

## Tax Statement for Forms 1098, 1099, 5498 for Year 2017

NAME, ADDRESS AND FEDERAL I.D. NO.  
**BOILING SPRINGS SAVINGS BANK**  
**25 ORIENT WAY**  
**RUTHERFORD NJ 07070**

**CUSTOMER NAME, ADDRESS**  
**BARIS SARER**  
**BUKET SARER**  
**262 1ST ST 4**  
**HOBOKEN N.J. 07030-3534**

Recipient's Federal ID# 22-0780922  
Questions? (201) 972-8899

461L030001731-1

**FORM 1 OF 2**

2017 FORM 1098: MORTGAGE INTEREST STATEMENT

Account Number	IRS Description	IRS Box#	Amount
00000835928 00001	Mortgage interest received from payer(s)/borrower(s) *	1	12,789.98
	Outstanding mortgage principal as of 1/1/2017	2	357,814.71
	Mortgage origination date	3	09/22/2008
	Is address of property securing mortgage same as PAYER'S/BORROWER'S address?	7	X
	If Yes, box is checked		
	If No, see box 8 or 9 below		
	Number of mortgaged properties	10	
	Other	11	
	Tax escrow		7,464.89

<b>TAXPAYER ID. NO.</b> <b>***-**-0549</b>	<b>https://go.usa.gov/</b> <b>For Your Information</b> <b>IRS.GOV</b>	<b>www.irs.gov/form</b> <b>For Your Records</b> <b>IRS.GOV</b>	<b>DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE</b> <b>IRS.GOV</b>
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ANSWERING YOUR FIVE COMMON QUESTIONS

BOILING SPRINGS SAVINGS BANK  
25 ORIENT WAY  
RUTHERFORD NJ 07070

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**IMPORTANT TAX RETURN DOCUMENT ENCLOSED**

461-0300001731-



BARIS SARER  
BUKET SARER  
262 1ST ST 4  
HOBOKEN NJ 07030-3534

55 LUD-1 P-1 07030

## Tax Statement for Forms 1098, 1099, 5498 for Year 2017

NAME, ADDRESS AND FEDERAL I.D. NO.  
**BOILING SPRINGS SAVINGS BANK**  
**25 ORIENT WAY**  
**RUTHERFORD NJ 07070**

**CUSTOMER NAME, ADDRESS**  
**BARIS SARER**  
**BUKET SARER**  
**262 1ST ST 4**  
**HOBOKEN NJ 07030-3534**

Recipient's Federal ID# 22-0780922  
Questions? (201) 972-8899

461L0300001731-2

FORM 2 OF 2

2017 FORM 1098: MORTGAGE INTEREST STATEMENT

Account Number	IRS Description	IRS Box#	Amount
00003001468 00001	Mortgage interest received from payer(s)/borrower(s) *	1	5.09
	Outstanding mortgage principal as of 1/1/2017	2	0.00
	Mortgage origination date	3	07/01/2013
	Is address of property securing mortgage same as PAYER'S/BORROWER'S address?	7	X
	If Yes, box is checked		
	If No, see box 8 or 9 below		
	Number of mortgaged properties	10	

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BOILING SPRINGS SAVINGS BANK  
25 ORIENT WAY  
RUTHERFORD NJ 07070

00001952  
001952-001952-001

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**IMPORTANT TAX RETURN DOCUMENT ENCLOSED**

