 State Employer's state ID no. 16 State wages, tips, etc.

273018.55

267433.03

77 State income tax

9 Local income tax

13915 SE 79TH DR

CNQA

C S 10587

a Employee's SSA number

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

10 Dependent care benefits

12a See instructions for box 12 C | 60.06 12b D | 5585.52 12c DD | 15465.58

12d | 13 Stat emp. Ret, plan 3rd party sick pay

18 Local wages, tips, etc.

2 Federal income tax withheld

41464.29

20 Locality name

8 Allocated tips

XXX-XX-8339

41464.29

9932.40

4615.94

© 2023 ADP, Inc.	and Detach Here	PAGE 1 O	F 1
1 Wages, tips, other comp 267433.03		l income tax withheld	1 Wages, tips, other
3 Social security wages 160200.00	4 Social	security tax withheld	3 Social security wa
5 Medicare wages and tips 273018.55	6 Medica	are tax withheld 4615.94	5 Medicare wages at 27301
d Control number D 0000005617 UF1	ept. Corp.	Employer use only C S 10587	
SLALOM INC 255 S KING STRE SUITE 1800 SEATTLE, WA 98		OWER .	SLALOM INC 255 S KING S SUITE 1800 SEATTLE, W
b Employer's FED ID nu 84-1246887	mber a Emplo	yee's SSA number XXX-XX-8339	b Employer's FED 84-12468
7 Social security tips	8 Allocat		7 Social security tips
g	10 Deper	ndent care benefits	-9
11 Nonqualified plans	12a C	60.06	11 Nonqualified plan
14 Other	12bD	5585.52	14 011
	12c DD	15465.58	
	12d	Mary Andrews	100
	13 Stat emp	Ret. plan 3rd party sick p	ay
e/f Employee's name, add HUZEFA TINWAL 13915 SE 79TH DR NEWCASTLE, WA	A	ode	e/f Employee's name HUZEFA TIN 13915 SE 79TH NEWCASTLE,
15 State Employer's state	ID no. 16 State	wages, tips, etc.	15 State Employer's
17 State income tax	18 Local	wages, tips, etc.	17 State income tax
19 Local income tax	20 Locali	tv name	19 Local income tax

State Filing Copy

Wage and Tax

Statement

267433.	mp. 03	2 Feder		e tax withheld 1464.29
3 Social security wages 160200.	00	4 Social	security	y tax withheld 9932.40
5 Medicare wages and t 273018.		6 Medic		vithheld 4615.94
d Control number	Dept.	Corp.	Empl	oyer use only
0000005617 UF1		CNQA	C	S 10587
SLALOM INC 255 S KING STF SUITE 1800 SEATTLE, WAS		HAWK T	OWER	2
b Employer's FED ID 84-1246887	number	a Emplo		SA number XX-8339
7 Social security tips		8 Alloca	ted tips	
9		10 Depe	ndent ca	are benefits
11 Nonqualified plans		12a C		60.06
14 Other		12b D	r-tros	5585.52
		12c DD	1.0	15465.58
		12d		E-MA
		12 Clat am	P. Ret. pla	n 3rd party sick pay
			X	, , , , , , , , ,
e/f Employee's name, a			X	
HUZEFA TINWA	ALA		X	
HUZEFA TINWA 13915 SE 79TH D	ALA OR	and ZIP	X	
HUZEFA TINWA	ALA OR	and ZIP	X	

19 Local income tax

18 Local wages, tips, etc.

20 Locality name

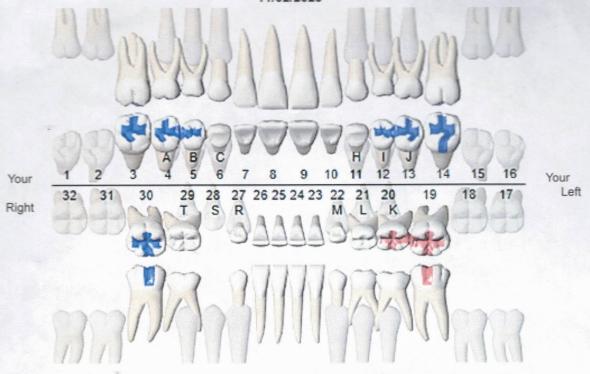
City or Local Filing Copy

Wage and Tax

Statement

Active Treatment Plan

Newport Pediatric Dentistry (425)800-5001 Mufaddal Tinwala, DOB 10/21/2013 11/02/2023



Existing	Complete	Referred Out	Treatment Planned
Existing	Complete	Referred Out	Treatment Planned

Done	Priority	Tth	Surf	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Discount	Pat
	4			D9230		inhalation of nitrous oxide/analgesia, anxiolysis	60.00	60.00	0.00	0.00	0.00	60.00
	4	19	MOB	D2393		resin-based composite - three surfaces, posterior	347.00	249.00	199.20	0.00	98.00	49.80
	4	K	OD	D2392		resin-based composite - two surfaces, posterior	315.00	203.00	162.40	0.00	112.00	40.60
				103.00	1 2 1	Subtotal	722.00	512.00	361.60	0.00	210.00	150.40
				D0120		periodic oral evaluation - established patient	91.00	48.00	48.00	0.00	43.00	0.00
	The same	T	200	D1120		prophylaxis - child	107.00	67.00	67.00	0.00	40.00	0.00
		-		D1206		topical application of fluoride varnish	65.00	45.00	45.00	0.00	20.00	0.00
				D1330		oral hygiene instructions	0.00	X	0.00	0.00	0.00	0.00
	N SEE			D0272		bitewings - two radiographic images	68.00	37.00	37.00	0.00	31.00	0.00
		A SEC				Subtotal	331.00	197.00	197.00	0.00	134.00	0.00
						Total	1053.00	709.00	558.60	0.00	344.00	150.40

