

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no. ATERES MORDECHAI CHALLENGE EARLY INTERVENTION CEN 649 39TH STREET BROOKLYN, NY 11232		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 23
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**Nonemployee
Compensation**

PAYER'S TIN 11-3537183	RECIPIENT'S TIN 153-15-4589	1 Nonemployee compensation \$ 10176.00
RECIPIENT'S name, address, ZIP/postal code & country Nupur V. Shah, PT 20 Farmhaven Avenue Edison, NJ 08820		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐
		3
		4 Federal income tax withheld \$
Account number (see instructions)		5 State tax withheld \$ \$
		6 State/Payer's state no.

**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.

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

(keep for your records)

Department of the Treasury - Internal Revenue Service

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

(keep for your records)

Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING

BNECREC NTF 2585133 2 B99NECB

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ACCUTIME WATCH CORP. 1001 AVENUE OF THE AMERICAS NEW YORK NY 10018-5474 (212) 686-9200 Ext. 0000		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>23</u>		Nonemployee Compensation 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.
PAYER'S TIN 13-3157786	RECIPIENT'S TIN 46-1938156	1 Nonemployee compensation \$ 5240.00		
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code PINE STREET CONSULTING LLC 20 FARMHAVEN AVE. EDISON NJ 08820 Account number (see instructions)		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$

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

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

W-2 Federal Income Tax Statement 2023 Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp.	222835.44	2 Federal income tax withheld	44780.61
3 Social security wages	160200.00	4 Social Security tax withheld	9932.40
5 Medicare wages and tips	245335.44	6 Medicare tax withheld	3965.38
d Control number		Employer use only	
c Employer's name, address, and ZIP code MOORE CAPITAL MANAGEMENT, LLC ELEVEN TIMES SQUARE FLOOR 38 NEW YORK NY 10036			
b Employer's FED ID number	84-4686218	a Employee's SSA number	XXX-XX-7440
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	C 809.90
14 Other NYPFL SDI	399.43 31.20	12b D	22500.00
		12c DD	22112.28
		12d	
		13 Stat emp	Ret. plan X 3rd party sick pay
e Employee's name, address, and ZIP code VIVEK SHAH 20 FARMHAVEN AVENUE EDISON NJ 08820			
15 State NY	Employer's state ID no. 844686218	16 State wages, tips, etc. 222835.44	
17 State income tax	14138.98	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement 2023 Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	222835.44	2 Federal income tax withheld	44780.61
3 Social security wages	160200.00	4 Social Security tax withheld	9932.40
5 Medicare wages and tips	245335.44	6 Medicare tax withheld	3965.38
d Control number		Employer use only	
c Employer's name, address, and ZIP code MOORE CAPITAL MANAGEMENT, LLC ELEVEN TIMES SQUARE FLOOR 38 NEW YORK NY 10036			
b Employer's FED ID number	84-4686218	a Employee's SSA number	XXX-XX-7440
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	C 809.90
14 Other NYPFL SDI	399.43 31.20	12b D	22500.00
		12c DD	22112.28
		12d	
		13 Stat emp	Ret. plan X 3rd party sick pay
e Employee's name, address, and ZIP code VIVEK SHAH 20 FARMHAVEN AVENUE EDISON NJ 08820			
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19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement 2023 Copy 2 to be filed with employee's State/City/Local Income Tax Return

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3 Social security wages	160200.00	4 Social Security tax withheld	9932.40
5 Medicare wages and tips	245335.44	6 Medicare tax withheld	3965.38
d Control number		Employer use only	
c Employer's name, address, and ZIP code MOORE CAPITAL MANAGEMENT, LLC ELEVEN TIMES SQUARE FLOOR 38 NEW YORK NY 10036			
b Employer's FED ID number	84-4686218	a Employee's SSA number	XXX-XX-7440
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
		12c	
		12d	
		13 Stat emp	Ret. plan X 3rd party sick pay
e Employee's name, address, and ZIP code VIVEK SHAH 20 FARMHAVEN AVENUE EDISON NJ 08820			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy Wage and Tax Statement 2023 Copy C for Employee Records

