

OMB# 1545-0008

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 18720.00	2 Federal income tax withheld 3010.06
3 Social security wages 18720.00	4 Social security tax withheld 1160.64
a Employee's social security number 482-95-4570	5 Medicare wages and tips 18720.00
6 Medicare tax withheld 271.44	
c Employer's name, address, and ZIP code INTELIBLUE LLC 15300 GOVERNORS LAKE DR LITTLE ROCK AR 72223	
e Employee's name HARI VENKATA RE ANNAPAREDDY 1535 N SCOTTSDALE RD APT3159 TEMPE AZ 85281	
f Employee's address and ZIP code	9
b Employer identification number (EIN) 38-3881652	10 Dependent care benefits
7 Social security tips	11 Nonqualified plans
8 Allocated tips	14 Other
13 Statutory employee	Retirement plan
Third-party sick pay	
15 State AZ	Employer's state ID number 383881652
16 State wages, tips, etc. 18720.00	17 State income tax 673.92
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	

Form W-2 Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service
482954570001917133

OMB# 1545-0008

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 18720.00	2 Federal income tax withheld 3010.06
3 Social security wages 18720.00	4 Social security tax withheld 1160.64
a Employee's social security number 482-95-4570	5 Medicare wages and tips 18720.00
6 Medicare tax withheld 271.44	
c Employer's name, address, and ZIP code INTELIBLUE LLC 15300 GOVERNORS LAKE DR LITTLE ROCK AR 72223	
e Employee's name HARI VENKATA RE ANNAPAREDDY 1535 N SCOTTSDALE RD APT3159 TEMPE AZ 85281	
f Employee's address and ZIP code	9
b Employer identification number (EIN) 38-3881652	10 Dependent care benefits
7 Social security tips	11 Nonqualified plans
8 Allocated tips	14 Other
13 Statutory employee	Retirement plan
Third-party sick pay	
15 State AZ	Employer's state ID number 383881652
16 State wages, tips, etc. 18720.00	17 State income tax 673.92
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	

Form W-2 Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008

COPY B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

1 Wages, tips, other compensation 18720.00	2 Federal income tax withheld 3010.06
3 Social security wages 18720.00	4 Social security tax withheld 1160.64
a Employee's social security number 482-95-4570	5 Medicare wages and tips 18720.00
6 Medicare tax withheld 271.44	
c Employer's name, address, and ZIP code INTELIBLUE LLC 15300 GOVERNORS LAKE DR LITTLE ROCK AR 72223	
e Employee's name HARI VENKATA RE ANNAPAREDDY 1535 N SCOTTSDALE RD APT3159 TEMPE AZ 85281	
f Employee's address and ZIP code	9
b Employer identification number (EIN) 38-3881652	10 Dependent care benefits
7 Social security tips	11 Nonqualified plans
8 Allocated tips	14 Other
13 Statutory employee	Retirement plan
Third-party sick pay	
15 State AZ	Employer's state ID number 383881652
16 State wages, tips, etc. 18720.00	17 State income tax 673.92
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	

Form W-2 Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service

OMB# 1545-0008

COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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.

1 Wages, tips, other compensation 18720.00	2 Federal income tax withheld 3010.06
3 Social security wages 18720.00	4 Social security tax withheld 1160.64
a Employee's social security number 482-95-4570	5 Medicare wages and tips 18720.00
6 Medicare tax withheld 271.44	
c Employer's name, address, and ZIP code INTELIBLUE LLC 15300 GOVERNORS LAKE DR LITTLE ROCK AR 72223	
e Employee's name HARI VENKATA RE ANNAPAREDDY 1535 N SCOTTSDALE RD APT3159 TEMPE AZ 85281	
f Employee's address and ZIP code	9
b Employer identification number (EIN) 38-3881652	10 Dependent care benefits
7 Social security tips	11 Nonqualified plans
8 Allocated tips	14 Other
13 Statutory employee	Retirement plan
Third-party sick pay	
15 State AZ	Employer's state ID number 383881652
16 State wages, tips, etc. 18720.00	17 State income tax 673.92
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	

