A B C S Federal Tax Intake Form 2022 ☑ 2021 ☐

Date: 02-15-2023 **Phone #:** (509) 387-0605 Returning Customer? Yes ☐ No ☐

Personal: A LLC: _____ Sole Prop: _____ Corp: _____ S Corp: _____

Name: Nelson Baldomero Fermin Faria Occupation: _____

Personal Address: Nelson 970 K St SE Ephrata WA 98823

SSN: 782-43-2876 DOB: 08-18-1981

Did your Marital status change during the year? No

Spouse Name: Franccesca Hernandez

Occupation: Crew

SSN: 041-35-8922 DOB: 12-31-1981

Change in dependents? Yes ____ No ____

If yes, please fill out the following.

Full Name: Nelson Francisco Fermin Hernandez

SSN: 812-42-2620 DOB: 11-26-2008

Full Name: _____

SSN: _____ DOB: _____

Documents to present:

- ☐ Profit + Loss
- ☐ Balance Sheet
- ☐ 1099s
- ☑ W-2s
- ☐ Interest Statements
- ☐ 401 (K)
- ☐ Retirement Documents
- ☑ 1095-A
- ☐ Gambling loss/wins
- ☐ Stocks, bonds, investment property documents

1098

Have you made any estimated payments for your 2022 Federal Taxes? Yes ☐ No ☒

Bank Account Information:

Bank Name: US bank

Name on Account: Nelson Fermin Franccesca Hernandez

Routing Number: 125000105

Account Number: 153569888891

Notes: Husband has Health Insurance from Work

Please provide a copy of your 2020 and 2021 Federal Tax Return.

ABCS phone number: (509) 717-3038

nk.

lortgage

U.S. Bank Home Mortgage
PO Box 21948
Eagan, MN 55121

0027377-003-2-000-010-000-000

3 FERMIN FARIA
SCA A HERNANDEZ GAMBOA
SE
WA 98823-2632

Important Tax Return Information

Contact Information

Live Customer Support:
Monday - Friday 7 a.m. - 8 p.m. CT
Saturday 8 a.m. - 2 p.m. CT
800-365-7772
We accept relay calls
Automated Services also available at this number 24 hours

Correspondence Address
U.S. Bank Home Mortgage
PO Box 21948
Eagan, MN 55121

Notice of Error and Request for Information
U.S. Bank Home Mortgage
PO Box 21977
Eagan, MN 55121

Website
www.usbankhomemortgage.com

Tax Information

FOR YEAR:	2022
ACCOUNT NUMBER:	3300509178
SOCIAL SECURITY NUMBER:	XXX-XX-2876
	XXX-XX-8922

☐ CORRECTED (if checked)

ame, street address, city or town, state or province, country, ZIP or ephone no.

K NATIONAL ASSOCIATION
21948
N 55121
5-7772

ame, street address (including apt. no.), city or town, state or or foreign postal code

N B FERMIN FARIA
CESCA A HERNANDEZ GAMBOA
T SE
TA WA 98823-2632

(Keep for your records) www.irs.gov/Form1098

*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 2022

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.

1 Mortgage interest received from payer(s)/borrower(s)* $ 9317.52	
2 Outstanding mortgage principal $ 314648.16	3 Mortgage origination date 09/30/2021
4 Refund of overpaid interest $	5 Mortgage insurance premiums $ 3031.08 [4]
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: 970 SE K STREET EPHRATA WA 98823	
9 Number of properties securing the mortgage: 1	Account number (see instructions): 3300509178
10 Real Estate Taxes Paid: 1645.28 [2]	RECIPIENT'S/LENDER'S TIN: 31-0841368
Additional Assessments Paid: 0.00	PAYER'S/BORROWER'S TIN: XXX-XX-2876 XXX-XX-8922
11 Mortgage acquisition date	

Department of the Treasury - Internal Revenue Service

& Interest Statement

ECONCILIATION

48		Beginning Balance
47	+	Deposits
08	-	Mortgage Ins Paid
00	-	Insurance Paid
28	-	Taxes Paid
00	-	Additional Assessments Paid
10	-	Escrow Disbursement
19	*	Ending Balance

