

**2022 Tax Year**

**A) Income**

Senthil				
<b>[A1]</b> W2 2022				tax withheld
Wages/Tips	\$316,209.25	Fed	64115.16	20.28%
Medicare	\$336,709.25	PA	10314.15	3.07%
State	\$335,973.89	Local	3359.81	1.00%
<b>[A2]</b> Ally 1099 INT (Total)	\$1,424.76			
<b>[A3]</b> DCU 1099 INT	\$98.53			
<b>[A4]</b> Morgan Stanley 1099 DIV (Restricted Stock Plan) (first document) <b>QUALIFIED Dividend (Box 1B)</b>	\$545.10	Morgan Stanley sent t1099 Consolidated Tax Statement covering 1099 DIV, 1099 INT & 1099 B		
Morgan Stanley 1099 INT Interest Income (Box 1)	\$0.25			
Morgan Stanley 1099 B	\$-			

Ramya				
<b>[A5]</b> W2 2022 - Employer: Lofts Medical Associates PC				tax withheld
Wages/Tips	\$100,800.00	Fed	17554.21	17.41%
Medicare	\$100,800.00	PA	3094.56	3.07%
State	\$100,800.00	Local	1139.04	1.13%
<b>[A6]</b> American Heritage FCU 1099 INT	\$166.58			

Riya				
<b>[A7]</b> W2 2022 - Employer: Maro Enterprises Inc (Los Serapes)				tax withheld
Wages/Tips	\$597.00	Fed	0	0.00%
Medicare	\$597.00	PA	18.34	3.07%
State	\$597.00	Local	6.73	1.13%
<b>[A8]</b> W2 2022 - Employer: Starbucka Coffee Company				tax withheld
Wages/Tips	\$2,179.31	Fed	0	0.00%
Medicare	\$2,179.31	PA	66.9	3.07%
State	\$2,179.31	Local	24.52	1.13%
<b>[A9]</b> Tips by Cash	\$225.00			
<b>[A10]</b> ROTH IRA Investment – Vanguard – 2022 <i>Riya Total Income in 2022 is \$3001.31. ROTH IRA Investment for \$3000 for the year has been made through Vanguard. SO \$1 INCOME FOR RIYA TO BE TAXED (Federal)</i>	\$3,000.00	ROTH IRA Investment for \$3000 for the year has been made through Vanguard.		

**B) Education (Riya)**

Student: Riya – Tuition, Fee, Boarding Payments	
[B1] Carnegie Mellon University Qualified Tuition Box 1: Payments received for qualified tuition	\$60,314.00
[B2] Student Account Statement with identified qualified expenses in 2022. <b>THIS INCLUDES ABOVE MENTIONED TUITION OF \$60,314</b>	<b>\$78,688.00</b>

Student: Riya – 529 Distributions	
[B3] Private College 529 Plan. Account 5290114777 Form 1099-Q Box 1 Gross Distribution	\$47,673.02
[B4] Private College 529 Plan. Account 5290114878 Form 1099-Q Box 1 Gross Distribution	\$11,470.98
[B5] Vanguard 529 Plan. Private College 529 Plan. Account 288621518-02 Form 1099-Q Box 1 Gross Distribution	\$17,000.00
	Total 529 distributions: \$76,144

**C) Business [York Decision Systems LLC]**

Owner: Senthil	
[C1] NJ State Annual Filing Fee	\$78
[C2] Registered Agent Fee [RASI]	\$175
[C3] Website Domain Fee [Google]	\$10
[C4] Google Workspace Charges (Sep 22 to Dec 22)	\$14.27
	\$3.18 per month * 4months + \$1.55 for Aug

**D) Child Care / Summer Camps**

None	\$-
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**E) Taxes**

[E1] City Tax	\$985.83
[E2] School Tax	\$3,020.20

Paid as part of 2021 Tax filings	Refunds received in 2021
(E3) 2021 State Tax	\$9,874
(E4) 2021 Local Tax (approx)	\$3,545

2022 W-2 and EARNINGS SUMMARY 
**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0008

Copy C for employer's records.

d Control number Dept. Corp. Employer use only  
024120 NCN3/ABJ A 13285

c Employer's name, address, and ZIP code

MERCK SHARP & DOHME LLC  
126 E LINCOLN AV M/S RY  
RAHWAY NJ 07065

Batch #04667

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

A1  
Page: 1 of 2

e/f Employee's name, address, and ZIP code

SENTHIL K MURUGAN  
110 GALWAY CIRCLE  
CHALFON PA 18914

b Employer's FED ID number <b>22-1261880</b>	a Employee's SSA number <b>XXX-XX-6464</b>
1 Wages, tips, other comp. <b>316209.25</b>	2 Federal income tax withheld <b>64115.16</b>
3 Social security wages <b>147000.00</b>	4 Social security tax withheld <b>9114.00</b>
5 Medicare wages and tips <b>336709.25</b>	6 Medicare tax withheld <b>6112.66</b>
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C   <b>284.88</b>
14 Other 206.20 SUI 450.48 LTD	12b D   <b>20500.00</b> 12c DD   <b>26306.40</b> 12d   13 Stat emp. Ret. plan 3rd party sick pay X
15 State PA	Employer's state ID no. <b>1105 9219</b>
17 State income tax <b>10314.35</b>	16 State wages, tips, etc. <b>335973.89</b>
19 Local income tax <b>3359.81</b>	18 Local wages, tips, etc. <b>335973.89</b>
	20 Locality name <b>461108</b>

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d Control number 024120 NCN3/ABJ	Dept. Corp. Employer use only A 13285

c Employer's name, address, and ZIP code

MERCK SHARP & DOHME LLC  
126 E LINCOLN AV M/S RY  
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e/f Employee's name, address and ZIP code	
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	20 Locality name <b>461108</b>

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0008

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	PA. State Wages, 461108 UPPER LOCAL WAGES, Tips, Etc. Box 16 of W-2 Box 18 of W-2
Gross Pay	343,663.49	343,663.49	343,663.49	343,663.49
Plus GTL (C-Box 12)	284.88	284.88	284.88	N/A N/A
Less 401(k) (D-Box 12)	20,500.00	N/A	N/A	N/A N/A
Less ER Paid LTD Premiums	N/A	N/A	N/A	450.48 450.48
Less Medical FSA	1,800.00	1,800.00	1,800.00	1,800.00
Less Other Caf 125	5,439.12	5,439.12	5,439.12	5,439.12
Wages Over Limit	N/A	189,709.25	N/A	N/A N/A
Reported W-2 Wages	316,209.25	147,000.00	336,709.25	335,973.89
Note - Fringe benefits include : Employer Paid LTD \$450.48				335,973.89

2. Employee Name and Address.

SENTHIL K MURUGAN  
110 GALWAY CIRCLE  
CHALFON PA 18914

\* PA local wages and withholding are reported to employee work location PSD unless it is outside of PA (Per Act 32)

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Fold and Detach Here

1 Wages, tips, other comp.  
**316209.25**2 Federal income tax withheld  
**64115.16**3 Social security wages  
**147000.00**4 Social security tax withheld  
**9114.00**5 Medicare wages and tips  
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**6112.66**d Control number  
024120 NCN3/ABJDept. Corp. Employer use only  
A 13285

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MERCK SHARP & DOHME LLC  
126 E LINCOLN AV M/S RY  
RAHWAY NJ 07065b Employer's FED ID number  
**22-1261880**a Employee's SSA number  
**XXX-XX-6464**

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

12a C | **284.88**

14 Other

12b D | **20500.00**12c DD | **26306.40**

12d |

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b Employer's name, address and ZIP code

SENTHIL K MURUGAN

110 GALWAY CIRCLE

CHALFON PA 18914

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110 GALWAY CIRCLE

CHALFON PA 18914

Fold and Detach Here

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PAEmployer's state ID no.  
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**3359.81**20 Locality name  
**461108**

City or Local Filing Copy

**W-2 Wage and Tax Statement 2022**

OMB No. 1545-0008

## 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, Additional Medicare Tax. 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, Social Security and Medicare Tax on Unreported Tip Income, 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.

**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 \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 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 nonelective 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, Archer MSAs and Long-Term Care Insurance Contracts.

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, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock options (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

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, Contributions to Individual Retirement Arrangements (IRAs).

**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.

Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

## 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 2022 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 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596, Earned Income Credit. 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, Social Security and Other Information for Members of the Clergy and Religious Workers.