Form W-2 Wage and Tax Statement **2020** Department of the Treasury-Internal Revenue Service

FORM W-2 Wage and Tax Statement
 Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. 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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		2020		102864.23	18986.81
38-1889682		482-95-4570				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13. Statutory Employee		Retirement Plan		104512.89	6479.80
REINALT-THOMAS CORPORATION & 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255		<input type="checkbox"/>		<input checked="" type="checkbox"/>		5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
				Third-Party Sick Pay		104512.89	1515.44
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME		SUFF.				9.	10. DEPENDANT CARE BENEFITS
HARI VENKATA RE ANNAPAREDDY						11. NONQUALIFIED PLANS	12 a-d
1535 N SCOTTSDALE RD							D 1648.66
APT 3159						14. OTHER	DD 3829.35
TEMPE, AZ 85281							
F. EMPLOYEE'S ADDRESS AND ZIP CODE		15 STATE		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX	
AZ 0381889682		0381889682		102864.23		3587.15	
		18 LOCAL WAGES, TIPS, ETC.		19 LOCAL INCOME TAX		20 LOCALITY NAME	

FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		2020		102864.23	18986.81
38-1889682		482-95-4570				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13. Statutory Employee		Retirement Plan		104512.89	6479.80
REINALT-THOMAS CORPORATION & 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255		<input type="checkbox"/>		<input checked="" type="checkbox"/>		5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
				Third-Party Sick pay		104512.89	1515.44
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME		SUFF.				9.	10. DEPENDANT CARE BENEFITS
HARI VENKATA RE ANNAPAREDDY						11. NONQUALIFIED PLANS	12 a-d
1535 N SCOTTSDALE RD							D 1648.66
APT 3159						14. OTHER	DD 3829.35
TEMPE, AZ 85281							
F. EMPLOYEE'S ADDRESS AND ZIP CODE		15 STATE		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX	
AZ 0381889682		0381889682		102864.23		3587.15	
		18 LOCAL WAGES, TIPS, ETC.		19 LOCAL INCOME TAX		20 LOCALITY NAME	

FOLD AND TEAR ALONG PERFORATION

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2020 Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		2020		102864.23	18986.81
38-1889682		482-95-4570				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13. Statutory Employee		Retirement Plan		104512.89	6479.80
REINALT-THOMAS CORPORATION & 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255		<input type="checkbox"/>		<input checked="" type="checkbox"/>		5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
				Third-Party Sick pay		104512.89	1515.44
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME		SUFF.				9.	10. DEPENDANT CARE BENEFITS
HARI VENKATA RE ANNAPAREDDY						11. NONQUALIFIED PLANS	12 a-d
1535 N SCOTTSDALE RD							D 1648.66
APT 3159						14. OTHER	DD 3829.35
TEMPE, AZ 85281							
F. EMPLOYEE'S ADDRESS AND ZIP CODE		15 STATE		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX	
AZ 0381889682		0381889682		102864.23		3587.15	
		18 LOCAL WAGES, TIPS, ETC.		19 LOCAL INCOME TAX		20 LOCALITY NAME	

Dept. of the Treasury - Internal Revenue Service

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2020

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION	2. FEDERAL INCOME TAX WITHHELD
B. EMPLOYER IDENTIFICATION NUMBER		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		2020		102864.23	18986.81
38-1889682		482-95-4570				3. SOCIAL SECURITY WAGES	4. SOCIAL SECURITY TAX WITHHELD
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13. Statutory Employee		Retirement Plan		104512.89	6479.80
REINALT-THOMAS CORPORATION & 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255		<input type="checkbox"/>		<input checked="" type="checkbox"/>		5. MEDICARE WAGES AND TIPS	6. MEDICARE TAX WITHHELD
				Third-Party Sick pay		104512.89	1515.44
						7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME		SUFF.				9.	10. DEPENDANT CARE BENEFITS
HARI VENKATA RE ANNAPAREDDY						11. NONQUALIFIED PLANS	12 a-d
1535 N SCOTTSDALE RD							D 1648.66
APT 3159						14. OTHER	DD 3829.35
TEMPE, AZ 85281							
F. EMPLOYEE'S ADDRESS AND ZIP CODE		15 STATE		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX	
AZ 0381889682		0381889682		102864.23		3587.15	
		18 LOCAL WAGES, TIPS, ETC.		19 LOCAL INCOME TAX		20 LOCALITY NAME	