1 Wages, tips, other comp.	222835.44	2 Federal income tax withheld	44780.61
3 Social security wages	160200.00	4 Social Security tax withheld	9932.40
5 Medicare wages and tips	245335.44	6 Medicare tax withheld	3965.38
d Control number		Employer use only	
c Employer's name, address, and ZIP code MOORE CAPITAL MANAGEMENT, LLC ELEVEN TIMES SQUARE FLOOR 38 NEW YORK NY 10036			
b Employer's FED ID number	84-4686218	a Employee's SSA number	XXX-XX-7440
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	C 809.90
14 Other NYPFL SDI	399.43 31.20	12b D	22500.00
		12c DD	22112.28
		12d	
		13 Stat emp	Ret. plan X 3rd party sick pay
e Employee's name, address, and ZIP code VIVEK SHAH 20 FARMHAVEN AVENUE EDISON NJ 08820			
15 State NY	Employer's state ID no. 844686218	16 State wages, tips, etc. 222835.44	
17 State income tax	14138.98	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2023 W-2 and EARNINGS SUMMARY UKG

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser: <https://turbotax.intuit.com/affiliate/ultipaper>

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	245809.94	245809.94	245809.94
Less Exempt Wages			
Less Deferred Comp	22500.00		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	474.50	474.50	474.50
Less Excess Wages		85135.44	
Taxable Wages (Reported on Form W-2)	222835.44 Box 1 of W-2	160200.00 Box 3 of W-2	245335.44 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: T 0 SIT Res: NJSIT A 0 SIT Work: NYSIT S 0

Page 1 of 1

Form W-2 Wage and Tax Statement			2023 Tax Year		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile		
a Employee's social security number 153-15-4589			1 Wages & other compensation 73,994.26		12a See instructions for box 12 E 22,500.00		14 Other IRC 414H 5,849.79 IRC 132 2,120.00 HWB 2,000.00		
b Employer identification number (EIN) 13-6400434			2 Federal income tax withheld 9,260.36		12b DD 32,410.98				
c Employer's name, address, and ZIP code CITY OF NEW YORK 450 WEST 33RD STREET, 4TH FL. NEW YORK, NY 10001-2633			3 Social Security Wages 102,344.05		12c				
			4 Social Security tax withheld 6,345.33		12d				
			5 Medicare wages 102,344.05		12e				
			6 Medicare tax withheld 1,483.99		12f				
d Control Number			9		12g				
e Employee's first name and initial NUPUR			Last name SHAH		10 Dependent Care Benefit		12h		
20 FARMHAVEN AVE EDISON NJ 08820			13 Retirement plan ☒		12i				
					12j				
f Employee's address and ZIP code									
15 Name of State NEW YORK		16 State Wages, etc. 73,994.26		17 State Income Tax 3,596.03		20 Locality name		18 Local Wages, etc.	
15a Name of State		16a State Wages, etc.		17a State Income Tax		20a Locality name		18a Local Wages, etc.	
								19 Local Income Tax	
								19a Local Income Tax	

Copy 2- To be Filed with Employee's State, City or Local Income Tax Return

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement			2023 Tax Year		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile		
a Employee's social security number 153-15-4589			1 Wages & other compensation 73,994.26		12a See instructions for box 12 E 22,500.00		14 Other IRC 414H 5,849.79 IRC 132 2,120.00 HWB 2,000.00		
b Employer identification number (EIN) 13-6400434			2 Federal income tax withheld 9,260.36		12b DD 32,410.98				
c Employer's name, address, and ZIP code CITY OF NEW YORK 450 WEST 33RD STREET, 4TH FL. NEW YORK, NY 10001-2633			3 Social Security Wages 102,344.05		12c				
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e Employee's first name and initial NUPUR			Last name SHAH		10 Dependent Care Benefit		12h		
20 FARMHAVEN AVE EDISON NJ 08820			13 Retirement plan ☒		12i				
					12j				
f Employee's address and ZIP code									
15 Name of State NEW YORK		16 State Wages, etc. 73,994.26		17 State Income Tax 3,596.03		20 Locality name		18 Local Wages, etc.	
15a Name of State		16a State Wages, etc.		17a State Income Tax		20a Locality name		18a Local Wages, etc.	
								19 Local Income Tax	
								19a Local Income Tax	

Copy B- To be Filed with Employee's Federal Tax Return

Department of the Treasury - Internal Revenue Service

RECIPIENT'S/LENDER'S name, address and telephone number

Wells Fargo Bank N.A.