Family Insurance Benefits

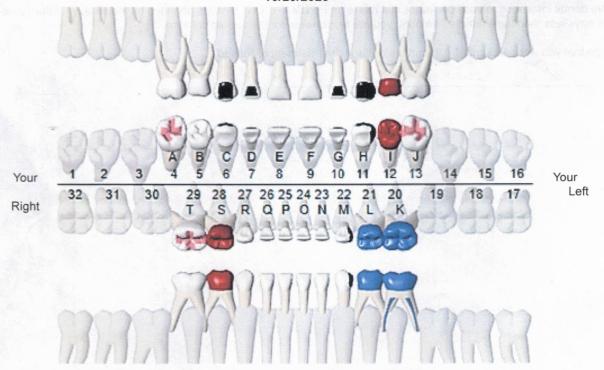
BenefitName	Primary	Secondary
Family Maximum		
Family Deductible		

Individual Insurance Benefits

BenefitName	Primary	Secondary
Transcott is comment	-	44/145

Active Treatment Plan

Newport Pediatric Dentistry (425)800-5001 Hasan Tinwala, DOB 11/17/2017 10/20/2023



				Existing		Complete Referred Out	Tre	atment P	lanned			
Done	Priority	Tth	Surf	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Discount	Pat
	2			D9230		inhalation of nitrous oxide/analgesia, anxiolysis	60.00	60.00	0.00	0.00	0.00	60.00
	2	S		D2930		prefabricated stainless steel crown - primary tooth	347.00	217.00	173.60	0.00	130.00	43.40
	2	Т	МО	D2392		resin-based composite - two surfaces, posterior	315.00	203.00	162.40	0.00	112.00	40.60
						Subtotal	722.00	480.00	336.00	0.00	242.00	144.00
	3			D9230		inhalation of nitrous oxide/analgesia, anxiolysis	60.00	60.00	0.00	0.00	0.00	60.00
	3	1		D2930		prefabricated stainless steel crown - primary tooth	347.00	217.00	173.60	0.00	130.00	43.40
	3	J	МО	D2392		resin-based composite - two surfaces, posterior	315.00	203.00	162.40	0.00	112.00	40.60
		E. is				Subtotal	722.00	480.00	336.00	0.00	242.00	144.00
X.	4			D9230		inhalation of nitrous oxide/analgesia, anxiolysis	60.00	60.00	0.00	0.00	0.00	60.00
	4	А	0	D2391		resin-based composite - one surface, posterior	242.00	152.00	121.60	0.00	90.00	30.40
						Subtotal	302.00	212.00	121.60	0.00	90.00	90.40
20	5			D1206		topical application of fluoride varnish	65.00	45.00	45.00	0.00	20.00	0.00
						Subtotal	65.00	45.00	45.00	0.00	20.00	0.00
						Total	1811.00	1217.00	838.60	0.00	594.00	378.40

Family Insurance Benefits

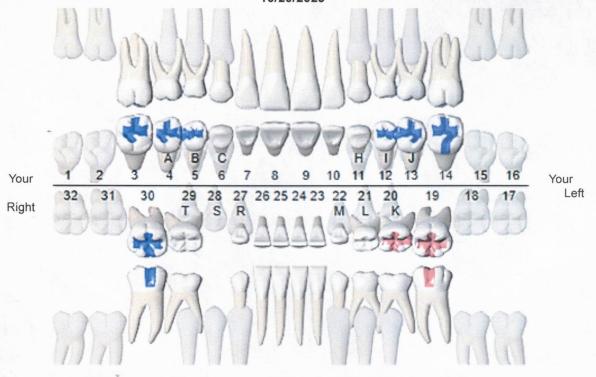
BenefitName	Primary	Secondary		
Family Maximum				
Family Deductible				

Individual Insurance Benefits

BenefitName	Primary Seconda			
Annual Maximum	2500.00			
Deductible	50.00			
Deductible Remaining	0.00			

Active Treatment Plan

Newport Pediatric Dentistry (425)800-5001 Mufaddal Tinwala, DOB 10/21/2013 10/20/2023



Done	Priority	Tth	Surf	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Discount	Pat
	4			D9230		inhalation of nitrous oxide/analgesia, anxiolysis	60.00	60.00	0.00	0.00	0.00	60.00
	4	19	ОВ	D2392		resin-based composite - two surfaces, posterior	315.00	203.00	162.40	0.00	112.00	40.60
	4	K	OD	D2392		resin-based composite - two surfaces, posterior	315.00	203.00	162.40	0.00	112.00	40.60
						Subtotal	690.00	466.00	324.80	0.00	224.00	141.20
	Language Sta	100	101-101			Total	690.00	466.00	324.80	0.00	224.00	141.20

Referred Out Treatment Planned

Family Insurance Benefits

BenefitName	Primary	Secondary		
Family Maximum				
Family Deductible				

Individual Insurance Benefits

BenefitName	Primary	Secondary		
Annual Maximum	2500.00			
Deductible	50.00			
Deductible Remaining	0.00			
Insurance Used	664.80			
Pending	0.00			
Remaining	1835.20			

Reminder: No eating or drinking 2 hours prior to appointment time. Check-in is 5 minutes prior to your scheduled appointment time. Please be aware of our \$50 missed or broken appointment fee if appointment if given less than a 48 hr notice.

If you have dental insurance, please be aware that this is an ESTIMATE ONLY and is provided as a courtesy. In the event that your insurance pays less than the estimated amount, you are responsible for the unpaid balance.

Please sign that you were presented with and understand the treatment proposed.

Existing

Complete

Leet