

FIRST NATIONAL BANK
4140 E STATE ST
HERMITAGE PA 16148

00008410 7144093 01 00001 0 92543

NUPUR SHAH
20 FARM HAVEN AVENUE
EDISON NJ 08820



☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number FIRST NATIONAL BANK 4140 E STATE ST HERMITAGE PA 16148 800-555-5455		*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 24	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/LENDERS TIN 25-1255405	PAYER'S/BORROWERS TIN XXX-XX-4589	1 Mortgage interest received from payer(s)/borrower(s) \$ 7,681.64	2 Outstanding mortgage principal \$ 106,459.54		
PAYER'S/BORROWER'S name, street address, city, state, and ZIP code NUPUR SHAH 20 FARM HAVEN AVENUE EDISON NJ 08820		3 Mortgage origination date 11/22/2022	4 Refund of overpaid interest \$ 0.00		
		5 Mortgage insurance premiums \$ 0.00	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 3302 CHEVERLY CT ABINGDON MD 21009			
9 Number of properties securing the mortgage 746292	11 Mortgage acquisition date	10 Other			
Account number (see instructions)		Taxes Paid: \$2,387.62 Loan Number: 000000048013814			

Form **1098** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

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. 936.

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 8908. 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. 936.

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.

BARCLAYS BANK DELAWARE
PO BOX 70378
PHILADELPHIA, PA 19176-0378

000018160 TBARTAX0601092514242 01 000000 061063 001

VIVEK SHAH
20 FARMHAVEN AVE
EDISON, NJ 08820



☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BARCLAYS BANK DELAWARE PO BOX 70378 PHILADELPHIA, PA 19176-0378 (888)710-8756		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2024) For calendar year 2024		Interest Income
		1 Interest income \$31.39			
PAYER'S TIN 51-0407970		RECIPIENT'S TIN XXX-XX-7440		Copy B For Recipient	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code VIVEK SHAH 20 FARMHAVEN AVE EDISON, NJ 08820		2 Early withdrawal penalty \$0.00			
FATCA filing requirement ☐		3 Interest on U.S. Savings Bonds and Treasury obligations \$0.00		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.	
		4 Federal income tax withheld \$0.00			
		5 Investment expenses \$0.00			
		6 Foreign tax paid \$0.00			
7 Foreign country or U.S. territory		8 Tax-exempt interest \$0.00		9 Specified private activity bond interest \$0.00	
10 Market discount \$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.		15 State \$	
16 State identification no.		17 State tax withheld \$			

Form **1099-INT** (Rev. 1-2024)

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Baltimore County Office of Housing 6401 York Rd Baltimore, MD 21212 410-887-4215		1 Rents	OMB No. 1545-0115	Miscellaneous Income	
		\$ 17,706.00	Form 1099-MISC (Rev. January 2024)		
		2 Royalties	For calendar year 2024		
		\$ 0.00			
		3 Other Income	4 Federal Income tax withheld	Copy B For Recipient	
		\$ 0.00	\$ 0.00		
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments		
526000889	136067440	\$ 0.00	\$ 0.00	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.	
RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Vivek Shah 20 Farmhaven Avenue Edison, NJ 08820		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	8 Substitute payments in lieu of dividends or interest		
		\$ 0.00	\$ 0.00		
		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney		
		\$ 0.00	\$ 0.00		
		11 Fish purchased for resale	12 Section 409A deferrals		
		\$ 0.00	\$ 0.00		
		13 FATCA filing requirement ☐	14 Excess gold parachute payments	15 Nonqualified deferred compensation	
		\$ 0.00	\$ 0.00	\$ 0.00	
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income	
160024		\$ 0.00	NJ	\$ 0.00	
		\$ 0.00	NJ	\$ 0.00	

Form 1099-MISC (Rev. 1-2024)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Baltimore County Office of Housing 6401 York Rd Baltimore, MD 21212 410-887-4215		1 Rents	OMB No. 1545-0115	Miscellaneous Income	
		\$ 17,706.00	Form 1099-MISC (Rev. January 2024)		
		2 Royalties	For calendar year 2024		
		\$ 0.00			
		3 Other Income	4 Federal Income tax withheld	Copy 2 To be filed with recipient's state income tax return, when required	
		\$ 0.00	\$ 0.00		
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments		
526000889	136067440	\$ 0.00	\$ 0.00	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.	
RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Vivek Shah 20 Farmhaven Avenue Edison, NJ 08820		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐	8 Substitute payments in lieu of dividends or interest		
		\$ 0.00	\$ 0.00		
		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney		
		\$ 0.00	\$ 0.00		
		11 Fish purchased for resale	12 Section 409A deferrals		
		\$ 0.00	\$ 0.00		
		13 FATCA filing requirement ☐	14 Excess gold parachute payments	15 Nonqualified deferred compensation	
		\$ 0.00	\$ 0.00	\$ 0.00	
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income	
160024		\$ 0.00	NJ	\$ 0.00	
		\$ 0.00	NJ	\$ 0.00	

Form 1099-MISC (Rev. 1-2024)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ACCUETIME 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>24</u>	
PAYER'S TIN 13-3157786	RECIPIENT'S TIN 46-1938156	1 Nonemployee compensation \$ 3950.00	
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 198 ELMHURST AVENUE ISELIN NJ 08830 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 \$	

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.