461L0300001731-2



BARIS SARER  
BUKET SARER  
262 1ST ST 4  
HOBOKEN NJ 07030-3534

55 LUD-1 P1 0703C

Federal Filing Copy		2017	
Wage and Tax Statement			
Copy B to be filed with employee's Federal Income Tax Return			
1 Wages, tips, other comp.	2 Federal Income tax withheld	132070.75	27462.24
3 Social security wages	4 Social Security tax withheld	127200.00	7886.40
5 Medicare wages and tips	6 Medicare tax withheld	150070.75	2176.03
d Control number		Employer use only	
e Employer's name, address, and ZIP code E-REWARDS SERVICES, INC. 5800 TENNYSON PARKWAY SUITE 600 PLANO TX 75024			
b Employer's FED ID number 27-1486585	a Employee's SSA number 138-15-3598		
7 Social security tips	8 Allocated tips		
9 Verification code	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 154.70		
14 Other	12b D 18000.00		
	12c		
	12d		
	13 State emp X	Rel. plan	3rd party sick pay
e Employee's name, address, and ZIP code BUKET N SARER 262 1ST STREET #4 HOBOKEN NJ 07030			
15 State NJ NY	Employer's state ID no. 271-486-585/000 271486585	16 State wages, tips, etc. 132070.75 132070.75	
17 State income tax	18 Local wages, tips, etc. 8583.24		
19 Local income tax	20 Locality name		

State, City, Local Filing Copy		2017	
Wage and Tax Statement			
Copy 2 to be filed with employee's State/City/Local Income Tax Return			
1 Wages, tips, other comp.	2 Federal Income tax withheld	132070.75	27462.24
3 Social security wages	4 Social Security tax withheld	127200.00	7886.40
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	12c		
	12d		
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15 State NJ NY	Employer's state ID no. 271-486-585/000 271486585	16 State wages, tips, etc. 132070.75	
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State, City, Local Filing Copy		2017	
Wage and Tax Statement			
Copy 2 to be filed with employee's State/City/Local Income Tax Return			
1 Wages, tips, other comp.	2 Federal Income tax withheld	132070.75	27462.24
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11 Nonqualified plans	12a See instructions for box 12 C 154.70		
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	12c		
	12d		
	13 State emp X	Rel. plan	3rd party sick pay
e Employee's name, address, and ZIP code BUKET N SARER 262 1ST STREET #4 HOBOKEN NJ 07030			
15 State NY	Employer's state ID no. 271486585	16 State wages, tips, etc. 132070.75	
17 State income tax	18 Local wages, tips, etc. 8583.24		
19 Local income tax	20 Locality name		

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

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

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

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People first



## 2017 W-2 and EARNINGS SUMMARY

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 Earnings 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	150070.75	150070.75	150070.75
Less Exempt Wages			
Less Deferred Comp	18000.00		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125			
Less Excess Wages	22870.75		
 Taxable Wages (Reported on Form W-2)	132070.75 Box 1 of W-2	127200.00 Box 3 of W-2	150070.75 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: S 1 SIT Res: NJSIT B 0 SIT Work: NYSIT S 1

**IMPORTANT TAX DOCUMENT****Vanguard**

Contact Info: 800-284-7245

P.O. Box 2600  
Valley Forge, PA 19482 - 2600  
OMB No. 1545-0110

**RECIPIENT'S identification number: XXX-XX-0549**

# 2017 Form 1099-DIV

## Dividends and Distributions

BARIS SARER  
262 1ST ST APT 4  
HOBOKEN NJ 07030-3534

Copy B For Recipient  
OMB No. 1545-0110

Fund Name	PAYER'S federal identification number	Recipient Account number	Specified private activity bond interest dividends (Box 11)	State identification no. (Box 13)
Total ordinary dividends (Box 1a)	Qualified dividends (Box 1b)	Unrecap. Sec. 1250 gain (Box 2a)	Federal income tax withheld (Box 4)	State tax withheld (Box 14)
DIVIDEND GROWTH FUND 4,645.17	4,149.73	6,110.26	0.00 0.00 0.00	0.00 0.00 0.00
NJ LT TAX-EXEMPT ADMIRAL 32.29		426.68	23-2488282 88064125338 0.00 0.00	0.00 2,936.26 0.00
500 INDEX FUND ADM 4,207.36	4,207.36	0.00	23-1999755 88064125338 0.00 0.00	0.00 0.00 0.00
SMALL-CAP GR IDX ADMIRAL 1,433.08	759.25	0.00	23-2953099 88064125338 0.00 0.00	0.00 0.00 0.00
				<i>2136</i>
				<i>10/317</i>
				<i>9/11b</i>
				<i>6/5/17</i>

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). 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. Please Note: Each specific fund name, NOT simply Vanguard, must be reported along with the related tax information on Form 1040, Schedule(s) B and D. This applies to Form 1099-DIV. CUSIP® is a trademark of American Bankers Association.