**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](http://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 2022 and more than \$9,114 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 \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

MERCK SHARP & DOHME LLC  
126 E LINCOLN AVE, MS RY 28-327  
RAHWAY, NJ 07065

1A1 - Supplement  
P-1082

\*VAKPNA95CSE0000013174A426A189\*

001155 RO9S1R01 VAK 0191 00035 000001141  
SENTHIL K MURUGAN  
110 GALWAY CIR  
CHALFON, PA 18914

600120

**1095-C**  
Form 1095-C  
Department of the Treasury  
Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**

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

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information. VOID

OMB No. 1545-2261

 CORRECTED**2022**

<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>											
1 Name of employee (first name, middle initial, last name) <b>SENTHIL K MURUGAN</b>	2 Social security number (SSN) <b>XXX-XX-6464</b>	7 Name of employer <b>MERCK SHARP &amp; DOHME LLC</b>	8 Employer identification number (EIN) <b>22-1261880</b>										
3 Street address (including apartment no.) <b>110 GALWAY CIR</b>	9 Street address (including room or suite no.) <b>126 E LINCOLN AVE, MS RY 28-327</b>	10 Contact telephone number <b>866-637-2543</b>											
4 City or town <b>CHALFON</b>	5 State or province <b>PA</b>	6 Country and ZIP or foreign postal code <b>USA 18914</b>	11 City or town <b>RAHWAY</b>	12 State or province <b>NJ</b>	13 Country and ZIP or foreign postal code <b>USA 07065</b>								
<b>Part II Employee Offer of Coverage</b>		<b>Employee's Age on January 1</b>							<b>Plan Start Month</b> (enter 2-digit number): <b>01</b>				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) <b>1E</b>													
15 Employee Required Contribution (see instructions) <b>\$ 98.00S</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>													
17 ZIP Code <b>18914</b>													

**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 RAMYA BALARAM	XXX-XX-5437	04/06/1983	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
19 RIYA SENTHIL	XXX-XX-2567	10/08/2004	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
20 SENTHIL K MURUGAN	XXX-XX-6464	11/08/1973	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AT-Supplement  
P2 of 2

## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

**TIP** Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

**Additional Information.** For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/ACA](http://www.irs.gov/ACA) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

### Part I. Employees

Lines 1–6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

### Part I. Applicable Large Employer Member (Employer)

Lines 7–13. Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

### Part II. Employer Offer of Coverage, Lines 14–17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) BUT NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependents.

1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X. Reserved for future use.

1Y. Reserved for future use.

1Z. Reserved for future use.

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit IRS.gov.

### Part III. Covered Individuals, Lines 18–30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 13 covered individuals, additional copies of page 3 may be used.

ALLY BANK  
P.O. BOX 951  
HORSHAM, PA 19044

IMPORTANT TAX INFORMATION ENCLOSED

Forwarding Service Requested

308980/1315498/A3INTS1FOS001/308980/0022/000001/639075 000 01 000000  
SENTHIL MURUGAN  
110 GALWAY CIR  
CHALFON PA 18914-3900

Combined Statement for Form  
1099-INT for Tax Year 2022

Interest Income - Copy B - For Recipient

OMB No. 1545-0112

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

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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.

PAYER'S TIN  
201001796

CUSTOMER SERV PH#  
1-877-247-2559

RECIPIENT'S TIN  
XXX-XX-6464

FATCA Filing requirement

KEEP FOR YOUR RECORDS

ACCOUNT NUMBER	IRS DESCRIPTION	IRS BOX #	AMOUNT
2131220903	Interest income	1	1,242.88
	Early withdrawal penalty	2	0.00
	Interest on U.S. Savings Bonds and Treasury obligations	3	0.00
	<b>Federal income tax withheld</b>	4	<b>0.00</b>
	Investment expenses	5	0.00
	Foreign tax paid	6	0.00
	Foreign country or U.S. possession	7	
	Tax-exempt interest	8	0.00
	Specified private activity bond interest	9	0.00
	Market discount	10	0.00
	Bond premium	11	0.00
	Bond premium on Treasury obligations	12	0.00
	Bond premium on tax-exempt bond	13	0.00
	Tax exempt and tax credit bond CUSIP no.	14	
	State	15	
	State identification no.	16	
	State tax withheld	17	0.00
3034109979	Interest income	1	181.88
	Early withdrawal penalty	2	0.00
	Interest on U.S. Savings Bonds and Treasury obligations	3	0.00
	<b>Federal income tax withheld</b>	4	<b>0.00</b>
	Investment expenses	5	0.00
	Foreign tax paid	6	0.00
	Foreign country or U.S. possession	7	
	Tax-exempt interest	8	0.00
	Specified private activity bond interest	9	0.00
	Market discount	10	0.00
	Bond premium	11	0.00
	Bond premium on Treasury obligations	12	0.00
	Bond premium on tax-exempt bond	13	0.00
	Tax exempt and tax credit bond CUSIP no.	14	
	State	15	
	State identification no.	16	
	State tax withheld	17	0.00

## 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 not 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.

**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.

**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.

COMBINED STATEMENT  
1099-INT for Tax Year 2022

Interest Income - Copy B - For Recipient

OMB No. 1545-0112

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

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SENTHIL MURUGAN  
110 GALWAY CIR  
CHALFON PA 18914-3900

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.

PAYER'S TIN  
201001796CUSTOMER SERV PH#  
1-877-247-2559RECIPIENT'S TIN  
xxx-xx-6464

## KEEP FOR YOUR RECORDS

ACCOUNT NUMBER	IRS DESCRIPTION	IRS BOX #	AMOUNT
*** Total 1099-INT	Interest income		1,424.76
	Early withdrawal penalty		0.00
	Interest on U.S. Savings Bonds and Treasury obligations		0.00
	<b>Federal income tax withheld</b>		0.00
	Investment expenses		0.00
	Foreign tax paid		0.00
	Foreign country or U.S. possession		0.00
	Tax-exempt interest		0.00
	Specified private activity bond interest		0.00
	Market discount		0.00
	Bond premium		0.00
	Bond premium on Treasury obligations		0.00
	Bond premium on tax-exempt bond		0.00
	Tax exempt and tax credit bond CUSIP no.		
	State		
	State identification no.		
	State tax withheld		0.00

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112
DIGITAL FEDERAL CREDIT UNION 220 DONALD LYNCH BLVD MARLBOROUGH MA 01752		1 Interest income  \$ 98.53	Form 1099-INT (Rev. January 2022) For calendar year 2022
PAYER'S TIN  04-2683316	RECIPIENT'S TIN  XXX-XX-6464	2 Early withdrawal penalty  \$  3 Interest on U.S. Savings Bonds and Treasury obligations  \$	Copy B  For Recipient
RECIPIENT'S name  SENTHIL K MURUGAN  Street address (including apt. no.) 110 GALWAY CIRCLE  City or town, state or province, country, and ZIP or foreign postal code CHALFONT PA 18914-0000		4 Federal income tax withheld  \$  6 Foreign tax paid  \$  8 Tax-exempt interest  \$  10 Market discount  \$  12 Bond premium on Treasury obligations  \$	5 Investment expenses  \$  7 Foreign country or U.S. possession  \$  9 Specified private activity bond interest  \$  11 Bond premium  \$  13 Bond premium on tax-exempt bond  \$
Account number (see instructions)  5058021		14 Tax-exempt and tax credit bond CUSIP no.	15 State 16 State identification no. 17 State tax withheld  \$  \$

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P:1 Y3  
Interest  
Income

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.

Form 1099-INT (Rev. 1-2022)

(keep for your records)

[www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT)

Department of the Treasury - Internal Revenue Service

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## 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 includable in taxable income as interest income.

(Continued on the back of Copy 2.)

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## Instructions for Recipient (continued)

**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(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.

**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.

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P: 1 984

# Morgan Stanley

## Account Mailing Address

**Account Owner**  
**SENTHIL K MURUGAN**  
**110 GALWAY CIR**  
**CHALFONT PA 18914-3900**

## 1099 Consolidated Tax Statement Tax Year 2022 - ORIGINAL

Legal Name and Address Reported  
to IRS and State Taxing Authorities  
**SENTHIL K MURUGAN**  
**110 GALWAY CIR**  
**CHALFONT PA 18914**

This Morgan Stanley 1099 Consolidated Tax Statement for 2022 provides your official tax information for use when preparing your tax return. It is important to note that the income information that was reported on your December account statement will not have included certain adjustments occurring after year-end that are reflected on your 1099 and that are necessary for tax reporting purposes. The Account Number reflected on your 1099 Forms is reflected as of December 31, 2022. If your Account Number subsequently changes after December 31, 2022, your new Account Number is reflected on your next scheduled statement once the Account Number change becomes effective.

The following tax forms are not included in this statement and are sent individually in separate mailings, if required: 1099-Q, 1042-S, 2439, 5498, 5498-ESA, REMIC, Schedule K-1 and Puerto Rico 480.6A, B, C & D.

Morgan Stanley is pleased to provide you with the ability to download your tax information into the following individual tax preparation software applications: TurboTax®, H&R Block Tax Software®, Lacerte®, TaxAct® and ProSystem fx®. You also have the ability to download Realized Gain/Loss transactions into Microsoft Excel® from Morgan Stanley Online. You must be registered with Morgan Stanley Online to take advantage of these features. To enroll in Morgan Stanley Online, visit [www.morganstanley.com/online](http://www.morganstanley.com/online).