Return Mail Operations

PO Box 14411

Des Moines IA 50306-3411

01/03/24

***Caution:** The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No.
1545-1380
2023

Form
1098

MORTGAGE INTEREST STATEMENT

**Copy B
For Payer/
Borrower**

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

We accept telecommunications relay service calls.

Phone #: 1-866-234-8271

Fax #: 1-866-278-1179

☐ CORRECTED (if checked)

PAYER'S/BORROWER'S name, street address, city, state and ZIP code

0034513 01 AV 0.498 **AUTO T3 0 0452 08820-323720 -C01-P34547-I



VIVEK SHAH

20 FARMHAVEN AVE

EDISON, NJ 08820-3237



RECIPIENT'S/LENDER'S TIN

94-1347393

PAYER'S/BORROWER'S TIN

XXX-XX-7440

1 Mortgage interest received from
payer(s)/borrower(s)*

\$7,503.85

2 Outstanding mortgage
principal (See instructions)

\$216,357.12

3 Mortgage
origination date

11/30/2010

4 Refund of overpaid
interest

\$0.00

5 Mortgage insurance
premiums

\$0.00

6 Points paid on purchase of principal residence

\$0.00

7 The address of the property securing the mortgage
will be entered in box 8 and may be the same as
PAYER'S/BORROWER'S address.

See box 8 below.

8 Address or description of property securing mortgage

20 FARMHAVEN AVE

EDISON, NJ 08820

9 Number of properties
securing the mortgage

10 Real estate taxes

\$0.00

11 Mortgage acquisition
date

Account number

0314587965

Form 1098 SEE BACK SIDE FOR IMPORTANT INFORMATION (Keep for your records.) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

Please consult a Tax Advisor about the deductibility of any payments made by you or others.

Box 2. Shows the outstanding principal on the mortgage as of January 1, 2023. If the mortgage originated in 2023, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2023, shows the mortgage principal as of the date of acquisition.

2023 INTEREST DETAIL

TOTAL INTEREST APPLIED 2023

2023 MORTGAGE INTEREST RECEIVED FROM PAYER/BORROWER(S)

\$7,503.85

\$7,503.85

If you have questions about your loan, you can use the number listed at the top of this statement. By selecting one of the options listed, you can receive information regarding:

- Taxes paid year-to-date
- Interest paid year-to-date
- The amount & date of your last payment
- Other valuable information

We issue tax documents to the primary account owner.

Wells Fargo Home Mortgage, a division of Wells Fargo Bank, N.A., believes Customers come first. You can always count on us to provide the excellent service you've come to expect.



[] CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Questions? Call (800) 628-7070

BETHPAGE FEDERAL CREDIT UNION

899 SOUTH OYSTER BAY ROAD

BETHPAGE NY 11714-1030

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380

Form **1098**

(Rev. January 2022)

For calendar year

2023**Mortgage
Interest
Statement**

PAYER'S/BORROWER'S name

2.1.233 1 AB 0.534 17897S11.p01 192853 1-1



SHAH VIVEK

20 FARMHAVEN AVE

EDISON NJ 08820-3237

1 Mortgage interest received from payer(s)/borrower(s)*

\$ 4,488.75

2 Outstanding mortgage principal

\$ 109,848.07

3 Mortgage origination date

11/21/2019

4 Refund of overpaid interest

\$ 0.00

5 Mortgage insurance premiums

\$

6 Points paid on purchase of principal residence

\$ 0.00

7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.

8 Address or description of property securing mortgage
3409 Santee Rd Nottingham MD 21236

9 Number of properties securing the mortgage

RECIPIENT'S/LENDER'S TIN

11-1525965

PAYER'S/BORROWER'S TIN

XXX-XX-7440

Account number (see instructions)

9992234683

10 Other**11** Mortgage acquisition dateForm **1098** (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

Copy B For Payer/ Borrower

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

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower'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.