Dept. of the Treasury - Internal Revenue Service

Copy B To be filed with Employee's FEDERAL tax return

2020

FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION

Visit www.irs.gov/efile for e-file details.

© CERIDIAN

W-2 AND WAGE SUMMARY

Form 1095-C

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251

2020

Part I Employee

1 Name of employee (first name, middle initial, last name)
Hari Venkata Reddy Annareddy
3 Street address (including apartment no.)
1535 N Scottsdale Rd, Apt 3159
4 City or town
Tempe
5 State or province
AZ

2 Social Security number (SSN)
***-**-4570

6 Country and ZIP or foreign postal code
US 85281

7 Name of employer
The Reimat Thomas Corporation
9 Street address (including room or suite no.)
20225 N Scottsdale Rd
11 City or town
Scottsdale

12 State or province
AZ

8 Employer identification number (EIN)
38-1889682
10 Contact telephone number
480-606-6000
13 Country and ZIP or foreign postal code
US 85255

Applicable Large Employer Member (Employee)

14 Offer of Coverage (enter required code)	Employee's Age on January 1 28													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
15 Employee Required Contribution (see Instructions)	\$	\$	\$	\$	\$	\$	\$ 97.24	\$ 97.24	\$ 97.24	\$ 97.24	\$ 97.24	\$ 97.24	\$ 97.24	\$ 97.24
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2D	2D	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code														

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

Cat. No. 60705M

Form 1095-C (2020)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. (e) Months of coverage

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TN	(c) DOB (if SSN or other TN is not available)	(d) Covered all 12 months	(e) Months of coverage														
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
18	Hari Venkata Annareddy	****-4570		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



United HealthCare Services, Inc.
 RICHARDSON/SPRGFLD SRVC CNTR
 PO BOX 30555
 SALT LAKE CITY, UT 84130-0555
 Phone: 1-855-837-1612

January 22, 2021
 Have more questions about your claim?
 Visit www.myuhc.com
 for all your claim and benefit information.

Claim Detail for HARI VENKA ANNAPAREDDY

Provider: Pharmacy

Claim Number: CK0937654101

Patient Account Number: 21008629325922899

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts	Amount Allowed	Your Plan Paid	Your Itemized Responsibility to Provider				Amount You Owe**
							Deductible	Copay	Coinsurance	Non-Covered	
01/08/2021	PRESCRIPTION DRUGS	FB	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.58
Claim Total:			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.58

**This total does not reflect any payments / copays you made at the time of service or purchase. Please wait for a provider bill before making a payment.

Claim Detail for HARI VENKA ANNAPAREDDY

Provider: Pharmacy

Claim Number: CK1135909301

Patient Account Number: 21008629508025999

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts	Amount Allowed	Your Plan Paid	Your Itemized Responsibility to Provider				Amount You Owe**
							Deductible	Copay	Coinsurance	Non-Covered	
01/08/2021	PRESCRIPTION DRUGS	FB	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00
Claim Total:			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00

**This total does not reflect any payments / copays you made at the time of service or purchase. Please wait for a provider bill before making a payment.

Notes*

Please note that appeal deadlines have been extended until further notice due to COVID-19. You should consult with your employer and visit the US Department of Labor website at dol.gov for more information and additional notices about the deadline extensions and how they may apply to you.

STD-EOB

000000139089737

Use this EOB statement as a reference or retain as needed