TurboTax® and Lacerte® are registered trademarks of Intuit, Inc. H&R Block Tax Software® is a registered trademark of H&R Block, Inc. ProSystem fx® is a trademark of CCH, Inc.

TaxAct® is a registered trademark of TaxAct, Inc.



### \*\*\* WARNING - CORRECTED TAX FORMS POSSIBLE \*\*\*

The Forms 1099 included in your Morgan Stanley Consolidated Tax Statement were prepared based upon information provided by the issuer of each security. The issuer may change the tax status of a distribution reported to you subsequent to the issuance of this Consolidated Tax Statement. In that case, we are required to send you one or more corrections.

As permitted under Internal Revenue Code, Morgan Stanley will not issue a corrected Form 1099 if the total correction for the form is \$100 or less ("de minimis amounts"). For more information on the de minimis safe harbor rules, to elect to opt-out and receive a corrected Form 1099 for de minimis amounts, or to revoke a prior election to opt-out, please contact your Financial Advisor.

**Date Issued**  
 January 09, 2023

Page 1 of 5

**Account Number**  
 792 074318 400  
**Your Financial Advisor**  
 Access Direct  
 Service Team  
 PO BOX 290157  
 TAMPA, FL 33687  
 866-227-2737

**Customer Service:** 866-324-6088

**What's included in this packet:**

<b>Reportable to the IRS</b>	<b>Page</b>
1099-DIV Dividends and Distributions.....	2
1099-INT Interest Income.....	2
1099-MISC Miscellaneous Income.....	2
1099-OID Original Issue Discount.....	2
1099-B Proceeds from Transactions.....	2
Details of 1099-DIV Dividends and Distributions.....	4
Details of 1099-INT Interest Income.....	4

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P:244



# Morgan Stanley

**1099 Consolidated Tax Statement**  
**Tax Year 2022 Copy B For Recipient**

Name Reported to the IRS: SENTHIL K MURUGAN  
110 GALWAY CIR  
CHALFON PA 18914

Morgan Stanley Domestic Holdings, Inc.  
Morgan Stanley Smith Barney, LLC  
1 New York Plaza  
40th Floor  
New York, NY 10004  
Identification Number: 20-8764829  
Taxpayer ID Number: XXX-XX-6464  
Account Number: 792 074318 400

Page 2 of 5

**Customer Service: 866-324-6088**

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.

IRS 2022 FORM 1099-DIV - DIVIDENDS AND DISTRIBUTIONS		IRS 2022 FORM 1099-MISC - MISCELLANEOUS INFORMATION
BOX OMB NO. 1545-0110		BOX OMB NO. 1545-0115
1a. TOTAL ORDINARY DIVIDENDS	\$545.10	1. RENTS \$0.00
1b. QUALIFIED DIVIDENDS	\$545.10	2. ROYALTIES \$0.00
2a. TOTAL CAPITAL GAIN DISTRIBUTIONS	\$0.00	3. OTHER INCOME \$0.00
2b. UNRECAP. SEC. 1250 GAIN	\$0.00	4. FEDERAL INCOME TAX WITHHELD \$0.00
2d. COLLECTIBLES (28%) GAIN	\$0.00	8. SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST \$0.00
2e. SECTION 897 ORDINARY DIVIDENDS	\$0.00	
2f. SECTION 897 CAPITAL GAIN	\$0.00	
3. NON-DIVIDEND 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	
9. CASH LIQUIDATION DISTRIBUTIONS	\$0.00	
10. NON-CASH LIQUIDATION DISTRIBUTIONS	\$0.00	
12. EXEMPT-INTEREST DIVIDENDS	\$0.00	
13. SPECIFIED PRIVATE ACTIVITY BOND INTEREST DIVIDENDS	\$0.00	
IRS 2022 FORM 1099-INT - INTEREST INCOME		*This may not be the correct figure to report on your income tax return. See instructions on the back.
BOX OMB NO. 1545-0112		
1. INTEREST INCOME	\$0.25	1. ORIGINAL ISSUE DISCOUNT FOR 2022 \$0.00*
2. EARLY WITHDRAWAL PENALTY	\$0.00	2. OTHER PERIODIC INTEREST \$0.00
3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	\$0.00	4. FEDERAL INCOME TAX WITHHELD \$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00	5. MARKET DISCOUNT \$0.00
5. INVESTMENT EXPENSES	\$0.00	6. ACQUISITION PREMIUM \$0.00
6. FOREIGN TAX PAID	\$0.00	8. OID ON U.S. TREASURY OBLIGATIONS \$0.00*
8. TAX-EXEMPT INTEREST	\$0.00	9. INVESTMENT EXPENSES \$0.00
9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST	\$0.00	10. BOND PREMIUM \$0.00
10. MARKET DISCOUNT	\$0.00	11. TAX-EXEMPT OID \$0.00
11. BOND PREMIUM	\$0.00	
12. BOND PREMIUM ON TREASURY OBLIGATIONS	\$0.00	
13. BOND PREMIUM ON TAX-EXEMPT BOND	\$0.00	
14. TAX-EXEMPT AND TAX CREDIT BOND CUSIP NO.	\$0.00	
IRS 2022 FORM 1099-B - PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS		
BOX OMB NO. 1545-0715		
1d. PROCEEDS		\$0.00
COVERED SECURITIES		\$0.00
NONCOVERED SECURITIES		\$0.00
1e. COST OR OTHER BASIS OF COVERED SECURITIES		\$0.00
1f. ACCRUED MARKET DISCOUNT		\$0.00
1g. WASH SALE LOSS DISALLOWED		\$0.00
4. FEDERAL INCOME TAX WITHHELD		\$0.00

**IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS**



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P:484



Page 4 of 5

SENTHIL K MURUGAN Account Number: 792 074318 400

Morgan Stanley

Tax Year 2022

#### 1099-DIV DIVIDENDS & DISTRIBUTIONS

##### Ordinary Dividends

DESCRIPTION	CUSIP	PAY DATE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	FEDERAL INCOME TAX WITHHELD	SECTION 199A DIVIDENDS
MERCK & CO INC NEW COM	58933Y105	07/08/22	\$272.55	\$272.55	\$0.00	\$0.00
MERCK & CO INC NEW COM	58933Y105	10/07/22	\$272.55	\$272.55	\$0.00	\$0.00
Total Ordinary Dividends 1099-DIV box 1a				<b>\$545.10</b>		
Total Qualified Dividends 1099-DIV box 1b				<b>\$545.10</b>		
Total Federal Income Tax Withheld 1099-DIV box 4				<b>\$0.00</b>		
Total Section 199A Dividends 1099-DIV box 5				<b>\$0.00</b>		

#### 1099-INT INTEREST INCOME

##### Interest Income

DESCRIPTION	CUSIP	PAY DATE	AMOUNT	FEDERAL INCOME TAX WITHHELD
MORGAN STANLEY PRIVATE BANK NA	061871976	01/31/22	\$0.01	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	02/28/22	\$0.02	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	03/31/22	\$0.03	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	04/29/22	\$0.01	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	05/31/22	\$0.02	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	06/30/22	\$0.02	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	07/29/22	\$0.03	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	08/31/22	\$0.02	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	09/30/22	\$0.02	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	10/31/22	\$0.02	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	11/30/22	\$0.03	\$0.00
MORGAN STANLEY PRIVATE BANK NA	061871976	12/30/22	\$0.02	\$0.00
Total Interest Income 1099-INT box 1				<b>\$0.25</b>
Total Federal Income Tax Withheld 1099-INT box 4				<b>\$0.00</b>

The amount of tax-exempt interest paid to you in 2022 must be reported on the applicable Form 1040, U.S. Individual Income Tax Return, for 2022. The amount of tax-exempt AMT interest paid to you in 2022 must be taken into account in computing the Alternative Minimum Tax reported on Form 1040 for 2022.