(keep for your records)

BARIS SARER  
262 1ST STREET # #4  
HOBOKEN NJ 07030-3534

PAYER'S name:  
Citibank, N.A.  
PAYER'S Fed. Id. No.:  
13-5266470

Page 1 of 2

**STATEMENT OF INTEREST INCOME**

RECIPIENT'S identification number: XXX-XX-0549

**Summary - Total Amounts Reported to Internal Revenue Service**

Total Interest Income	(Line 1):	\$170.24
Total Early Withdrawal Penalty	(Line 2):	\$0.00
Total Interest on U.S. Savings Bonds/Treas. Oblig.	(Line 3):	\$0.00
<b>Total Federal Income Tax Withheld</b>	<b>(Line 4):</b>	<b>\$0.00</b>
Total VT State Tax Withheld	(Lines 15 & 17):	\$0.00
Total ME State Tax Withheld	(Lines 15 & 17):	\$0.000.00

FATCA filing requirement

If you have any questions or problems regarding the information above, please call Citiphone Banking toll free at 1-800-568-8555\*. Outside of the US, please dial 1-813-604-3000.  
Please call 1-800-945-0258 if you use a TDD (Telecommunications device for the deaf).

\* To ensure quality service, calls are randomly monitored.

Please allow until February 10, 2018 to receive tax year 2017 income information on any other Citibank accounts you may have.

**COPY B FOR RECIPIENT**

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.

STATEMENT OF INTEREST INCOME		Continued
Account Title	Account Number	Line 1) Interest Income not included on Line 3
	Account Type	Line 2) Early Withdrawal Penalty
	Account Status	Line 3) Interest on U.S. Savings Bonds and Treas. Obligations
		Line 4) <b>Federal Income Tax Withheld</b>
		Line 15) State
		Line 16) State Identification No.
		Line 17) State Tax Withheld

BARIS SARER BUKET NISA SARER	XXXX3318 Citibank® Savings Plus Open	Line 1)	\$170.24
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### Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did not notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

**Recipient's identification number.** For your protection, this form may show only the last four digits of your 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 identification number to the IRS.

**FATCA filing requirement.** If the FATCA filing requirement box is checked on page 1, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions to Form 8938.

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

**Line 1.** Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in line 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 2017 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.

**Line 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.

**Line 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 Line 1. See the instructions above for a taxable covered security acquired at a premium.

**Line 4.** Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (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.

**Line 15-17.** State tax withheld reporting boxes.

**Nominees.** If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient". File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

**Future Developments.** For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1099int](http://www.irs.gov/form1099int).

1 Wages, tips, other compensation 272033.09	2 Federal income tax withheld 58732.96
3 Social security wages 127200.00	4 Social security tax withheld 7886.40
5 Medicare wages and tips 290033.09	6 Medicare tax withheld 5015.78
a Employee's SSA number 135-15-0549	Employer use only
b Employer's FED ID number 06-1454513	c Control number 00329049
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
7 Social security tips	
8 Allocated tips	
9 Verification code	
10 Dependent care benefits 1185.00	
11 Nonqualified plans 12a See instructions for box 12 DD 22445.02	
13 Statutory Employee Retirement plan Sick pay 12b D 18000.00 <input checked="" type="checkbox"/> <input type="checkbox"/>	
14 Other UI/HC/WD- 142.38 12c 12d	
e Employee's first name and initial Baris Sarer Last name Suff. 262 1st Street #4 Hoboken NJ 07030	
f Employee's address and ZIP code  15 State NJ Employer's state ID 061-454-513/000 16 State wages, tips, etc. 283330.09 17 State income tax 11032.62	
18 Local wages, tips, etc 19 Local income tax 33.50 20 Locality name FLI	
Form W-2 OMB No. 1545-0008 Wage and Tax Statement 2017 Copy C for Employee's records	
Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	

