A B C S Federal Tax Intake Form

2022 ☒ 2021 ☐

Date: 02/27/23 **Phone # :** _____ Returning Customer? Yes ☒ No ☐

Personal: ✓ McLaren LLC: _____ Sole Prop: _____ Corp: _____ S Corp: _____

Name: RYAN + CARLEE BITTLE Occupation: _____

Personal Address: _____

SSN: NO CHANGES DOB: _____

Did your Marital status change during the year? _____

Spouse Name: _____

Occupation: NO CHANGES

SSN: _____ DOB: _____

Change in dependents? Yes ____ No X

If yes, please fill out the following.

Full Name: _____

SSN: _____ DOB: _____

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

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

Bank Account Information:

Bank Name: SAME BANK

Name on Account: _____

Routing Number: _____

Account Number: _____

Notes:

_____

_____

_____

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

ABCS phone number: (509) 717-3038

☐ VOID ☐ CORRECTED OMB No. 1545-2251 **2022** Form **1095-C**

APPLICABLE LARGE EMPLOYER'S name, address, and telephone no.	Employee Offer of Coverage			Employee's Age on January 1		**Employer Provided Health Insurance Offer and Coverage**
GRANT COUNTY **35 C ST NW** **EPHRATA WA 98823** **(509) 754-2011**	**Plan Start Month** (enter 2-digit no.): **01**	**14** Offer of Coverage	**15** Employee Required Contribution (see instructions)	**16** Section 4980H Safe Harbor and Other Relief	**17** ZIP Code	
	All 12 Months	**1A**		**2C**		
	Jan					
	Feb					
EMPLOYEE'S name and address	Mar					**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**
CARLEE A BITTLE **PO BOX 1101** **EPHRATA WA 98823**	Apr					
	May					
	Jun					
	Jul					
Do not attach to your tax return. Keep for your records. Go to *www.irs.gov/Form1095C* for instructions and the latest information.	Aug					
	Sep					
APPLICABLE LARGE EMPLOYER'S EIN / EMPLOYEE'S SSN	Oct					
	Nov					CAA
91-6001319 / **XXX-XX-3816**	Dec					Department of Treasury - IRS

Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒ X

	(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 mos.	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18	**CARLEE A BITTLE**	**XXX-XX-3816**			X	X	X	X	X	X	X	X	X	X	X	X
19	**Adley A McLaren**	**XXX-XX-5261**			X	X	X	X	X	X	X	X	X	X	X	X
20																
21																
22																
23																

Client's Information

Parent's Name Ryan + Carlee Child's Name Adley

Start Date Jan. 2022 End Date Dec. 2022 Total: $7395-

Provider's Information

Name Mike Collins Social Insurance Number 536-60-8378

Address 18312 Division 5 NE Soap Lake

Signature _____ Date _____

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

2022

Department of the Treasury - Internal Revenue Service

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.

BW2EEC NTF 2585227* 2 BW2C

a Employee's social security number	Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008	
537-11-3816		
b Employer identification number (EIN) 91-6001319	1 Wages, tips, other compensation 95097.53	2 Federal income tax withheld 14526.02
c Employer's name, address, and ZIP code County of Grant 35 C ST NW P.O. Box 37 Ephrata, WA 98823	3 Social security wages 101660.94	4 Social security tax withheld 6302.98
	5 Medicare wages and tips 101660.94	6 Medicare tax withheld 1474.08
	7 Social security tips 0.00	8 Allocated tips 0.00
d Control number	9	10 Dependent care benefits 0.00
e Employee's name, address, and ZIP code CARLEE A. BITTLE PO BOX 1101 EPHRATA, WA 98823	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 12429.74
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b
	14 Other	12c
		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

(1)

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

2022

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

a Employee's social security number 541-17-7114	Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008	
b Employer identification number (EIN) 91-6001319	1 Wages, tips, other compensation 27293.71	2 Federal income tax withheld 2178.64
c Employer's name, address, and ZIP code County of Grant 35 C ST NW P.O. Box 37 Ephrata, WA 98823	3 Social security wages 29185.11	4 Social security tax withheld 1809.48
	5 Medicare wages and tips 29185.11	6 Medicare tax withheld 423.18
	7 Social security tips 0.00	8 Allocated tips 0.00
d Control number	9	10 Dependent care benefits 0.00
e Employee's name, address, and ZIP code RYAN G. MCLAREN PO BOX 1101 153 J ST. NE EPHRATA, WA 98823	11 Nonqualified plans 0.00	12a See instructions for box 12 DD 8332.67
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b
	14 Other	12c
		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

(2)

