

1930- Copy B, For Paper, OMB #1543-6331
1935-E, Copy B, For Borrower, OMB #1549-1675
1939-DIV, Copy A, For Recipient, OMB #1543-0110
1939-NIT, Copy G, For Participant, OMB #1543-0112
1939-MSC, Copy B, For Recipient, OMB #1543-0113

1939-CID, Copy B, For Recipient, OMB #1543-0111
1939-L, Copy B, For Recipient, OMB #1543-1164
1938-SA, Copy B, For Recipient, OMB #1543-0111
1938, Copy D, For Participant, OMB #1543-0107
1938-ZSR, Copy B, For Beneficiary, OMB #1543-0110
1938-GA, Copy B, For Participant, OMB #1543-1164

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

461L0300001731-1

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

[illegible]

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

BOILING SPRINGS SAVINGS BANK
25 ORIENT WAY
RUTHERFORD NJ 07070

1990 1991 1992

00001951
001951-001951-001

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IMPORTANT TAX RETURN DOCUMENT ENCLOSED

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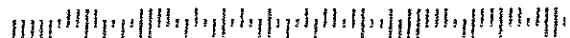


BARIS SARER
BUKET SARER
262 1ST ST 4
HOBOKEN NJ 07030-3534

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

W.D. Evans

07090



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

1098, Copy B, For Payer, OMB #1545-0045
1098-SS, Copy B, For Recipient, OMB #1545-0045
1099-INT, Copy B, For Recipient, OMB #1545-0045
1099-SS, Copy B, For Recipient, OMB #1545-0045
1099-SS, Copy B, For Recipient, OMB #1545-0045
1099-SS, Copy B, For Recipient, OMB #1545-0045
1099-SS, Copy B, For Recipient, OMB #1545-0045
1099-SS, Copy B, For Recipient, OMB #1545-0045

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	

TAXPAYER ID. NO. ***-**-0549	Check for your records For Forms 1098-B, 1098-INT, 1098-SS, and 1099-SS. This is important for information and a filing furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other tax may be assessed on your return. For Forms 1098-B, 1098-INT, 1098-SS, and 1099-SS. This is important for information and a filing furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other tax may be assessed on your return. For Forms 1098-B, 1098-INT, 1098-SS, and 1099-SS. This is important for information and a filing furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other tax may be assessed on your return.	DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE www.irs.gov/1098 1098-INT, Copy B, For Recipient, OMB #1545-0045 1098-SS, Copy B, For Recipient, OMB #1545-0045 1098-SS, Copy B, For Recipient, OMB #1545-0045 1098-SS, Copy B, For Recipient, OMB #1545-0045 1098-SS, Copy B, For Recipient, OMB #1545-0045 1098-SS, Copy B, For Recipient, OMB #1545-0045 1098-SS, Copy B, For Recipient, OMB #1545-0045 1098-SS, Copy B, For Recipient, OMB #1545-0045
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SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

00001952
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RUTHERFORD NJ 07070

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FIS Output Solutions

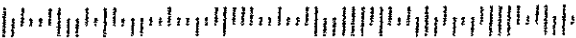
IMPORTANT TAX RETURN DOCUMENT ENCLOSED

461L0300001731-2



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

EE LUD-IP1 07030



Vanguard
Contact Info: 800-284-7245

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

P.O. Box 2600
Valley Forge, PA 19482 - 2600

Copy B For Recipient
OMB No. 1545-0110

Fund Name		PAYER'S federal identification number		Recipient Account number					
						Total ordinary dividends (Box 1a)	Qualified dividends (Box 1b)	Total capital gain distr. (Box 2a)	Unrecap. Sec. 1250 gain (Box 2b)

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
Total Federal Income Tax Withheld	(Line 4):	\$0.00
Total VT State Tax Withheld	(Lines 15 & 17):	\$0.00
Total ME State Tax Withheld	(Lines 15 & 17):	\$,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)	Federal Income Tax Withheld
		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 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.