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

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.



If you prepaid interest in the calendar year that accrued in full by January 15, of the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1.

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098.

Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

1/5/24



OUR INFO
ONLINE
www.mrcooper.com



0015405 01 AB 0.534 01 TR 00068 RN98EOL4 000000
NUPUR SHAH
20 FARMHAVEN AVE
EDISON, NJ 08820



YOUR INFO
LOAN NUMBER
0694121302
PROPERTY ADDRESS
328 RED HAVEN CT
JOPPA, MD 21085

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION
ANNUAL ESCROW AND INTEREST STATEMENT

NUPUR SHAH
20 FARMHAVEN AVE
EDISON, NJ 08820

Nationstar Mortgage LLC d/b/a Mr. Cooper
8950 Cypress Waters Blvd.
Coppell, TX 75019
TIN#: 75-2921540

YEAR: 2023
ACCT #: 0694121302
SSN/TIN: XXX-XX-4589

DISBURSEMENTS FROM ESCROW

CURRENT TOTAL PYMT: \$486.31
CURRENT ESCROW PYMT: \$0.00
CURRENT OPTIONAL INS PYMT: \$0.00

PRINCIPAL RECONCILIATION

BEG BAL: \$106,177.99
APPLIED BALANCE: \$2,287.36
ENDING BAL: \$103,890.63

INTEREST RECONCILIATION

INTEREST PAID: \$3,548.36
MORTGAGE INTEREST RECEIVED FROM
PAYER(S)/BORROWER(S): \$3,548.36

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Nationstar Mortgage LLC d/b/a Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019 Customer Service: 888-480-2432		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 20 <u>23</u>	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
RECIPIENT'S/LENDER'S TIN 75-2921540		PAYER'S/BORROWER'S TIN XXX-XX-4589		1 Mortgage interest received from payer(s)/borrower(s)* \$ 3,548.36	
PAYER'S/BORROWER'S name NUPUR SHAH		2 Outstanding mortgage principal \$ 106,177.99	3 Mortgage origination date 02/19/2021	5 Mortgage insurance premiums \$ 0.00	
Street address (including apt. no.) 20 FARMHAVEN AVE		4 Refund of overpaid interest \$ 0.00	6 Points paid on purchase of principal residence \$ 0.00		
City or town, state or province, country, and ZIP or foreign postal code EDISON, NJ 08820		7 ☐ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		8 Address or description of property securing mortgage 328 RED HAVEN CT JOPPA, MD 21085	
9 Number of properties securing the mortgage 01	10 Other	11 Mortgage acquisition date			
Account number (see instructions) 0694121302					

Form 1098 (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

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 Forms 1040. Also, for more information, go to www.irs.gov/Credits-Deductions/Individuals/Qualified-Ed-Expenses.

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

Student's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

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

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

Box 2. Reserved for future use.

Box 3. Reserved for future use.

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

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

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

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

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

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

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

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

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

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

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Middlesex College 2600 Woodbridge Ave Edison, NJ 08818 732-548-6000 Ext. 3111		1 Payments received for qualified tuition and related expenses \$ 270.00 2	OMB No. 1545-1574 2023 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S employer identification no. 22-1769370	STUDENT'S TIN XXX-XX-7784	3		
STUDENT'S name Prisha V Shah		4 Adjustments made for a prior year \$	5 Scholarships or grants \$	
Street address (including apt. no.) 20 Farmhaven Ave.		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2024 ☐	
City or town, state or province, country, and ZIP or foreign postal code Edison, NJ 08820		8 Checked if at least half-time student ☒	9 Checked if a graduate student ☐	
Service Provider/Acct. No. (see instr.) 1262064		10 Ins. contract reimb./refund \$		

Form 1098-T (keep for your records) www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service

Middlesex College
2600 Woodbridge Ave
Edison, NJ 08818

First-Class Mail
Important Tax Return
Document Enclosed



Prisha V Shah

20 Farmhaven Ave.
Edison, NJ 08820

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