BW2EEB NTF 2585225* 2 BW2B

☐ VOID ☐ CORRECTED OMB No. 1545-2251 **2022** Form **1095-C**

APPLICABLE LARGE EMPLOYER'S name, address, and telephone no.	Employee Offer of Coverage				Employee's Age on January 1	
	Plan Start Month (enter 2-digit no.):	14 Offer of Coverage	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief	17 ZIP Code	**Employer Provided Health Insurance Offer and Coverage**
GRANT COUNTY **35 C ST NW** **EPHRATA WA 98823** **(509) 754-2011**	**01**					
	All 12 Months	**1A**		**2C**		
	Jan					
	Feb					
EMPLOYEE'S name and address	Mar					
RYAN G MCLAREN **PO BOX 1101** **EPHRATA WA 98823-1101**	Apr					**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**
	May					
	Jun					
	Jul					
Do not attach to your tax return. Keep for your records. Go to *www.irs.gov/Form1095C* for instructions and the latest information.	Aug					
	Sep					
APPLICABLE LARGE EMPLOYER'S EIN / EMPLOYEE'S SSN	Oct					
	Nov					CAA
91-6001319 / **XXX-XX-7114**	Dec					Department of Treasury - IRS

Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. X

	(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 mos.	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18	**RYAN G MCLAREN**	**XXX-XX-7114**			X	X	X	X	X	X	X	X	X	X	X	X
19	**Jordan M Mclaren**	**XXX-XX-3364**			X	X	X	X	X	X	X	X	X	X	X	X
20																
21																
22																
23																

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, Employee Offer of Coverage section, 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, Covered Individuals section, 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 the Covered Individuals section 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* or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Employee

Reports information about you, the employee. Reports 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.

Applicable Large Employer

Reports information about your employer. This 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.

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.

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your spouse.

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

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

1F. Minimum essential coverage providing minimum value offered to 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 dependent(s).

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. 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 self-only 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. 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. Reports the applicable ZIP code your employer used for determining affordability if you were offered a qualifying 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.

Covered Individuals, Lines 18-23

Reports the name, SSN (or TIN for covered individuals other than the listed employee), 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 listed employee could not be entered in column (b). Column (d) will be checked if the individual was covered for all 12 months of the year. For individuals who were covered for some but not all months, information will be entered in columns (e) indicating the months for which these individuals were covered. If there are more than 3 covered individuals, you will receive one additional form(s).

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201

199728.290884.100329.22129 1 AV 0.455 371

RYAN G MCLAREN & CARLEE A BITTLE
PO BOX 1101
EPHRATA WA 98823-1101

199728

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service (Please keep this copy for your records)	Calendar Year 2022
Recipient's Identification Number XXX-XX-7114	Total Interest Paid or Credited $140.18
PAYER'S Federal Identification Number 38-1798424 **(INTERNAL REVENUE USE ONLY)**	

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.

NAVIENT

PO BOX 9500
WILKES-BARRE, PA 18773-9500

01/18/23

CARLEE BITTLE
PO BOX 1101
EPHRATA WA 98823-1101

(844) 628-4829

We've attached your Form 1098-E - Student Loan Interest Statement.
Please note, we cannot offer tax advice. If you have questions about filing your taxes, call the IRS at 800-829-1040, visit www.irs.gov, or consult your tax advisor.

Form 1098-E: Instructions for Borrower

A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of $600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2022 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information, see Pub. 970, and the Student Loan Interest Deduction Worksheet in the Instructions for Form 1040.

Borrower'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.

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

Box 1. Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2022. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

Box 2. If checked, indicates that loan origination fees and/or capitalized interest are **not** included in box 1 for loans made before September 1, 2004. See Pub. 970 for how to figure any deductible loan origination fees or capitalized interest.

Future developments. For the latest information about developments related to Form 1098-E and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098E.

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 (if checked)

RECIPIENT'S/LENDER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number			OMB No. 1545-1576 2022 Form 1098-E	**Student Loan Interest Statement**
Navient Solutions, LLC P.O. Box 9500 Wilkes Barre, PA 18773-9500 888-272-5543				
RECIPIENT'S TIN 46-4054283	BORROWER'S TIN ***-**-3816	1 Student loan interest received by lender $ 113.92		**Copy B** **For Borrower** 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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
BORROWER'S name, street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code CARLEE BITTLE PO BOX 1101 EPHRATA WA 98823-1101				
Account number (see instructions) 9190936831-1		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004 X		

Form 1098-E (keep for your records) www.irs.gov/Form1098e Department of the Treasury – Internal Revenue Service

9190936831105505799

K135 SYSTEM S 0001

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

NUMERICA CREDIT UNION
PO BOX 4000
SPOKANE VALLEY WA 99037

PHONE: 509-535-7613

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

25173

CARLEE ANN BITTLE
153 J ST NE
EPHRATA WA 98823-1741

☐ CORRECTED (if checked)

PAYER'S TIN	RECIPIENT'S TIN
91-0863377	537-11-3816

Payer's RTN (optional)

1 Interest income $14.03	2 Early withdrawal penalty $0.00
3 Interest on U.S. Savings Bonds and Treasury obligations $0.00	**4 Federal income tax withheld $0.00**
5 Investment expenses $0.00	6 Foreign tax paid $0.00
7 Foreign country or U.S. possession	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 $0.00

Account number (see instructions): 554682

FATCA filing requirement ☐

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.

OMB No. 1545-0112

Form 1099-INT (Rev. January 2022)

For calendar year **2022**

Interest Income

Copy B

For Recipient

Form **1099-INT** (Rev. 1-2022) (Keep for your records) www.irs.gov/form1099INT Department of the Treasury - Internal Revenue Service

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. 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*.

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.

January 09, 2023

PENNYMAC LOAN SERVICES, LLC
PO BOX 514387
LOS ANGELES, CA 90051-4387

OMB No. 1545-1380
Form **1098**
Substitute
For calendar year 2022

Mortgage Interest Statement

008308 *12*

▲ 008308 336
CARLEE BITTLE
PO BOX 1101
EPHRATA WA 98823-1101

☐ 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.

PENNYMAC LOAN SERVICES, LLC
P O BOX 514387
LOS ANGELES, CA 90051-4387
(800)777-4001

***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**
Substitute
For calendar year 2022

Mortgage Interest Statement

RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN
26-2049351	XXX-XX-3816

PAYER'S/BORROWER'S name
CARLEE BITTLE

Street address (including apt. no.)
PO BOX 1101

City or town, state or province, country, and ZIP or foreign postal code
EPHRATA, WA 98823-1101

9 Number of properties securing the mortgage	10 Other - **Real Estate Taxes Paid**
1	$2,988.68

Account number (see instructions)
7010470097

1 Mortgage interest received from payer(s)/borrower(s)*
$8,955.96

2 Outstanding mortgage principal	3 Mortgage origination date
$230,564.68	07-23-2021
4 Refund of overpaid interest	**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
153 J ST NE
EPHRATA, WA 98823

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.

11 Mortgage acquisition date
07-27-2021

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

Box 5: If Box 5 (Mortgage Insurance Premiums) is populated, that amount may not be deductible. Please consult the IRS or your tax advisor to determine deductibility.

Name: Carlee Ann Bittle | DOB: 7/24/1982 | MRN: 60009661031 | PCP: Lowell C Allred, MD

Give Feedback

Billing for Carlee Ann Bittle

Physician and Hospital Services for Guarantor #12190106

Samaritan Healthcare

$852.24 Medical Paid to Samaritan Hospital

2022

Feb 12 2022	Mychart Payment (Account) Checking x2104	$75.00

Give Feedback

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Past Payments

Since last statement | Year to date | Last year | Any date

From | To

Filter

Give Feedback

Past Payments

Dec 8 2022	Mychart Payment (Account) Checking x2104	$54.54
Nov 7 2022	Mychart Payment (Account) Checking x2104	$75.00
Oct 22 2022	Mychart Payment (Account) Checking x2104	$75.00
Sep 26 2022	Mychart Payment (Account) Checking x2104	$75.00
Aug 29 2022	Mychart Payment (Account) Checking x2104	$75.00
Jul 18 2022	Mychart Payment (Account) Checking x2104	$75.00
Jun 5 2022	Mychart Payment (Account) Checking x2104	$96.14
May 10 2022	Mychart Payment (Account) Checking x2104	$100.00
Apr 16 2022	Mychart Payment (Account) Checking x2104	$75.00
Mar 2	Mychart Payment (Account) Checking x2104	$76.56

Name: Carlee A Bittle | DOB: 7/24/1982 | MRN: 182739359 | PCP: PCP, UNSPECIFIED | Legal Name: Carlee A Bittle