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CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112	
<b>AMERICAN HERITAGE FEDERAL CU</b> <b>2060 RED LION RD</b> <b>PHILADELPHIA, PA 19115</b>  (215) 969-0777			<b>2022</b> <b>Form 1099-INT</b>	
PAYER'S TIN 23-1370526	RECIPIENT'S TIN ***-**-5437	1 Interest income <b>\$166.58</b>	3 Interest on U.S. Savings Bonds and Treas. obligations <b>\$0.00</b>	
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code  <b>BALARAM RAMYA</b> <b>110 GALWAY CIR</b> <b>CHALFONT, PA 18914-3900</b>		2 Early withdrawal penalty <b>\$0.00</b>	5 Investment expenses <b>\$0.00</b>	
		4 Federal income tax withheld <b>\$0.00</b>	6 Foreign tax paid <b>\$0.00</b>	
			7 Foreign country or U.S. possession <b>\$0.00</b>	
		8 Tax-exempt interest <b>\$0.00</b>	9 Specified private activity bond interest <b>\$0.00</b>	
		10 Market discount <b>\$0.00</b>	11 Bond premium <b>\$0.00</b>	
		12 Bond premium on Treasury obligations <b>\$0.00</b>	13 Bond premium on tax-exempt bond <b>\$0.00</b>	
Account number (see instructions) XXXXXX4966		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.
				17 State tax withheld

Form **1099-INT**

[www.irs.gov/Form1099int](http://www.irs.gov/Form1099int)

Department of the Treasury - Internal Revenue Service

**Interest Income**

**Copy 2**

To be filed with recipient's state income tax return, when required.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)	OMB No. 1545-0112	
<b>AMERICAN HERITAGE FEDERAL CU</b> <b>2060 RED LION RD</b> <b>PHILADELPHIA, PA 19115</b>  (215) 969-0777			<b>2022</b> <b>Form 1099-INT</b>	
PAYER'S TIN 23-1370526	RECIPIENT'S TIN ***-**-5437	1 Interest income <b>\$166.58</b>	3 Interest on U.S. Savings Bonds and Treas. obligations <b>\$0.00</b>	
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code  <b>BALARAM RAMYA</b> <b>110 GALWAY CIR</b> <b>CHALFONT, PA 18914-3900</b>		2 Early withdrawal penalty <b>\$0.00</b>	5 Investment expenses <b>\$0.00</b>	
		4 Federal income tax withheld <b>\$0.00</b>	6 Foreign tax paid <b>\$0.00</b>	
			7 Foreign country or U.S. possession <b>\$0.00</b>	
		8 Tax-exempt interest <b>\$0.00</b>	9 Specified private activity bond interest <b>\$0.00</b>	
		10 Market discount <b>\$0.00</b>	11 Bond premium <b>\$0.00</b>	
		12 Bond premium on Treasury obligations <b>\$0.00</b>	13 Bond premium on tax-exempt bond <b>\$0.00</b>	
Account number (see instructions) XXXXXX4966		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.
				17 State tax withheld

**Interest Income**

**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.

**1099-INT**

(keep for your records)

[www.irs.gov/Form1099int](http://www.irs.gov/Form1099int)

Department of the Treasury - Internal Revenue Service

AMERICAN HERITAGE FEDERAL CU  
2060 RED LION RD  
PHILADELPHIA, PA 19115

First Class  
Presorted  
U.S. Postage  
PAID  
DOXIM

1099-Int

## IMPORTANT: TAX DOCUMENT ENCLOSED

RETURN SERVICE REQUESTED

9431 1 AV 0.471

18861-9431-11



BALARAM RAMYA  
110 GALWAY CIR  
CHALFON, PA 18914-3900

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TO OPEN - Fold and tear along perforation  
slide finger under top edge

TO OPEN - Fold and tear along perforation  
slide finger under top edge

## IMPORTANT - TAX DOCUMENT ENCLOSED

### 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 generally must 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 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.

**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 Forms 1040 and 1040-SR 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 Forms 1040 and 1040-SR. 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 premium 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(m)(5) that you did not want to make a constant yield election for market discount under section 1278(b). 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 includable in taxable income as interest income.

**Box 11.** For a taxable or tax-exempt covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocated to interest payments made to you during the year in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium in box 1. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest payable in respect 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 in box 1. If an amount is reported in this box, see the Instructions for Schedule B (Form 1040) to determine the net amount of interest payable in respect 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 tax-exempt covered security acquired at a premium, and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 12. 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(e)(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.

**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 "owner" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for the year. If you file 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).

**FreeFile.** 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.

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P.182

**Copy B -- To Be Filed With Employee's  
FEDERAL Tax Return.**

a Employer's soc. sec. no 140-15-2567	1 Wages, tips, other comp. 597.00	2 Federal income tax withheld 597.00
b Employer ID number (EIN) 23-2694959	3 Social security wages 597.00	4 Social security tax withheld 37.01
c Employer's name, address and ZIP code Maro Enterprises Inc 17 Moyer Road Chalfont PA 18914	5 Medicare wages and tips 597.00	6 Medicare tax withheld 8.66
d Control number WA-94763396		
e Employee's name, address, and ZIP code Riya Senthil 110 Galway Circle Chalfont, PA 18914		
7 Social security tips	8 Allocated tips 9	
10 Dependent care benefits	11 Nonqualified plans 12a	
13 Statutory employee <input type="checkbox"/> PA-SUI 0.35	14 Other PA LST 5.88	12b 12c 12d
13 Retirement plan <input type="checkbox"/>		
13 Third-party sick pay <input type="checkbox"/>		
15 State Employer's state ID number PA 15240328	16 State wages, tips, etc. 597.00	17 State income tax 18.34
18 Local wages, tips, etc. 597.00	19 Local income tax 6.73	20 Locality name 09

Form W-2 Wage and Tax Statement 2022 Dept. of the Treasury -- IRS

This information is being furnished to the Internal Revenue Service.

**Copy 2 -- To Be Filed With Employee's State,  
City, or Local Income Tax Return.**

a Employer's soc. sec. no 140-15-2567	1 Wages, tips, other comp. 597.00	2 Federal income tax withheld 597.00
b Employer ID number (EIN) 23-2694959	3 Social security wages 597.00	4 Social security tax withheld 37.01
c Employer's name, address and ZIP code Maro Enterprises Inc 17 Moyer Road Chalfont PA 18914	5 Medicare wages and tips 597.00	6 Medicare tax withheld 8.66
d Control number WA-94763396		
e Employee's name, address, and ZIP code Riya Senthil 110 Galway Circle Chalfont, PA 18914		
7 Social security tips	8 Allocated tips 9	
10 Dependent care benefits	11 Nonqualified plans 12a	
13 Statutory employee <input type="checkbox"/> PA-SUI 0.35	14 Other PA LST 5.88	12b 12c 12d
13 Retirement plan <input type="checkbox"/>		
13 Third-party sick pay <input type="checkbox"/>		
15 State Employer's state ID number PA 15240328	16 State wages, tips, etc. 597.00	17 State income tax 18.34
18 Local wages, tips, etc. 597.00	19 Local income tax 6.73	20 Locality name 09

Form W-2 Wage and Tax Statement 2022

Dept. of the Treasury -- IRS

**Copy C -- For EMPLOYEE'S RECORDS**

a Employer's soc. sec. no 140-15-2567	1 Wages, tips, other comp. 597.00	2 Federal income tax withheld 597.00
b Employer ID number (EIN) 23-2694959	3 Social security wages 597.00	4 Social security tax withheld 37.01
c Employer's name, address and ZIP code Maro Enterprises Inc 17 Moyer Road Chalfont PA 18914	5 Medicare wages and tips 597.00	6 Medicare tax withheld 8.66
d Control number WA-94763396		
e Employee's name, address, and ZIP code Riya Senthil 110 Galway Circle Chalfont, PA 18914		
7 Social security tips	8 Allocated tips 9	
10 Dependent care benefits	11 Nonqualified plans 12a	
13 Statutory employee <input type="checkbox"/> PA-SUI 0.35	14 Other PA LST 5.88	12b 12c 12d
13 Retirement plan <input type="checkbox"/>		
13 Third-party sick pay <input type="checkbox"/>		
15 State Employer's state ID number PA 15240328	16 State wages, tips, etc. 597.00	17 State income tax 18.34
18 Local wages, tips, etc. 597.00	19 Local income tax 6.73	20 Locality name 09

Form W-2 Wage and Tax Statement 2022

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 or 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.**

a Employer's soc. sec. no 140-15-2567	1 Wages, tips, other comp. 597.00	2 Federal income tax withheld 597.00
b Employer ID number (EIN) 23-2694959	3 Social security wages 597.00	4 Social security tax withheld 37.01
c Employer's name, address and ZIP code Maro Enterprises Inc 17 Moyer Road Chalfont PA 18914	5 Medicare wages and tips 597.00	6 Medicare tax withheld 8.66
d Control number WA-94763396		
e Employee's name, address, and ZIP code Riya Senthil 110 Galway Circle Chalfont, PA 18914		
7 Social security tips	8 Allocated tips 9	
10 Dependent care benefits	11 Nonqualified plans 12a	
13 Statutory employee <input type="checkbox"/> PA-SUI 0.35	14 Other PA LST 5.88	12b 12c 12d
13 Retirement plan <input type="checkbox"/>		
13 Third-party sick pay <input type="checkbox"/>		
15 State Employer's state ID number PA 15240328	16 State wages, tips, etc. 597.00	17 State income tax 18.34
18 Local wages, tips, etc. 597.00	19 Local income tax 6.73	20 Locality name 09

Form W-2 Wage and Tax Statement 2022

Dept. of the Treasury -- IRS

**REMOVAL  
SLIDE FINGER BETWEEN FRONT & MIDDLE PANEL**

**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 2022 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 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596, Earned Income Credit. 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, Social Security and Other Information for Members of the Clergy and Religious Workers.

**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](http://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 2022 and more than \$9,114 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 \$5,350.80 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** (See also Notice to Employee on the back of Copy B.)

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, Additional Medicare Tax. 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, Social Security and Medicare Tax on Unreported Tip Income, 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 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. The 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 deferral 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.