1 Wages, tips, other compensation 272033.09	2 Federal income tax withheld 58732.96
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13 Statutory Employee Retirement plan Sick pay 12b D 18000.00 <input checked="" type="checkbox"/> <input type="checkbox"/>	
14 Other UI/HC/WD- 142.38 12c 12d	
e Employee's first name and initial Baris Sarer Last name Suff. 262 1st Street #4 Hoboken NJ 07030	
f Employee's address and ZIP code  15 State NJ Employer's state ID 061-454-513/000 16 State wages, tips, etc. 283330.09 17 State income tax 11032.62	
18 Local wages, tips, etc 19 Local income tax 33.50 20 Locality name FLI	
Form W-2 OMB No. 1545-0008 Wage and Tax Statement 2017 Copy 2 To Be Filed With Employee's STATE Income Tax Return	

1 Wages, tips, other compensation 272033.09	2 Federal income tax withheld 58732.96
3 Social security wages 127200.00	4 Social security tax withheld 7886.40
5 Medicare wages and tips 290033.09	6 Medicare tax withheld 5015.78
a Employee's SSA number 135-15-0549	Employer use only
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c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
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18 Local wages, tips, etc 19 Local income tax 33.50 20 Locality name FLI	
Form W-2 OMB No. 1545-0008 Wage and Tax Statement 2017 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return	

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number 135-15-0549	Employer use only
b Employer's FEID/TD number 06-1454513	c Control number 00329049
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory Employee Employee plan <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Third-Party Sick pay	12b
14 Other UI/HC/WD- 142.38	12c 12d
e Employee's first name and initial Baris Sarer 262 1st Street #4 Hoboken NJ 07030	
f Employee's address and ZIP code	
15 State	Employer's state ID
16 State wages, tips, etc.	18 Local wages, tips, etc
17 State income tax	19 Local income tax 33.50
Form OMB No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Copy C for Employee's records	
Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
a Employee's SSA number 135-15-0549	Employer use only
b Employer's FEID/TD number 06-1454513	c Control number 00329049
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
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14 Other UI/HC/WD- 142.38	12c 12d
e Employee's first name and initial Baris Sarer 262 1st Street #4 Hoboken NJ 07030	
f Employee's address and ZIP code	
15 State	Employer's state ID
16 State wages, tips, etc.	18 Local wages, tips, etc
17 State income tax	19 Local income tax 33.50
Form OMB No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return	
Dept. of the Treasury - Internal Revenue Service	

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
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a Employee's SSA number 135-15-0549	Employer use only
b Employer's FEID/TD number 06-1454513	c Control number 00329049
c Employer's name, address, and ZIP code  Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903	
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9 Verification code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory Employee Employee plan <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Third-Party Sick pay	12b
14 Other UI/HC/WD- 142.38	12c 12d
e Employee's first name and initial Baris Sarer 262 1st Street #4 Hoboken NJ 07030	
f Employee's address and ZIP code	
15 State	Employer's state ID
16 State wages, tips, etc.	18 Local wages, tips, etc
17 State income tax	19 Local income tax 33.50
Form OMB No. 1545-0008 <b>W-2 Wage and Tax Statement 2017</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return	
Dept. of the Treasury - Internal Revenue Service	

1 Wages, tips, other compensation	2 Federal income tax withheld	
3 Social security wages	4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare tax withheld	
a Employee's SSA number 135-15-0549	Employer use only	
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c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		
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9 Verification code	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	
13 Statutory Employee Employee plan <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Sick pay	12b	
14 Other	12c	
	12d	
e Employee's first name and initial Baris Sarer Last name Suff. 262 1st Street #4 Hoboken NJ 07030		
f Employee's address and ZIP code 15 State NY Employer's state ID 06-1454513		18 Local wages, tips, etc
16 State wages, tips, etc. 272033.09		19 Local income tax
17 State income tax 5767.86		20 Locality name