* Held for disbursements next year

PRINCIPAL RECONCILIATION

$314,648.16	Beginning Balance
$6,635.88	Principal Applied
$308,012.28	Ending Balance
$1,866.15	Current Payment
$536.70	Current Escrow Payment
$0.00	Late Charges Paid

2022 INTEREST CALCULATIONS

st Applied 2022 (Next Due Date: 01/01/23)	$9,317.52
jage Interest Received from Payer/Borrower	$9,317.52

SPECIAL MESSAGES

U.S. Bank Home Mortgage
PO Box 21948
Eagan, MN 55121

Home Mortgage

6-726-89646-0027377-003-2-000-010-000-000

NELSON B FERMIN FARIA
FRANCCESCA A HERNANDEZ GAMBOA
970 K ST SE
EPHRATA WA 98823-2632

Contact Information

Live Customer Support:
Monday - Friday 7 a.m. - 8 p.m. CT
Saturday 8 a.m. - 2 p.m. CT
We accept relay calls
Automated Services also available at this number 24 hours

Correspondence Address
U.S. Bank Home Mortgage
PO Box 21948
Eagan, MN 55121

Notice of Error and R
U.S

Website www.usban

Tax Information

FOR YEAR:
ACCOUNT NUMBER: 330(
SOCIAL SECURITY NUMBER: XXX-)
XXX-)

☐ 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

U.S. BANK NATIONAL ASSOCIATION
P.O. Box 21948
Eagan, MN 55121
1-800-365-7772

PAYER'S/BORROWER'S name, street address (including apt no.), city or town, state or province, country, and ZIP or foreign postal code

NELSON B FERMIN FARIA
FRANCCESCA A HERNANDEZ GAMBOA
970 K ST SE
EPHRATA WA 98823-2632

*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 2022

1 Mortgage interest received from payer(s)/borrower(s)* $ 9317.52	
2 Outstanding mortgage principal $ 314648.16	3 Mortgage origination date 09/30/2021
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8 Address or description of property securing mortgage: 970 SE K STREET EPHRATA WA 98823	
9 Number of properties securing the mortgage 1	Account number (see instructions) 3300509178
10 Real Estate Taxes Paid 1645.28 [2]	RECIPIENT'S/LENDER'S TIN 31-0841368
Additional Assessments Paid 0.00	PAYER'S/BORROWER'S TIN XXX-XX-2876 XXX-XX-8922
11 Mortgage acquisition date	

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

Annual Tax & Interest Statement

ESCROW RECONCILIATION

$1,136.48		Beginning Balance
$6,440.47	+	Deposits
$3,031.08	-	Mortgage Ins Paid
$671.00	-	Insurance Paid
$1,645.28	-	Taxes Paid
$0.00	-	Additional Assessments Paid
$553.10	-	Escrow Disbursement
$1,676.49	*	Ending Balance

* Held for disbursements next year

PRINCIPAL RECONCILIATION

$314,648.16	Beginn
$6,635.88	Princ
$308,012.28	End
$1,866.15	Curre
$536.70	Current Escr
$0.00	Late C

2022 INTEREST CALCULATIONS

Total Interest Applied 2022 (Next Due Date: 01/01/23)
2022 Mortgage Interest Received from Payer/Borrower

SPECIAL MESSAGES

[2]The information in Box 10 is for informational purposes only and is not being furnished to the IRS. Neither U.S. Bank, nor its representatives, may legal advice. Please consult with your tax advisors.

To Be Filed With Employee's
L Tax Return.

's soc sec no	1 Wages, tips, other comp	2 Federal income tax withheld
-2876	43070.87	2211.71
ID number (EIN)	3 Social security wages	4 Social security tax withheld
7417	43070.87	2670.38
	5 Medicare wages and tips	6 Medicare tax withheld
	43070.87	624.53

s name, address and ZIP code
TOM APPLE PACKERS
)NEONTA WAY
IATCHEE WA 98801-1500

umber
81184
's name, address, and ZIP code
son B Fermin Faria
K St SE
ırata, WA 98823

urity tips	8 Allocated tips	9
t care benefits	11 Nonqualified plans	12a DD 8262.50
employee ☐	14 Other WALI 149.95	12b
plan ☐		12c
y sick pay ☐		12d
loyer's state ID number	16 State wages, tips, etc	17 State income tax
es, tips, etc.	19 Local income tax	20 Locality name