1 Wages, tips, other compensation		2 Federal income tax withheld	
272033.09		58732.96	
3 Social security wages		4 Social security tax withheld	
127200.00		7886.40	
5 Medicare wages and tips		6 Medicare tax withheld	
290033.09		5015.78	
a Employee's SSA number		Employer use only	
135-15-0549			
b Employer's FED ID number		d Control number	
06-1454513		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 Third-Party Sick pay		12b	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		D 18000.00	
14 Other UI/HCMWD-		12c	
142.38			
		12d	
e Employee's first name and initial Last name Suff.			
Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State		Employer's state ID	
NJ		061-454-513/000	
16 State wages, tips, etc.		18 Local wages, tips, etc.	
283330.09		33.50	
17 State income tax		19 Local income tax	
11032.62		20 Locality name	
		FLI	
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	
272033.09		58732.96	
3 Social security wages		4 Social security tax withheld	
127200.00		7886.40	
5 Medicare wages and tips		6 Medicare tax withheld	
290033.09		5015.78	
a Employee's SSA number		Employer use only	
135-15-0549			
b Employer's FED ID number		d Control number	
06-1454513		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 Third-Party Sick pay		12b	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		D 18000.00	
14 Other UI/HCMWD-		12c	
142.38			
		12d	
e Employee's first name and initial Last name Suff.			
Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State		Employer's state ID	
NJ		061-454-513/000	
16 State wages, tips, etc.		18 Local wages, tips, etc.	
283330.09		33.50	
17 State income tax		19 Local income tax	
11032.62		20 Locality name	
		FLI	
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2017 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	
272033.09		58732.96	
3 Social security wages		4 Social security tax withheld	
127200.00		7886.40	
5 Medicare wages and tips		6 Medicare tax withheld	
290033.09		5015.78	
a Employee's SSA number		Employer use only	
135-15-0549			
b Employer's FED ID number		d Control number	
06-1454513		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 Third-Party Sick pay		12b	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		D 18000.00	
14 Other UI/HCMWD-		12c	
142.38			
		12d	
e Employee's first name and initial Last name Suff.			
Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State		Employer's state ID	
NJ		061-454-513/000	
16 State wages, tips, etc.		18 Local wages, tips, etc.	
283330.09		33.50	
17 State income tax		19 Local income tax	
11032.62		20 Locality name	
		FLI	
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2017 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	
b Employer's FED ID number 06-1454513		d 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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other UI/HC/WD- 142.38		12c	
		12d	
e Employee's first name and initial Last name Suff. Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax 33.50	
17 State income tax		20 Locality name FLI	
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2017 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records 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 FED ID number 06-1454513		d 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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other UI/HC/WD- 142.38		12c	
		12d	
e Employee's first name and initial Last name Suff. Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax 33.50	
17 State income tax		20 Locality name FLI	
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 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 FED ID number 06-1454513		d 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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other UI/HC/WD- 142.38		12c	
		12d	
e Employee's first name and initial Last name Suff. Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax 33.50	
17 State income tax		20 Locality name FLI	
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 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 FED ID number 06-1454513		d 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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State NY		Employer's state ID 06-1454513	
16 State wages, tips, etc.		18 Local wages, tips, etc.	
272033.09		19 Local income tax	
17 State income tax		20 Locality name	
5767.86			
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	
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		d 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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State NY		Employer's state ID 06-1454513	
16 State wages, tips, etc.		18 Local wages, tips, etc.	
272033.09		19 Local income tax	
17 State income tax		20 Locality name	
5767.86			
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2017 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	
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		d 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 Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Baris Sarer 262 1st Street #4 Hoboken NJ 07030			
f Employee's address and ZIP code			
15 State NY		Employer's state ID 06-1454513	
16 State wages, tips, etc.		18 Local wages, tips, etc.	
272033.09		19 Local income tax	
17 State income tax		20 Locality name	
5767.86			
Form OMB No. 1545-0008 W-2 Wage and Tax Statement 2017 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			
Dept. of the Treasury - Internal Revenue Service			

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

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

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or rovince, 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



* 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.

1 Mortgage Interest received from payer(s)/borrower(s)* \$ 1,658.88		
2 Outstanding mortgage principal as of 1/1/2017 \$ 0.00		3 Mortgage origination date 10/27/2017
4 Refund of overpaid interest \$ 0.00		5 Mortgage insurance premiums \$ 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. <input type="checkbox"/> 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

nstructions 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.

Box 9. This is the description 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.

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&J ADVANCE	.00
NET INTEREST PAID	1,658.88						
MORTGAGE POINTS PAID	.00						
REFUND OF OVERPAID INTEREST	.00						

CALIBER HOME LOANS, INC
PO BOX 619063
DALLAS, TX 75261-9063

Phone: 1-800-401-6587

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	DUE DATE	POST 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			
P	12/01/17	12/01		2459.80	1421.88	525.33	389474.67	512.59	1537.73			

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

Social Security Number / Tax ID Verification

9759938047
Loan Number

Our records indicate that your Tax ID Number is:
Mortgagor XXX-XX-0549
Co-Mortgagor

If the Tax ID number shown above is/are incorrect, or if the space above is blank, please complete the section on the RIGHT HAND side of this form and mail to:

Caliber Home Loans
P.O. Box 24610
Oklahoma City, OK 73124-0610

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
Co-Mortgagor
Taxpayer ID No.

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

MORTGAGOR	(SIGNATURE)	DATE
CO-MORTGAGOR	(SIGNATURE)	DATE

FAILURE TO PROVIDE THE INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS.