



RoundPoint Mortgage Servicing LLC  
 446 Wrenplace Road  
 Fort Mill, SC 29715

+ 0818510 000003399 ORP981 0945431 001 P1  
 AVDHESH BHARDWAJ  
 705 MELILOT LN  
 ALPHARETTA GA 30004-0771



**ANNUAL TAX AND INTEREST STATEMENT**

Letter Date: 01/31/2024

Loan Number: 2011451826

As of 2023

Customer Service: 877-426-8805

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>RoundPoint Mortgage Servicing LLC</b> 446 Wrenplace Road Fort Mill, SC 29715  Phone: 877-426-8805		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 <b>Form 1098</b> (Rev. January 2022)  For calendar year <b>2023</b>
RECIPIENT'S/LENDER'S TIN 26-1193089		PAYER'S/BORROWER'S TIN *****4538		<b>1</b> Mortgage interest received from payer(s)/borrower(s) <b>\$ 5,962.30</b>
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  <b>AVDHESH BHARDWAJ</b> <b>705 MELILOT LN</b> <b>ALPHARETTA GA 30004</b>		<b>2</b> Outstanding mortgage principal <b>\$ 219,915.27</b>	<b>3</b> Mortgage origination date <b>10/23/2020</b>	<b>4</b> Refund of overpaid interest <b>\$ 0.00</b>
<b>10</b> Other Real Estate Taxes Paid <b>\$0.00</b>		<b>11</b> Mortgage acquisition date <b>02/01/2023</b>		<b>5</b> Mortgage insurance premiums <b>\$0.00</b>
		<b>6</b> Points paid on purchase of principal residence <b>\$ 0.00</b>		<b>7</b> <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. <b>8</b> Address or description of property securing mortgage  <b>9</b> Number of properties securing the mortgage <b>001</b>
		<b>Account number (see instructions)</b> <b>2011451826</b>		

**Mortgage Interest Statement**

**Copy E For Payer/Borrower**

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Form **1098** (Rev. 1-2022)

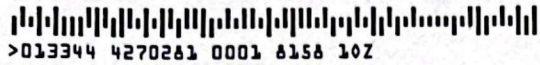
(keep for your records)

[www.irs.gov/Form1098](http://www.irs.gov/Form1098)

Department of the Treasury - Internal Revenue Service

The amount of mortgage interest reflected in Box 1 may be overstated if we have received any governmental subsidy payments made on your behalf. Please contact your tax advisor or the IRS directly with any questions.

\*Please note: The amount listed in Box 5 may not be deductible. Please consult with the IRS or your tax advisor to determine the deductibility amount, if any.



AVDHESH K BHARDWAJ  
705 MELILOT LN  
ALPHARETTA, GA 300040004

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020</b>		OMB No. 1545-1517 <b>Form 1099-SA</b> (Rev. November 2019) For calendar year <b>2023</b>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>	
PAYER'S TIN <b>52-2383166</b>	RECIPIENT'S TIN <b>***-**-4538</b>	<b>1</b> Gross distribution <b>\$2,275.33</b>	<b>2</b> Earnings on excess cont. <b>\$0.00</b>		<b>Copy B For Recipient</b>  <b>This information is being furnished to the IRS.</b>
RECIPIENT'S name <b>AVDHESH K BHARDWAJ</b>		<b>3</b> Distribution code <b>1</b>	<b>4</b> FMV on date of death <b>\$0.00</b>		
Street address (including apt. no.) <b>705 MELILOT LN</b>		<b>5</b> HSA <input checked="" type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code <b>ALPHARETTA, GA 300040004</b>		Archer MSA <input type="checkbox"/>			
Account number (see instructions) <b>21007857</b>		MA MSA <input type="checkbox"/>			

Form **1099-SA** (Rev. 11-2019) (keep for your records) [www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA) Department of the Treasury - Internal Revenue Service

### Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family members or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the latest trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

**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 identification number to the IRS.

**Spouse beneficiary.** If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

**Estate beneficiary.** If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

**Nonspouse beneficiary.** If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

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

**Box 1.** Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

**Box 2.** Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and other Tax-Favored Accounts.

**Box 3.** These codes identify the distribution you received: 1 - Normal distribution; 2 - Excess contributions; 3 - Disability; 4 - Death distribution other than code 6; 5 - Prohibited transaction; 6 - Death distribution after year of death to a nonspouse beneficiary.

**Box 4.** If the account holder died, shows the FMV of the account on the date of death.

**Box 5.** Shows the type of account that is reported on this Form 1099-SA.

**Future developments.** For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA).

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TRUIST BANK TAX  
PO BOX 819  
WILSON, NC 27894-0819

If you have questions contact:  
Phone: 800-394-1470

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AVDHESH BHARDWAJ  
705 MELILOT LN  
ALPHARETTA, GA 30004-0771

**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 be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. Note: This amount is not deductible.

**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 Forms 1040. Market discount on a tax-exempt security is includable 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 includable 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 includable 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(e)(4)(ii).

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

**Boxes 15-17.** State tax withheld reporting boxes. Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT). Free File Program. Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>TRUIST BANK TAX PO BOX 819 WILSON, NC 27894-0819</b>		CORRECTED (if checked)		Payer's RTN (optional)	OMB No. 1545-0112	<b>Interest Income</b>		
PAYER'S TIN <b>59-3482833</b>		RECIPIENT'S TIN <b>XXX-XX-4538</b>		<b>1 Interest income</b> \$ <b>1,539.69</b>	<b>2023</b> Form <b>1099-INT</b>			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>AVDHESH BHARDWAJ 705 MELILOT LN ALPHARETTA, GA 30004-0771</b>		FATCA filing requirement <input type="checkbox"/>		<b>2 Early withdrawal penalty</b> \$	<b>Copy B For Recipient</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.			
				<b>3 Interest on U.S. Savings Bonds and Treasury obligations</b> \$				
				<b>4 Federal income tax withheld</b> \$			<b>5 Investment expenses</b> \$	
				<b>6 Foreign tax paid</b> \$			<b>7 Foreign country or U.S. possession</b>	
				<b>8 Tax-exempt interest</b> \$			<b>9 Specified private activity bond interest</b> \$	
				<b>10 Market discount</b> \$			<b>11 Bond premium</b> \$	
				<b>12 Bond premium on Treasury obligations</b> \$			<b>13 Bond premium on tax-exempt bond</b> \$	
Account number (see instructions) <b>Tracking #: 82816916T3</b>				<b>14 Tax-exempt and tax credit bond CUSIP no.</b>			<b>15 State</b>	<b>16 State identification no.</b>
				<b>17 State tax withheld</b> \$				