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 \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans) if you qualify for the 15-year rule explained in Pub. 571. Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

(See also Instructions for Employee on the back of Copy C.)

**Instructions for Employee**

(continued from back of Copy B)

**Box 12 (continued)**

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$8,500 (\$2,000 for section 401(a)(11) and 408(p) SIMPLE plan). 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) when you were in military service. To figure

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—Table of cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (use 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) arrange-

ment.

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 (includ-

ing nonelective 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 pay-

ments. See the Form 1040 instructions.

L—Substantiated employee business expense reimburse-

ments (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 instruc-

tions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on

Form 8853, Archer MSAs and Long-Term Care Insurance

Contracts.

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, Qualified Adoption Expenses, to figure any

taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock options (included in boxes 1, 3 (up to the social security wage

base), and 5). See Pub. 525, Taxable and Nontaxable

Income, for reporting requirements.

W—Employee contributions (including amounts the

employee elected to contribute using a section 125

(cafeteria plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deerrals under a section 409(a) 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 governmen-

tal section 457(b) plan. This amount does not apply to

457(b) plan.

FF—Permitted benefits under a qualified small employer

health reimbursement arrangement

GG—Income from qualified equity grants under section

83(j)

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 checked IRA contribu-

tions you may deduct. See Pub. 590-A, Contributions

to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report informa-

tion such as state disability insurance taxes withheld,

union dues, uniform payments, health insurance premi-

ums deducted, nontaxable income, educational assis-

tance 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.

(See also Notice to Employee on back of Copy B)

REMOVED

Important Tax Document Enclosed

17 Meyer Road

Chalfont PA 18914

Mero Enterprises Inc

FROM:



First-Class Mail

## Employee Reference Copy

**W-2** Wage and Tax Statement **2022**

Copy C for employee's records.

OMB No. 1545-0008

Control number 6811512 WVF	Dept. WGJ0	Corp. S	Employer use only 37850
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Employer's name, address, and ZIP code

**STARBUCKS COFFEE COMPANY**  
PO BOX 34442 MS S-TAX  
SEATTLE, WA 98124

48  
P: 142

e/f Employee's name, address, and ZIP code

**RIYA SENTHIL**  
110 GALWAY CIRCLE  
CHALFON, PA 18914

Employer's FED ID number <b>91-1325671</b>	a Employee's SSA number <b>XXX-XX-2567</b>
Wages, tips, other comp. <b>2179.31</b>	2 Federal income tax withheld
Social security wages <b>2179.31</b>	4 Social security tax withheld <b>135.12</b>
Medicare wages and tips <b>2179.31</b>	6 Medicare tax withheld <b>31.60</b>
Social security tips <b>8</b>	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans <b>11</b>	12a See instructions for box 12
Other <b>14</b>	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
State <b>PA</b>	Employer's state ID no. <b>1895 7027</b>
	16 State wages, tips, etc. <b>2179.31</b>
State income tax <b>17</b>	18 Local wages, tips, etc. <b>2179.31</b>
Local income tax <b>19</b>	20 Locality name <b>461105</b>

**RIYA SENTHIL**  
110 GALWAY CIRCLE  
CHALFON, PA 18914

Social Security Number: **XXX-XX-2567**

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PAGE 01 OF 01



Wages, tips, other comp. <b>2179.31</b>	2 Federal income tax withheld
Social security wages <b>2179.31</b>	4 Social security tax withheld <b>135.12</b>
Medicare wages and tips <b>2179.31</b>	6 Medicare tax withheld <b>31.60</b>
Control number <b>36811512 WVF</b>	Dept. <b>WGJ0</b>
Employer's name, address, and ZIP code <b>STARBUCKS COFFEE COMPANY</b> PO BOX 34442 MS S-TAX SEATTLE, WA 98124	Employer use only <b>37850</b>

Wages, tips, other comp. <b>2179.31</b>	Federal income tax withheld
Social security wages <b>2179.31</b>	4 Social security tax withheld <b>135.12</b>
Medicare wages and tips <b>2179.31</b>	6 Medicare tax withheld <b>31.60</b>
Control number <b>36811512 WVF</b>	Dept. <b>WGJ0</b>
Employer's name, address, and ZIP code <b>STARBUCKS COFFEE COMPANY</b> PO BOX 34442 MS S-TAX SEATTLE, WA 98124	Employer use only <b>37850</b>

Employer's FED ID number <b>91-1325671</b>	a Employee's SSA number <b>XXX-XX-2567</b>
Social security tips <b>7</b>	Allocated tips
	10 Dependent care benefits
Nonqualified plans <b>11</b>	12a See instructions for box 12
Other <b>14</b>	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay

e/f Employee's name, address and ZIP code  
**RIYA SENTHIL**  
110 GALWAY CIRCLE  
CHALFON, PA 18914

State <b>PA</b>	Employer's state ID no. <b>1895 7027</b>	State wages, tips, etc. <b>2179.31</b>
State income tax <b>17</b>	Local wages, tips, etc. <b>66.90</b>	Local wages, tips, etc. <b>2179.31</b>
Local income tax <b>19</b>	Locality name <b>24.52</b>	Locality name <b>461105</b>

Federal Filing Copy  
**W-2** Wage and Tax Statement **2022**  
OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

PA. State Filing Copy  
**W-2** Wage and Tax Statement **2022**  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

Wages, tips, other comp. <b>2179.31</b>	Federal income tax withheld
Social security wages <b>2179.31</b>	4 Social security tax withheld <b>135.12</b>
Medicare wages and tips <b>2179.31</b>	6 Medicare tax withheld <b>31.60</b>
Control number <b>36811512 WVF</b>	Dept. <b>WGJ0</b>
Employer's name, address, and ZIP code <b>STARBUCKS COFFEE COMPANY</b> PO BOX 34442 MS S-TAX SEATTLE, WA 98124	Employer use only <b>37850</b>
Employer's FED ID number <b>91-1325671</b>	a Employee's SSA number <b>XXX-XX-2567</b>
Social security tips <b>7</b>	Allocated tips
	10 Dependent care benefits
Nonqualified plans <b>11</b>	12a
Other <b>14</b>	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay

e/f Employee's name, address and ZIP code  
**RIYA SENTHIL**  
110 GALWAY CIRCLE  
CHALFON, PA 18914

State <b>PA</b>	Employer's state ID no. <b>1895 7027</b>	State wages, tips, etc. <b>2179.31</b>
State income tax <b>17</b>	Local wages, tips, etc. <b>66.90</b>	Local wages, tips, etc. <b>2179.31</b>
Local income tax <b>19</b>	Locality name <b>24.52</b>	Locality name <b>461105</b>

City or Local Filing Copy  
**W-2** Wage and Tax Statement **2022**  
OMB No. 1545-0008  
Copy 2 to be filed with employee's City or Local Income Tax Return.

## 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, Additional Medicare Tax. 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, Social Security and Medicare Tax on Unreported Tip Income, 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.

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 \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under

code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 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 nonelective 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, Archer MSAs and Long-Term Care Insurance Contracts.

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 8889, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock options (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

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, Contributions to Individual Retirement Arrangements (IRAs).

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.

Department of the Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

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.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

## 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 2022 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 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596, Earned Income Credit. **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, Social Security and Other Information for Members of the Clergy and Religious Workers.

**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](http://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 2022 and more than \$9,114 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 \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

AG  
p:191

Riya Senthil }  
TIPS IN CASH } \$225  
FOR 2022 }

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

Carnegie Mellon University  
5000 Forbes Avenue  
Pittsburgh, PA 15213

1 Payments received for qualified tuition and related expenses

OMB No. 1545-1574

\$ 60,314.00

2

2022

Form 1098-T

B1  
P: 1081  
Tuition Statement

FILER'S employer identification no. 25-0969449		STUDENT'S TIN XXX-XX-2567	3			<b>Copy B For Student</b>  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.
STUDENT'S name  RIYA SENTHIL		4 Adjustments made for a prior year  \$ 0.00	5 Scholarships or grants  \$ 0.00			
Street address (including apt. no.) 110 GALWAY CIR		6 Adjustments to scholarships or grants for a prior year  \$ 0.00	7 Checked if the amount in box 1 includes amounts for an academic period beginning January-March 2023 <input checked="" type="checkbox"/>			
City or town, state or province, country, and ZIP or foreign postal code CHALFONT, PA 18914-3900		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.) 2544859		10 Ins. contract reimb./refund  \$				

Form 1098-T

(keep for your records)

[www.irs.gov/Form1098T](http://www.irs.gov/Form1098T)

Department of the Treasury - Internal Revenue Service

## 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](http://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 2022 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2022 that relate to those payments received during 2022.

**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 2023. 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](http://www.irs.gov/Form1098T).

**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.

Riya Senthil

## Student Account Activity

- July 2022 thru June 2023

**TOTAL QUALIFIED EXPENSES**  
Inclusion Boarding  
- \$ 78,688

B2  
P: 1981

\* → 529 Eligible.  
V → Vanguard 529  
P → Private college 529

All period in 2022.

DATE	TERM	DESCRIPTION	AMOUNT
01 Jul 2022	Fall	Balance Forward	-800.00
02 Jul 2022	Fall	Health Insurance - Self Only	2,262.96
02 Jul 2022	Fall	Tuition	29,932.00 AP
02 Jul 2022	Fall	Meal Plan - Green	3,783.00 AV
02 Jul 2022	Fall	Media Fee	5.00 PY
02 Jul 2022	Fall	Orientation Fee	490.00 AP
02 Jul 2022	Fall	Transportation Fee	125.00
02 Jul 2022	Fall	Technology Fee	225.00 AP
02 Jul 2022	Fall	Housing - Mudge House	5,520.00 AP
14 Jul 2022	Monthly	IS29 Plan Payment	-29,209.92
18 Jul 2022	Monthly	E-Check Payment	-10,070.08
28 Jul 2022	Fall	Student Activities Fee	140.00 ?
02 Aug 2022	Fall	Health Insurance - Self Only	-2,262.96
04 Aug 2022	Monthly	E-Check Payment	-140.00
06 Sep 2022	Fall	Meal Plan - Blue	3,371.00 AV
08 Sep 2022	Fall	Meal Plan - Green	-3,583.94 AP
13 Sep 2022	Monthly	Electronic Student Account Refund	212.94
17 Sep 2022	Fall	Meal Plan - Red	2,999.00 AP
19 Sep 2022	Fall	Meal Plan - Blue	-3,132.61 PY
23 Sep 2022	Monthly	Pgh Connections Orientation No Show Fee	25.00
25 Sep 2022	Monthly	Electronic Student Account Refund	108.61
17 Oct 2022	Fall	Student Health Services	105.00
31 Oct 2022	Fall	Student Health Services	163.00
26 Nov 2022	Monthly	E-Check Payment	-8,918.00
26 Nov 2022	Monthly	E-Check Payment	-268.00
06 Dec 2022	Monthly	IS29 Plan Payment	-11,470.98
06 Dec 2022	Monthly	IS29 Plan Payment	-18,463.10
17 Dec 2022	Monthly	E-Check Payment	-492.92
02 Jan 2023	Spring	Housing - Mudge House	5,520.00 AP
02 Jan 2023	Spring	Meal Plan - Red	3,398.00 AV
02 Jan 2023	Spring	Tuition	29,932.00 AP
02 Jan 2023	Spring	Media Fee	5.00 PY
02 Jan 2023	Spring	Transportation Fee	125.00
02 Jan 2023	Spring	Technology Fee	225.00 AP
02 Jan 2023	Spring	Student Activities Fee	140.00 ?
			Balance: 0.00

All Amounts in USD

- July 2021 thru June 2022

DATE	TERM	DESCRIPTION	AMOUNT
14 May 2022	Monthly	Admissions Deposit	-800.00
			Balance: -800.00

All Amounts in USD

P total :- 59,864 ← Just tuition.  
V total :- 18,1824

**PRIVATE  
COLLEGE 529 PLAN**

by CollegeWell  
PO Box 44036 • Jacksonville, FL 32231

B3  
P: 191

January 12, 2023

0000302

302 1 MB 0.512 3 135647 1 1  
\*\*\*\*\*AUTO\*\*MIXED AADC 601



RIYA SENTHIL  
110 GALWAY CIR  
CHALFONT PA 18914-3900

**Instructions for Recipient**

Distributions from Coverdell education savings accounts (CESAs) under section 530 and qualified tuition programs (QTPs) under section 529, including rollovers, may be taxable. Nontaxable distributions from CESAs and QTPs are not required to be reported on your income tax return. You must determine the taxability of any distribution. See Pub. 970 and the Instructions for Forms 1040 and 1040-SR for more information. Also see Form 5329 and its separate instructions.

**Recipient's taxpayer identification no. (TIN).** For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the payer or trustee has reported your complete TIN to the IRS.

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

**Box 1.** Shows the gross distribution (including in-kind distributions) paid to you this year from a QTP or a CESA. This amount is the total of the amounts shown in boxes 2 and 3. See Pub. 970 for more information.

**Caution:** For CESA distributions (other than earnings on excess contributions) made during the calendar year, the payer/trustee is not required to report amounts in boxes 2 and 3. Instead, the payer/trustee may report the fair market value of the CESA as of December 31 of the calendar year in the blank box below boxes 5 and 6. To figure your earnings and basis, use the Coverdell ESA—Taxable Distributions and Basis worksheet in Pub. 970.

**Box 2.** Shows the earnings part of the gross distribution shown in box 1. Generally, amounts distributed that are used to pay for qualified education expenses, transferred between trustees, or rolled over to another qualified education program or to an ABLE account, within 60 days, are not included in income.

Under a QTP, the amount in box 2 is included in income if there has been (a) more than one transfer or rollover within any 12-month period with respect to the same beneficiary, or (b) a change in the designated beneficiary and the new designated beneficiary is not a family member.

Under a CESA, the amount in box 2 is included in income if there has been a change in the designated beneficiary and the new designated beneficiary is not a family member or is over age 30 (except for beneficiaries with special needs).

Also, an additional 10% tax may apply to part or all of any amount included in income from the CESA or QTP. See Form 5329 and your tax return instructions for more information.

If a final (total) distribution is made from your account and you have not recovered your contributions, see Pub. 970 to determine if you have a deductible loss and how to claim it.

**Box 3.** Shows your basis in the gross distribution reported in box 1.

**Box 4.** This box is checked if a trustee-to-trustee transfer was made from one QTP to another QTP, from one CESA to another CESA, from a CESA to a QTP, or from a QTP to an ABLE account. However, in certain transfers from a CESA, the box will be blank.

**Box 5.** Shows whether the gross distribution was from a QTP (private or state) or from a CESA.

**Box 6.** The designated beneficiary is the individual named in the document creating the trust or custodial account to receive the benefit of the funds in the account. If you are not the designated beneficiary, see Pub. 970 and the Instructions for Forms 1040 and 1040-SR.

**Distribution codes.** For the calendar year, the payer/trustee may, but is not required to, report (in the box below boxes 5 and 6) one of the following codes to identify the distribution you received: 1—Distributions (including transfers); 2—Excess contributions plus earnings taxable in the calendar year; 3—Excess contributions plus earnings taxable in the prior calendar year; 4—Disability; 5—Death; or 6—Prohibited transaction.

**Future developments.** For the latest information about developments related to Form 1099-Q and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099Q](http://www.irs.gov/Form1099Q).

CORRECTED (if checked)

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution  <b>\$47,673.02</b>	OMB No. 1545-1760  <b>2022</b>	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>
Private College 529 Plan PO Box 44036 Jacksonville, FL 32231		2 Earnings  <b>\$21,145.68</b>	Form 1099-Q	
PAYER'S/TRUSTEE'S TIN  20-0172859	RECIPIENT'S TIN  XXX-XX-2567	3 Basis  <b>\$26,527.34</b>	4 Trustee-to-trustee transfer  <input checked="" type="checkbox"/> or State <input type="checkbox"/> • Coverdell ESA <input type="checkbox"/>	<b>Copy B For Recipient</b>
RECIPIENT'S name  RIYA SENTHIL Street address (including apt. no.)  110 GALWAY CIRCLE City or town, state or province, country, and ZIP or foreign postal code CHALFONT PA 18914	5 Distribution is from: • Qualified tuition program — Private <input checked="" type="checkbox"/> or State <input type="checkbox"/> • Coverdell ESA <input type="checkbox"/>	6 If this box is checked, the recipient is not the designated beneficiary  <input type="checkbox"/>		
Account number (see instructions)  5290114777	If the fair market value (FMV) is shown below, see Pub. 970, Tax Benefits for Education, for how to figure earnings.			

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,

**PRIVATE COLLEGE 529 PLAN**

by CollegeWell

PO Box 44036 • Jacksonville, FL 32231

B4  
P: 1 g)

January 12, 2023

303 1 MB 0.512 3 135647 1 1  
\*\*\*\*\* AUTO\*\*MIXED AADC 601

0000303

RIYA SENTHIL  
110 GALWAY CIR  
CHALFONT PA 18914-3900

### **Instructions for Recipient**

Distributions from Coverdell education savings accounts (CESAs) under section 530 and qualified tuition programs (QTPs) under section 529, including rollovers, may be taxable. Nontaxable distributions from CESAs and QTPs are not required to be reported on your income tax return. You must determine the taxability of any distribution. See Pub. 970 and the Instructions for Forms 1040 and 1040-SR for more information. Also see Form 5329 and its separate instructions.

**Recipient's taxpayer identification no. (TIN).** For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the payer or trustee has reported your complete TIN to the IRS.

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

**Box 1.** Shows the gross distribution (including in-kind distributions) paid to you this year from a QTP or a CESA. This amount is the total of the amounts shown in boxes 2 and 3. See Pub. 970 for more information.