W-2

Federal Filing Copy
Wage and Tax
Statement

2024

Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp.	2 Federal Income tax withheld	
298935.24	60100.02	
3 Social security wages	4 Social Security tax withheld	
168600.00	10453.20	
5 Medicare wages and tips	6 Medicare tax withheld	
321935.24	5765.48	
d Control number NYC/ 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 333.25 31.20	12b D 23000.00 12c W 3900.00 12d DD 23901.72 13 Stat emp Ret. plan 3rd party sick pay X	
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. 298935.24
17 State income tax 22942.29		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

2024

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	2 Federal Income tax withheld	
298935.24	60100.02	
3 Social security wages	4 Social Security tax withheld	
168600.00	10453.20	
5 Medicare wages and tips	6 Medicare tax withheld	
321935.24	5765.48	
d Control number NYC/ 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 333.25 31.20	12b D 23000.00 12c W 3900.00 12d DD 23901.72 13 Stat emp Ret. plan 3rd party sick pay X	
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. 298935.24
17 State income tax 22942.29		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

2024

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	2 Federal Income tax withheld	
298935.24	60100.02	
3 Social security wages	4 Social Security tax withheld	
168600.00	10453.20	
5 Medicare wages and tips	6 Medicare tax withheld	
321935.24	5765.48	
d Control number NYC/ 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 3rd party sick pay X	
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

2024

Copy C for Employee Records

1 Wages, tips, other comp.	2 Federal Income tax withheld	
298935.24	60100.02	
3 Social security wages	4 Social Security tax withheld	
168600.00	10453.20	
5 Medicare wages and tips	6 Medicare tax withheld	
321935.24	5765.48	
d Control number NYC/ 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 333.25 31.20	12b D 23000.00 12c W 3900.00 12d DD 23901.72 13 Stat emp Ret. plan 3rd party sick pay X	
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. 298935.24
17 State income tax 22942.29		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

2024 W-2 and EARNINGS SUMMARY

UKGTM

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	327809.94	327809.94	327809.94
Less Exempt Wages	2000.00	2000.00	2000.00
Less Deferred Comp	23000.00		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	3874.70	3874.70	3874.70
Less Excess Wages		153335.24	
Taxable Wages (Reported on Form W-2)	298935.24 Box 1 of W-2	168600.00 Box 3 of W-2	321935.24 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 **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 for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2024

Part I Employee

1 Name of employee (first name, middle initial, last name) Vivek Shah		2 Social security number (SSN) XXX-XX-7440	7 Name of employer Moore Capital Management, LLC		8 Employer identification number (EIN) 84-4686218	
3 Street address (including apartment no.) 20 Farmhaven Avenue			9 Street address (including room or suite no.) Eleven Times Square Floor 38			
4 City or town Edison		5 State or province NJ	6 Country and ZIP or foreign postal code US 08820		10 Contact telephone number 212-782-6075	
		11 City or town New York	12 State or province NY		13 Country and ZIP or foreign postal code US 10036	

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): **01**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 31.38 \$													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													

17 ZIP Code

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2024)

>037272 6848426 0001 092659 10Z



Vivek Shah
198 Elmhurst Ave
Iselin, NJ 08830



☐ CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Avidia Bank 42 Main Street Hudson, MA 01749 855-248-6311		OMB No. 1545 - 1517		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
		Form 1099-SA (Rev. November 2019)		
		For calendar year 2024		
PAYER'S TIN 04-3395834	RECIPIENT'S TIN XXX-XX-7440	1. Gross Distribution \$661.06	2. Earnings on excess cont. \$0.00	Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name Vivek Shah Street address (including apt. no.) 198 Elmhurst Ave City or town, state or province, country, and ZIP or foreign postal code Iselin, NJ 08830		3. Distribution code 1	4. FMV on date of death \$0.00	
Account number (see instructions) 3026221303		5. HSA ☒ Archer MSA ☐ MA MSA ☐		

Instructions for Recipient

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

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

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

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

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete identification number to the IRS.

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

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

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

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

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

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

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

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

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

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

1 Name of responsible individual - First name, middle name, last name

NUPUR SHAH

4 Street address (including apartment no.)

20 FARMHAVEN AVE

2 Social security number (SSN) or other TIN

XXX-XX-4589

3 Date of birth (if SSN or other TIN is not available)

5 City or town

EDISON

6 State or province

NJ

7 Country and ZIP or foreign postal code

US 08820-3237

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):

B

Part II

Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name

CITY OF NEW YORK

11 Employer identification number (EIN)

XX-XXX0434

12 Street address (including room or suite no.)

13 City or town

NEW YORK

14 State or province

NY

15 Country and ZIP or foreign postal code

US 10007

Part III

Issuer or Other Coverage Provider (see instructions)

16 Name

ONE CENTRE STREET

17 Employer identification number (EIN)

13-5511997

18 Contact telephone number

866-517-5804

19 Street address (including room or suite no.)

EMBLEM HEALTH PLAN INC

20 City or town

NEW YORK

21 State or province

NY

22 Country and ZIP or foreign postal code

US 10041

Part IV

Covered Individuals (Enter the information for each covered individual.)

	(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	NUPUR SHAH	XXX-XX-4589		X												
24	VIVEK SHAH	XXX-XX-7440		X												
25	PRISHA SHAH	XXX-XX-7780		X												
26	SHREEJA SHAH	XXX-XX-3082		X												
27																
28																