Vage and Tax Statement 2022 Dept. of the Treasury – IRS
n is being furnished to the Internal Revenue Service

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

a Employee's soc sec no	1 Wages, tips, other comp	2 Federal income tax withheld
782-43-2876	43070.87	2211.7
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
91-0747417	43070.87	2670.3
	5 Medicare wages and tips	6 Medicare tax withheld
	43070.87	624.5

c Employer's name, address and ZIP code
CUSTOM APPLE PACKERS
1 ONEONTA WAY
WENATCHEE WA 98801-1500

d Control number
WA-83681184
e Employee's name, address, and ZIP code
Nelson B Fermin Faria
970 K St SE
Ephrata, WA 98823

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a DD 8262.5
13 Statutory employee ☐	14 Other WALI 149.95	12b
13 Retirement plan ☐		12c
13 Third-party sick pay ☐		12d
15 State Employer's state ID number	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 and Tax Statement 2022 Dept. of the Treasury –

☐

With Employee's OMB No. 1545-0008

	1 Wages, tips, other comp. 9305.56	2 Federal income tax withheld 93.79
	3 Social security wages 9305.56	4 Social security tax withheld 576.94
	5 Medicare wages and tips 9305.56	6 Medicare tax withheld 134.93

s. and ZIP code
es, LLC
ıter Drive

CA 92660

s. and ZIP code
nandez

823

	8 Allocated tips	9
	11 Nonqualified plans	12a Code See inst. for box 12
ther		12b Code
		12c Code
		12d Code
umber	16 State wages, tips, etc	17 State income tax

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008

a Employee's soc. sec. no 041-35-8922	1 Wages, tips, other comp. 9305.56	2 Federal income tax withheld 93.79
	3 Social security wages 9305.56	4 Social security tax withheld 576.94
b Employer ID number (EIN) 208913946	5 Medicare wages and tips 9305.56	6 Medicare tax withheld 134.93

c Employer's name, address, and ZIP code
Chipotle Services, LLC
610 Newport Center Drive
Suite 1300
Newport Beach, CA 92660

d Control number

e Employee's name, address, and ZIP code
Franccesca Hernandez
970 K St SE
Ephrata, WA 98823

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code

Safe, accurate, FASTI Use e-file

OMB No.1545-0008

Form W-2 Wage and Tax Statement 2022

7 Social security tips 0.00	1 Wages, tips, other comp 15358.95	2 Federal income tax withheld 447.85
8 Allocated tips 0.00	3 Social security wages 15358.95	4 Social security tax withheld 952.26
9	5 Medicare wages and tips 15358.95	6 Medicare tax withheld 222.71

c Employer's name, address, and ZIP code

EPFS, INC
11 SPOKANE STREET SUITE #206
WENATCHEE, WA 98801

10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12
b Employer identification number (EIN) 20-5678947		12b
a Employee's social security number 041-35-8922		12c
14 Other		12d
		13 Statutory employee / Retirement plan / Third-party sick pay

e Employee's name, address, and ZIP code Suff.

FRANCCESCA HERNANDEZ GAMBOA
970 K STREET
EPHRATA, WA 98823

15 State WA	Employer's state ID no. 602654871	16 State wages, tips, etc. 15358.95	17 State income tax 0.00
18 Local wages, tips, etc. 0.00 0.00	19 Local income tax 0.00 0.00	20 Locality name	

COPY C For EMPLOYEE'S RECORDS Dept. of the Treasury - IRS

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

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

Safe, accurate, FASTI Use e-file Visit the IRS Web Site at www.irs.gov/efile.