**Caution:** For CESA distributions (other than earnings on excess contributions) made during the calendar year, the payer/trustee is not required to report amounts in boxes 2 and 3. Instead, the payer/trustee may report the fair market value of the CESA as of December 31 of the calendar year in the blank box below boxes 5 and 6. To figure your earnings and basis, use the Coverdell ESA—Taxable Distributions and Basis worksheet in Pub. 970.

**Box 2.** Shows the earnings part of the gross distribution shown in box 1. Generally, amounts distributed that are used to pay for qualified education expenses, transferred between trustees, or rolled over to another qualified education program or to an ABLE account, within 60 days, are not included in income.

Under a QTP, the amount in box 2 is included in income if there has been (a) more than one transfer or rollover within any 12-month period with respect to the same beneficiary, or (b) a change in the designated beneficiary and the new designated beneficiary is not a family member.

Under a CESA, the amount in box 2 is included in income if there has been a change in the designated beneficiary and the new designated beneficiary is not a family member or is over age 30 (except for beneficiaries with special needs).

Also, an additional 10% tax may apply to part or all of any amount included in income from the CESA or QTP. See Form 5329 and your tax return instructions for more information.

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Box 5. Shows whether the gross distribution was from a QTP (private or state) or from a CESA.

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**Distribution codes.** For the calendar year, the payer/trustee may, but is not required to, report (in the box below boxes 5 and 6) one of the following codes to identify the distribution you received: 1—Distributions (including transfers); 2—Excess contributions plus earnings taxable in the calendar year; 3—Excess contributions plus earnings taxable in the prior calendar year; 4—Disability; 5—Death; or 6—Prohibited transaction.

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CORRECTED (if checked)

PAYER'S/TRUSTEE's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution  \$11,470.98  2 Earnings  \$1,968.70	OMB No. 1545-1760  <b>2022</b>  Form 1099-Q	Payments From Qualified Education Programs (Under Sections 529 and 530)
PAYER'S/TRUSTEE'S TIN  20-0172859	RECIPIENT'S TIN  XXX-XX-2567	3 Basis  \$9,502.28	4 Trustee-to-trustee transfer  <input type="checkbox"/>	Copy B For Recipient  <input type="checkbox"/>
RECIPIENT'S name  <b>RIYA SENTHIL</b> Street address (including apt. no.)  110 GALWAY CIRCLE City or town, state or province, country, and ZIP or foreign postal code CHALFONT PA 18914		5 Distribution is from: <ul style="list-style-type: none"> <li>• Qualified tuition program <input checked="" type="checkbox"/></li> <li>• Private <input checked="" type="checkbox"/> or State <input type="checkbox"/></li> <li>• Coverdell ESA <input type="checkbox"/></li> </ul>	6 If this box is checked, the recipient is not the designated beneficiary  <input type="checkbox"/>	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  <input type="checkbox"/>
If the fair market value (FMV) is shown below, see Pub. 970, Tax Benefits for Education, for how to figure earnings.				
Account number (see instructions)  5290114878				

35  
P: 141

Ramya Balaram  
 110 Galway Circle  
 Chalfont, PA 18914-3900



CORRECTED (if checked)

PAYER'S/TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution  \$ 17,000.00	OMB No. 1545-1760  Form <b>1099-Q</b>  (Rev. November 2019)	<b>Payments From Qualified Education Programs (Under Sections 529 and 530)</b>
Nevada College Savings Trust Fund The Vanguard 529 College Savings Plan PO Box 55111 Boston, MA 02205-5111 (866)734-4530		2 Earnings  \$ 6,847.19	For calendar year 20 <u>22</u>	
PAYER'S/TRUSTEE'S TIN 61-6487563	RECIPIENT'S TIN XXX-XX-5437	3 Basis  \$ 10,152.81	4 Trustee-to-trustee transfer <input type="checkbox"/>	<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.
RECIPIENT'S name  Ramya Balaram	Street address (including apt. no.)  110 Galway Circle	5 Distribution is from: <ul style="list-style-type: none"> <li>• Qualified tuition program— Private <input type="checkbox"/> or State <input checked="" type="checkbox"/></li> <li>• Coverdell ESA <input type="checkbox"/></li> </ul>	6 If this box is checked, the recipient is not the designated beneficiary <input checked="" type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code  Chalfont, PA 18914		If the fair market value (FMV) is shown below, see Pub. 970, Tax Benefits for Education, for how to figure earnings.		
Account number (see instructions) 288621518-02				

Form **1099-Q** (Rev. 11-2019) (keep for your records)

[www.irs.gov/Form1099Q](http://www.irs.gov/Form1099Q)

Department of the Treasury - Internal Revenue Service

## Instructions for Recipient

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**Distribution codes.** For the calendar year, the payer/trustee may, but is not required to, report (in the box below boxes 5 and 6) one of the following codes to identify the distribution you received: 1—Distributions (including transfers); 2—Excess contributions plus earnings taxable in the calendar year; 3—Excess contributions plus earnings taxable in the prior calendar year; 4—Disability; 5—Death; or 6—Prohibited transaction.

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Senthil Murugan &lt;senthil.murugan@yorkds.com&gt;

C1  
P: 182

## Confirmation of Filing Annual Report

1 message

no-reply@njportal.com &lt;no-reply@njportal.com&gt;

Sun, Apr 17, 2022 at 12:58 PM

To: senthil.murugan@yorkds.com

Thank you for using the Annual Reports and Change Services at NJ.gov. Your credit card or bank statement will show a charge from New Jersey Business Services. Please save or print this e-mail for your records.

Business Name: YORK DECISION SYSTEMS, LLC

NJ Entity Id: 0400226816

Confirmation Number: 1263683844

Filings: Annual Report for 2022

Amount: \$78.00

Transaction Date: 04/17/2022

Access Key: 81eae33e-5d71-4765-8010-ad87111ca599

Document Download: <https://www.njportal.com/DOR/AnnualReports/Document>

Documents Available Until: 07/16/2022

You may access the documents you requested by using the Document Download link or by entering the Access Key above in the Document Retrieval Center.

Requested documents are only available to download for 90 days from the transaction date.

[Get Annual Report Filing Reminders and CorpWatch Alerts](#)

[Take our quick 1-2 minute survey to tell us what you think.](#)

See what else you can do online at [www.NJ.gov](http://www.NJ.gov).

This electronic government service includes a service fee that allows the State of New Jersey to deliver this and other important services without tax funding. This fee is paid to a third party that provides these services for the State and thus is not considered revenue for the State of New Jersey.

[NJ.gov - The official web site for the State of New Jersey](#)



Senthil Murugan &lt;senthil.murugan@yorkds.com&gt;

## New Jersey Government Services Payment Receipt

1 message

no-reply@njportal.com &lt;no-reply@njportal.com&gt;

Sun, Apr 17, 2022 at 12:58 PM

C1  
P:292

## Payment Receipt Confirmation

Your payment was successfully processed.

### Transaction Summary

Description	Amount
	\$78.00
Pay now with New Jersey Government Services	\$78.00

Please do not reply to this email. This email is sent from an account we use for sending messages only and we will not receive your reply. Thank you for using the Annual Reports and Change service at the NJ Division of Revenue and Enterprise Services.

### Customer Information

**Customer Name** Senthil Murugan  
**Company Name**  
**Local Reference ID** 1263683844  
**Receipt Date** 4/17/2022  
**Receipt Time** 12:58:56 PM EDT

### Payment Information

**Payment Type** Credit Card  
**Credit Card Type** VISA  
**Credit Card Number** \*\*\*\*\*1729  
**Order ID** 165668728  
**Billing Name** Senthil Murugan

### Billing Information

**Billing Address** 110 Galway Circle  
**Billing City, State** Chalfont, PA  
**ZIP/Postal Code** 18914  
**Country** US  
**Phone Number** 215-716-1324  
**This receipt has been emailed to the address below.**  
**Email Address** senthil.murugan@yorkds.com



Senthil Murugan &lt;senthil.murugan@yorkds.com&gt;

C2  
P: 141

## Payment Receipt for Senthil Murugan

2 messages

RASI.COM &lt;admin@rasi.com&gt;

To: senthil.murugan@yorkds.com, receipts@rasi.com

Sun, Apr 17, 2022 at 12:35 PM



**REGISTERED AGENT  
SOLUTIONS INC**  
A LEXITAS COMPANY

**Registered Agent Solutions,  
Inc.**

**Corporate Headquarters**  
5301 Southwest Parkway  
Suite 400  
Austin, TX 78735

4/17/2022

**Bill To:**

Senthil Murugan  
110 Galway Circle  
Chalfont, PA 18914

To Our Valued Customer,

Thank you for choosing Registered Agent Solutions for your registered agent needs.

Invoice	Jurisdiction	Description	Amount
1384172	NJ	York Decision Systems LLC	\$175.00
<b>Total Charges:</b>			\$175.00
<b>Amount Paid:</b>			\$175.00
<b>Payment Method:</b>			Visa1729
<b>Authorization Number:</b>			599575

Please contact customer service at 888-705-7274 if you have any questions regarding this order. To register for Online Account Access please click on the following link [www.rasi.com/registration](http://www.rasi.com/registration).