Form OMB No. 1545-0008  
**W-2 Wage and Tax Statement 2017**  
Copy C for Employee's records

Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation	2 Federal income tax withheld	
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f Employee's address and ZIP code 15 State NY Employer's state ID 06-1454513		18 Local wages, tips, etc
16 State wages, tips, etc. 272033.09		19 Local income tax
17 State income tax 5767.86		20 Locality name

Form OMB No. 1545-0008  
**W-2 Wage and Tax Statement 2017**  
Dept. of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's STATE Income Tax Return

1 Wages, tips, other compensation	2 Federal income tax withheld	
3 Social security wages	4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare tax withheld	
a Employee's SSA number 135-15-0549	Employer use only	
b Employer's FED ID number 06-1454513	c Control number 00329049	
c Employer's name, address, and ZIP code Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903		
7 Social security tips	8 Allocated tips	
9 Verification code	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	
13 Statutory Employee Employee plan <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Sick pay	12b	
14 Other	12c	
	12d	
e Employee's first name and initial Baris Sarer Last name Suff. 262 1st Street #4 Hoboken NJ 07030		
f Employee's address and ZIP code 15 State NY Employer's state ID 06-1454513		18 Local wages, tips, etc
16 State wages, tips, etc. 272033.09		19 Local income tax
17 State income tax 5767.86		20 Locality name

Form OMB No. 1545-0008  
**W-2 Wage and Tax Statement 2017**  
Dept. of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return

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

CALIBER HOME LOANS, INC  
PO BOX 619063  
DALLAS, TX 75261-9063  
1-800-401-6587

\* 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. 1545-0901

2017

Form 1098

**Mortgage  
Interest  
Statement**

**Copy B  
For Payer/  
Borrower**

The information in boxes 1 through 10 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 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 non-deductible item.

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

1-759-85578-0165826-034-1-000-000-000-000

BARIS SARER  
BUKET NISA SARER  
262 1ST ST APT 4  
HOBOKEN NJ 07030-3534



1 Mortgage Interest received from payer(s)/borrower(s)\*

\$ 1,658.88

2 Outstanding mortgage principal as of 1/1/2017

\$ 0.00 10/27/2017

4 Refund of overpaid interest

\$ 0.00 \$ 0.00

6 Points paid on purchases of principal residence

\$ 0.00

7 Is address of property securing mortgage same as PAYER'S/BORROWER'S address?

If Yes, box is checked. If No, see box 8 or 9, below

8 Address of property securing mortgage

909 WILLOW AVE UNIT 2

HOBOKEN NJ 07030-3018

9 If property securing mortgage has no address, below is the description of the property

10 Number of mortgaged properties 1 11 Other - Taxes Paid YTD \$0.00 Account number (see instructions) 9759938047

PAYER'S/BORROWER'S taxpayer identification no. XXX-XX-0549 RECIPIENT'S/LENDER'S federal identification no. 13-6131491

Form 1098

(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 he or she paid and points paid by the seller that represent his or her 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 Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

**Payer's/Borrower's taxpayer identification number.** For your protection, this form may show only the last four digits of your SSN, ITIN, ATIN, or EIN. However, the issuer has reported your complete identification number 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 home equity, line of credit, or credit card loan. 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. **Caution: If you prepaid interest in 2017 that accrued in full by January 15, 2018, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2017 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, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

**Box 2.** Shows the outstanding mortgage principal on the mortgage as of January 1, 2017. **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 2017 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 2017 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, the lender may have checked this box, and boxes 8 and 9 will be blank. If not, either box 8 or 9 will be completed.

**Box 8.** This is the address of the property securing the mortgage, if box 7 is not checked and box 8 is not completed.

**Box 10.** If more than one property secures the loan, shows the number of properties mortgaged. If only one property secures the loan, this box may be blank.