OMB No.1545-0008

Form W-2 Wage and Tax Statement 2022

7 Social security tips 0.00	1 Wages, tips, other comp. 15358.95	2 Federal income tax withheld 447.85
8 Allocated tips 0.00	3 Social security wages 15358.95	4 Social security tax withheld 952.26
9	5 Medicare wages and tips 15358.95	6 Medicare tax withheld 222.71

c Employer's name, address, and ZIP code

EPFS, INC
11 SPOKANE STREET SUITE #206
WENATCHEE, WA 98801

#3

10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12
b Employer identification number (EIN) 20-5678947		12b
a Employee's social security number 041-35-8922		12c
14 Other		12d
		13 Statutory employee / Retirement plan / Third-party sick pay

e Employee's name, address, and ZIP code Suff.

FRANCCESCA HERNANDEZ GAMBOA
970 K STREET
EPHRATA, WA 98823

15 State WA	Employer's state ID no. 602654871	16 State wages, tips, etc. 15358.95	17 State income tax 0.00
18 Local wages, tips, etc. 0.00 0.00	19 Local income tax 0.00 0.00	20 Locality name	

COPY B To Be filed with employee's FEDERAL Tax Return Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service

OMB No.1545-0008

Form W-2 Wage and Tax Statement 2022

7 Social security tips 0.00	1 Wages, tips, other comp. 15358.95	2 Federal income tax withheld 447.85
8 Allocated tips 0.00	3 Social security wages 15358.95	4 Social security tax withheld 952.26
9	5 Medicare wages and tips 15358.95	6 Medicare tax withheld 222.71

c Employer's name, address, and ZIP code

EPFS, INC
11 SPOKANE STREET SUITE #206
WENATCHEE, WA 98801

10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a
b Employer identification number (EIN) 20-5678947		12b
a Employee's social security number 041-35-8922		12c
14 Other		12d
		13 Statutory employee / Retirement plan / Third-party sick pay

e Employee's name, address, and ZIP code Suff.

FRANCCESCA HERNANDEZ GAMBOA
970 K STREET
EPHRATA, WA 98823

15 State WA	Employer's state ID no. 602654871	16 State wages, tips, etc. 15358.95	17 State income tax 0.00
18 Local wages, tips, etc. 0.00 0.00	19 Local income tax 0.00 0.00	20 Locality name	

Copy 2 For Employee's State, City or Local Income Tax Return Dept. of the Treasury - IRS

OMB No.1545-0008

Form W-2 Wage and Tax Statement 2022

7 Social security tips 0.00	1 Wages, tips, other comp. 15358.95	2 Federal income tax withheld 447.85
8 Allocated tips 0.00	3 Social security wages 15358.95	4 Social security tax withheld 952.26
9	5 Medicare wages and tips 15358.95	6 Medicare tax withheld 222.71

c Employer's name, address, and ZIP code

EPFS, INC
11 SPOKANE STREET SUITE #206
WENATCHEE, WA 98801

10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a
b Employer identification number (EIN) 20-5678947		12b
a Employee's social security number 041-35-8922		12c
14 Other		12d
		13 Statutory employee / Retirement plan / Third-party sick pay

e Employee's name, address, and ZIP code Suff.

FRANCCESCA HERNANDEZ GAMBOA
970 K STREET
EPHRATA, WA 98823

15 State WA	Employer's state ID no. 602654871	16 State wages, tips, etc. 15358.95	17 State income tax 0.00
18 Local wages, tips, etc. 0.00 0.00	19 Local income tax 0.00 0.00	20 Locality name	

Copy 2 For Employee's State, City or Local Income Tax Return Dept. of the Treasury - IRS

L4UPW 5216

600120

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.

OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
FRANCCESCA HERNANDEZ	***-**-8922
3 Street address (including apartment no.)	
970 K ST SE	
4 City or town	**5** State or province / **6** Country and ZIP or foreign postal code
EPHRATA	WA 98823-2632

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
04 CHIPOTLE SERVICES, LLC	20-8913946
9 Street address (including room or suite no.)	**10** Contact telephone number
610 NEWPORT CENTER DRIVE SUITE 1400	(303) 595-4000
11 City or town / **12** State or province / **13** Country and ZIP or foreign postal code	
NEWPORT BEACH CA 92660	

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	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	$	$ 115.01	$ 115.01	$ 115.01	$ 115.01	$ 115.01	$ 115.01	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2B	2A	2A	2A	2A	2A	2A
17 ZIP Code													

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				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