Billing for Carlee A Bittle

Physician and Hospital Services for Guarantor #49567

CONFLUENCE HEALTH

$810.00
CB paid on her own
Confluence Act 2022

Past Payments

Since last statement | Year to date | Last year | Any date

From | To

Filter

Past Payments

Dec 30 2022	Mychart Payment x7798	$75.00
Dec 8 2022	Mychart Payment x7798	$50.00
Nov 7 2022	Mychart Payment x7798	$75.00
Oct 22 2022	Mychart Payment x7798	$75.00
Sep 26 2022	Mychart Payment x7798	$50.00
Aug 29 2022	Mychart Payment x7798	$50.00
Jul 26 2022	Mychart Payment x7798	$70.00
Jun 28 2022	Mychart Payment x7798	$75.00
Jun 5 2022	Mychart Payment x7798	$50.00
Apr 25	Mychart Payment x7798	$40.00

2022

Mar 27 2022	Mychart Payment x7798	$50.00
Mar 10 2022	Mychart Payment x7798	$50.00
Feb 28 2022	Mychart Payment x7798	$50.00
Jan 31 2022	Mychart Payment x7798	$50.00

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Name: Carlee A Bittle | DOB: 7/24/1982 | MRN: 182739359 | PCP: PCP, UNSPECIFIED | Legal Name: Carlee A Bittle

Billing for Carlee A Bittle

Physician and Hospital Services for Guarantor #49567

CONFLUENCE HEALTH

Visit Accounts

Show all details

With Outstanding Balance

Feb 21 2022

Office Visit at Confluence Moses Lake OB/GYN

Physician Services
Provider: JAMES LYONS, MD
Patient: Carlee A Bittle
Primary Payer: Regence
Account #20120667696

Billed	$675.07
Insurance Covered	-$599.07
You Paid	$0.00
Pending Insurance	$41.00
Your Balance	**$35.00**

Benefits Summary from Your Insurance

ⓘ Learn more

Regence

Billed to Insurance	$675.07
Insurance Covered	-$599.07
Pending Insurance	$41.00
Remaining Responsibility	$35.00
Copay	$35.00

Detailed Account Information

Office Outpatient Visit - Min - 99212 (CPT®)	$165.00
Removal Drug Implant Device - 11982 (CPT®)	$344.00
Medroxyprogesterone acetate (0703-6801-01) - J1050 (HCPCS)	$125.07
Injection,Therap/Proph/Diagnost, Im or Subcut - 96372 (CPT®)	$41.00

Payments and Adjustments

Regence	-$599.07

Apr 22 2021

Visit at Confluence Moses Lake OB/GYN

Physician Services
Provider: NICOLE ANDERSON, ARNP CNM
Patient: Carlee A Bittle
Primary Payer: Regence
Account #20118786240

Billed	$6,316.00
Insurance Covered	-$4,878.68
You Paid	-$1,197.32
Pending Insurance	$0.00
Your Balance	**$240.00**

Benefits Summary from Your Insurance

ⓘ Learn more

Regence

Billed to Insurance	$6,316.00
Insurance Covered	-$4,878.68
Remaining Responsibility	$1,437.32
Deductible	$500.00
Coinsurance	$937.32

Detailed Account Information

Full Rout Obste Care,Vaginal Deliv - 59400 (CPT®)	$6,316.00

Payments and Adjustments

Regence	-$4,878.68
Mychart Payment - Jul 19, 2021	-$77.32
Mychart Payment - Aug 4, 2021	-$60.00
Mychart Payment - Aug 30, 2021	-$35.00
Mychart Payment - Sep 15, 2021	-$40.00
Mychart Payment - Oct 12, 2021	-$25.00
Mychart Payment - Nov 30, 2021	-$50.00
Mychart Payment - Dec 31, 2021	-$50.00
Mychart Payment - Jan 31, 2022	-$50.00
Mychart Payment - Feb 28, 2022	-$50.00
Mychart Payment - Mar 10, 2022	-$50.00
Mychart Payment - Mar 27, 2022	-$50.00
Mychart Payment - Apr 25, 2022	-$40.00
Mychart Payment - Jun 5, 2022	-$50.00
Mychart Payment - Jun 28, 2022	-$75.00
Mychart Payment - Jul 26, 2022	-$70.00
Mychart Payment - Aug 29, 2022	-$50.00
Mychart Payment - Sep 26, 2022	-$50.00
Mychart Payment - Oct 22, 2022	-$75.00
Mychart Payment - Nov 7, 2022	-$75.00
Mychart Payment - Dec 8, 2022	-$50.00
Mychart Payment - Dec 30, 2022	-$75.00
Mychart Payment - Jan 21, 2023	-$50.00

Your total balance for outstanding visit accounts: **$275.00**

Paid Off

Oct 16 2020

Lab Visit at Confluence Moses Lake Laboratory
Physician Services
Provider: LAB, MOSES LAKE
Patient: Carlee A Bittle
Primary Payer: Regence
Account #20117524418