**Box 11.** The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

**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](http://www.irs.gov/form1098).

**Remember to file for Homestead (or Homeowner's) Exemption, if you are eligible.**

If your home is located in California: Additional accountings may be requested by the mortgagor, trustor, or vendee pursuant to Civil Code 2954.

PRINCIPAL	UNAPPLIED	ESCROW	BUYDOWN ACCOUNT BALANCE
BEGINNING BALANCE 390,000.00	BEGINNING BALANCE .00	BEGINNING BALANCE .00	BEGINNING BALANCE .00
NET PROCESSED 525.33	NET PROCESSED .00	NET PROCESSED 1,537.73	DISBURSEMENTS .00
INTEREST SHORTAGE ADDED TO PRINCIPAL .00	DISBURSED .00	AMOUNT DISBURSED .00	ADJUSTMENTS .00
AMOUNT DISBURSED .00		ESCROW INTEREST .00	
ENDING BALANCE 389,474.67	ENDING BALANCE .00	ENDING BALANCE 1,537.73	ENDING BALANCE .00
INTEREST PAID	INTEREST SHORTAGE UNPAID BALANCE	ESCROW DISBURSEMENTS	OTHER ITEMS
GROSS INTEREST PAID 1,658.88	BEGINNING BALANCE .00	REAL ESTATE TAXES DISBURSED .00	LATE CHARGES PAID .00
PLUS PREPAID INT NOT ALLOWED PRIOR YRS .00		INSURANCE .00	LATE CHARGES DUE BUT UNPAID .00
LESS INTEREST SUBSIDY (BUYDOWN) .00	ADDED INTEREST SHORTAGE .00	MIP/PMI/FHA .00	FEES/EXPENSES PAID .00
LESS INTEREST SHORTAGE .00		ESCROW REFUND .00	FEES/EXPENSES DUE BUT UNPAID .00
LESS PREPAID INTEREST NOT ALLOWED THIS YR .00	LESS INTEREST SHORTAGE PREPAID .00	MISCELLANEOUS .00	OPTIONAL PAID .00
PLUS INTEREST SHORTAGE PAID .00			DEFERRED BALANCE .00
PREPAYMENT PENALTY .00	ENDING BALANCE .00		P&I ADVANCE .00
NET INTEREST PAID 1,658.88			
MORTGAGE POINTS PAID .00			
REFUND OF OVERPAID INTEREST .00			

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1-759-85578-0165826-034-2-000-000-000-000



BARIS SARER  
BUKET NISA SARER  
262 1ST ST APT 4  
HOBOKEN NJ 07030-3534

Loan Number: 9759938047

**CUSTOMER ACCOUNT ACTIVITY STATEMENT 2017**  
The information below is not to be used for IRS reporting

TR CD	DU E DATE	PO ST DATE	EFF DATE	TRANSACTION AMOUNT	INTEREST	PRINCIPAL	PRINCIPAL BAL AFTER TRANS	ESCROW TRANSACTION	ESCROW BALANCEAFTER	LATE CHARGES	OPTIONAL PRODUCTS	UNAPPLIED FUNDS
R	11/01/17	11/02		237.00	237.00		390000.00					
R	11/01/17	11/02	10/27	1025.14			390000.00	1025.14	1025.14			

**Please cut along dotted line and return to Caliber Home Loans.**

### Social Security Number / Tax ID Verification

9759938047

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**Loan Number**

Our records indicate that your Tax ID Number is:

Co-Mortgagor \_\_\_\_\_  
If the Tax ID number shown above is/are incorrect, or if the space above is

The law requires that interest paid to your mortgage company on loans be reported to the IRS. If you are an individual, please provide us with your Social Security number in the applicable space. If you are a company or corporation, please provide us with your taxpayer identification number (TIN), where indicated.

Mortgagor \_\_\_\_\_

Go Matzger

Transcriber ID No.:

***Certification --- Under the penalties of perjury, I certify the information provided on this form is true, correct, and complete.***

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**MORTGAGOR** **(SIGNATURE)** **DATE**

CO-MORTGAGOR (SIGNATURE) DATE