Senthil Murugan <senthil.murugan@yorkds.com>  
To: senthilmurugan@yahoo.com

Sun, Apr 17, 2022 at 12:37 PM

Copy of RASI registered agent payment receipt.

[Quoted text hidden]



# Invoice

Invoice number: 4113008399

Google LLC  
1600 Amphitheatre Pkwy  
Mountain View, CA 94043  
United States  
Federal Tax ID: 77-0493581

C3  
P: 1481

Bill to

Senthil Murugan  
110 Galway Circle  
Chalfont, PA 18914  
United States

Details

Invoice number ..... 4113008399  
Invoice date ..... Apr 30, 2022  
Billing ID ..... 9240-2015-8259  
Domain name ..... yorkds.com

Google Workspace

Total in USD \$10.00

Summary for Apr 12, 2022 - Apr 17, 2022

Subtotal in USD	\$10.00
Tax (0%)	\$0.00
Total in USD	\$10.00

You will be automatically charged for any amount due.



C4  
P:144

Payments profile ID  
9240-2015-8259

Name  
Senthil Murugan

Payments account nickname  
Google for Work

Summary created  
Mar 19, 2023

## Sep 1–30, 2022

Ending balance: \$3.18

Transaction Type	Description	Amount (USD)
Taxes	State sales tax	\$0.18
Costs	Google Workspace Business Starter: Usage of 1 seats	\$3.00
Payments	1 Payment	-\$1.55
Starting balance:		\$1.55



CL  
P: 24/4

Payments profile ID  
9240-2015-8259

Name  
Senthil Murugan

Payments account nickname  
Google for Work

Summary created  
Mar 19, 2023

## Oct 1– 31, 2022

Ending balance: \$3.18

Transaction Type	Description	Amount (USD)
Taxes	State sales tax	\$0.18
Costs	Google Workspace Business Starter: Usage of 1 seats	\$3.00
Payments	1 Payment	-\$3.18 ←

Starting balance: \$3.18



C4  
P: 394

Payments profile ID  
9240-2015-8259

Name  
Senthil Murugan

Payments account nickname  
Google for Work

Summary created  
Mar 19, 2023

## Nov 1–30, 2022

Ending balance: \$3.18

Transaction Type	Description	Amount (USD)
Taxes	State sales tax	\$0.18
Costs	Google Workspace Business Starter: Usage of 1 seats	\$3.00
Payments	1 Payment	-\$3.18 ←

Starting balance: \$3.18



C4  
P: 484

Payments profile ID  
9240-2015-8259

Name  
Senthil Murugan

Payments account nickname  
Google for Work

Summary created  
Mar 19, 2023

## Dec 1– 31, 2022

Ending balance: \$3.18

Transaction Type	Description	Amount (USD)
Taxes	State sales tax	\$0.18
Costs	Google Workspace Business Starter: Usage of 1 seats	\$3.00
Payments	1 Payment	-\$3.18 ↵

Starting balance: \$3.18



Investments: 1-855-880-2559  
Bank Accounts: 1-877-247-2559

E1  
P: 181

## Money Market Savings Account Account

## Money Market Savings

Account Number: \*\*\*\*\*0903

Routing Number: 124003116

Available Balance: \$131,284.04

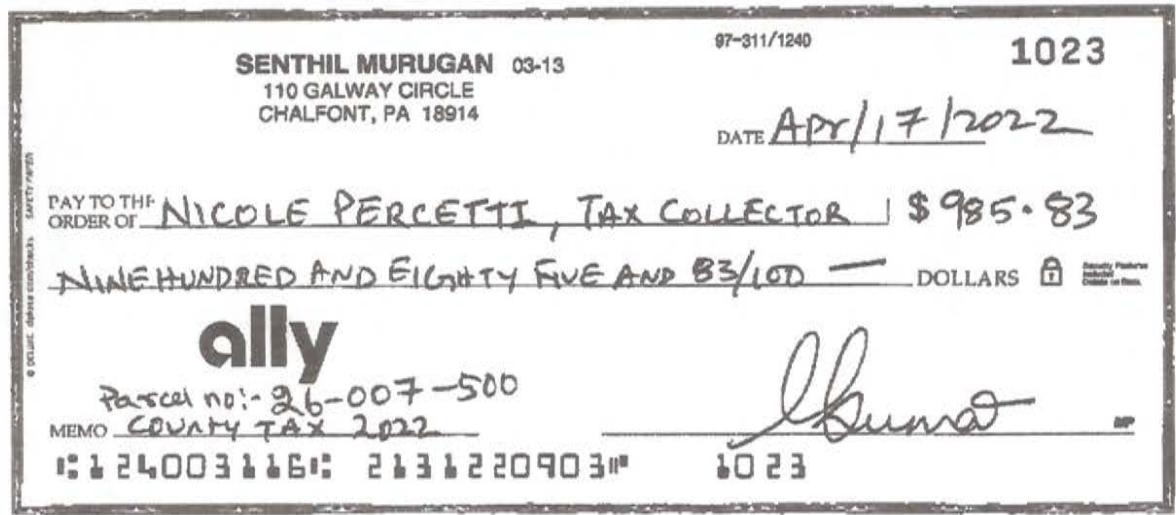
Amount: -\$985.83

Posting Date: Apr 20, 2022

Posting Time: 11:18 PM ET

Type: Withdrawal

FRONT OF CHECK



BACK OF CHECK

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE \*

New Britain Township Tax Collector  
100011279  
For Deposit Only

The security features listed below, as well as those  
not listed, exceed industry guidelines.

• Security Features: Results of document analysis on:  
• MP • Bill 100% micro-stamped  
• To seal • Watermark • Security paper  
• Penetrable ink  
• Aligned registration  
• UV ink  
• Faint ink  
• Federal Reserve Board of Governors seal

A FEW THINGS YOU SHOULD KNOW



Investments: 1-855-880-2559  
Bank Accounts: 1-877-247-2559

E2  
P: 181

## Money Market Savings Account Account

## Money Market Savings

Account Number: \*\*\*\*\*0903

Routing Number: 124003116

Available Balance: \$131,284.04

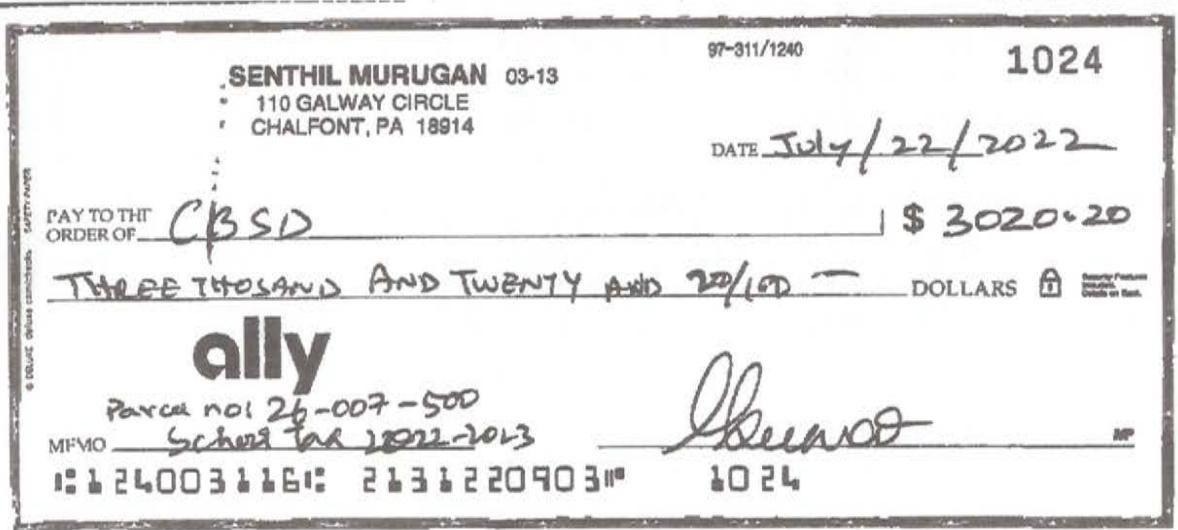
Amount: -\$3,020.20

Posting Date: Jul 28, 2022

Posting Time: 11:16 PM ET

Type: Withdrawal

FRONT OF CHECK



## BACK OF CHECK

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVE FOR FINANCIAL INSTITUTION USE \*

ENDORSE HERE DEPOSIT ONLY  
Central Bucks School District  
4277743857

The security feature is listed below as well as those not listed above industry guidelines.

**Security Features:**

- Receipts or documents attached
- Magnetic ink (MICR) on the bottom line
- Signature on back of check
- Address of depositor
- Verification of bank account

\* FEDERAL RESERVE BOARD OF GOVERNORS REG-C

## A FEW THINGS YOU SHOULD KNOW