Billed	$13.00
Insurance Covered	-$12.40
You Paid	-$0.60
Pending Insurance	$0.00
Your Balance	**$0.00**

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Name: Carlee A Bittle | DOB: 7/24/1982 | MRN: 182739359 | PCP: PCP, UNSPECIFIED | Legal Name: Carlee A Bittle

Billing for Carlee A Bittle

Physician and Hospital Services for Guarantor #601966

CONFLUENCE HEALTH

$585.54

Carlee Paid in 2022 on Athey Confluence Health Med Bills

Past Payments

Since last statement | Year to date | Last year | Any date

From | To

Filter

Past Payments

Dec 30 2022	Mychart Payment x7798	$75.00
Dec 8 2022	Mychart Payment x7798	$50.00
Nov 7 2022	Mychart Payment x7798	$25.00
Oct 22 2022	Mychart Payment x7798	$75.00
Sep 26 2022	Mychart Payment x7798	$50.00
Aug 29 2022	Mychart Payment x7798	$62.34
Jun 10 2022	Pre-Payment x5199 collected at Moses Lake Pediatrics	$35.00
Jun 5 2022	Mychart Payment x6751	$53.20
Apr 25 2022	Mychart Payment x7798	$40.00
Mar 27	Mychart Payment x7798	$40.00

2022

Feb 28 2022	Mychart Payment x7798	$40.00
Jan 31 2022	Mychart Payment x7798	$40.00

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Billing for Carlee A Bittle

Physician and Hospital Services for Guarantor #601966

CONFLUENCE HEALTH

CONFLUENCE HEALTH

Responsible for Payment

Carlee A Bittle

Guarantor #601966

PO BOX 1101
EPHRATA
WA 98823

509-771...
509-771...
carleeb...

Patients Included

Adley McLaren

Paperless Billing

Enabled for this account

Update

Questions

Contact customer service
Or call 509-436-4020

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THIS IS A BILL

Important Message Date: 1/10/2023
Total Balance: $100.00

COLUMBIA BASIN HOSPITAL AND FAMILY MEDICINE
200 Nat Washington Way
Ephrata, Wa 98823

$187.65
CB paid to CBH
in 2022

CARLEE ANN BITTLE
PO BOX 1101
EPHRATA, WA 98823-1101

8:00 am - 5:00 pm
Columbia Basin Hospital or
dicine. You may also pay on-
nospital.org

66785

You may qualify for free care or a discount on your hospital bill. For details call our office at the phone number listed above or look for Financial Assistance information on our website.

Puede calificar para recibir atención gratuita o un descuento, ya sea que tenga seguro o no. Para obtener más detalles, comuníquese con neustra oficina al número de teléfono que figura arriba o busque información sobre asistencia financiera en nuestro sitio web.

Guarantor Account Summary

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct #976700168694 Bittle,Carlee Ann Outpatient Columbia Basin Family Medicine Lowell C Allred, MD					
05/24/22	Laboratory - General Classification	265.95			
	Fs Clinic - General Classification	257.19			
	Healthcare MGMT Admin Payments		-117.00		
	Deductible: 252.65				
	Copay: 35.00				
	Healthcare MGMT Admin Adjustments		-118.49		
	Co-Payment - 05/24/22			-35.00	
	Patient Payment - 09/07/22			-40.00	
	Patient Payment - 11/14/22			-62.65	
	Patient Payment - 01/03/23			-50.00	
	Totals	**523.14**	**-235.49**	**-187.65**	**100.00**
	Your Responsibility				**100.00**
			Balance Due		**100.00**

Receipt - APPROVED

Columbia Basin Hospital/Columbia Basin Family Medicine
200 Nat Washington Way, Ephrata, WA 98823

Date
Dec 30 2022 1:11:37 PM

Type
eCheck - Sale

First Name
CARLEE

Last Name
BITTLE

Patient Account #
976700168694

Transaction Amount
$50 00

Account Type
Checking

Account Holder Name
CARLEE BITTLE

Account Number
*****2104

Routing Number
325182690

Response Message Code
APPROVAL 000

Receipt - APPROVED

Columbia Basin Hospital/Columbia Basin Family Medicine
200 Nat Washington Way, Ephrata, WA 98823

Date
Nov 9 2022 1:02.01 PM

Type
Credit Card - Sale

First Name
CARLEE

Last Name
BITTLE

Patient Account #
976700168694

Authorization Amount
$62.65

Authorization Code
081752

Name on Card
CARLEE BITTLE

Card Type
VISA

Card Number
**********5199

Response Message Code
APPROVAL 000

Mode
Issuer