



Employee Reference Copy W-2 Wage and Tax Statement 2020

Copy C for employee's records. Control number, Dept., Corp., Employer use only

Employer's name, address, and ZIP code: J2 CLOUD SERVICES LLC, 700 S FLOWER ST FL 15, LOS ANGELES CA 90017

Employee's name, address, and ZIP code: PALLAVI ATTIMAKULA, 1535 NORTH SCOTTSDALE ROAD, APT 3159, TEMPE AZ 85281

Table with 20 rows for tax details: Wages, Social Security, Medicare, Federal/State income tax, etc.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Summary table showing Gross Pay, Plus GTL, Less Other Cafe, Less Transportation-Salary Reduction, Less Exempt Wages, and Reported W-2 Wages.

2. Employee Name and Address.

PALLAVI ATTIMAKULA, 1535 NORTH SCOTTSDALE ROAD, APT 3159, TEMPE AZ 85281

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Fold and Detach Here

Summary table for wages and taxes (rows 1-6).

Control number, Dept., Corp., Employer use only

Employer's name, address, and ZIP code

Summary table for taxes and benefits (rows 7-14).

Employee's name, address and ZIP code

Summary table for state and local taxes (rows 15-20).

Federal Filing Copy W-2 Wage and Tax Statement 2020

Copy B to be filed with employee's Federal Income Tax Return.

Summary table for wages and taxes (rows 1-6).

Control number, Dept., Corp., Employer use only

Employer's name, address, and ZIP code

Summary table for taxes and benefits (rows 7-14).

Employee's name, address and ZIP code

Summary table for state and local taxes (rows 15-20).

CA State Reference Copy W-2 Wage and Tax Statement 2020

Copy 2 to be filed with employee's State Income Tax Return.

Summary table for wages and taxes (rows 1-6).

Control number, Dept., Corp., Employer use only

Employer's name, address, and ZIP code

Summary table for taxes and benefits (rows 7-14).

Employee's name, address and ZIP code

Summary table for state and local taxes (rows 15-20).

CA State Filing Copy W-2 Wage and Tax Statement 2020

Copy 2 to be filed with employee's State Income Tax Return.



AZ.State Reference Copy W-2 Wage and Tax Statement 2020

Copy 2 to be filed with employee's State Income Tax Return. Control number 111902 CLIF/XF9, Dept. 000325, Corp., Employer use only A 56

Employer's name, address, and ZIP code: J2 CLOUD SERVICES LLC, 700 S FLOWER ST FL 15, LOS ANGELES CA 90017

Batch #04121

Employee's name, address, and ZIP code: PALLAVI ATTIMAKULA, 1535 NORTH SCOTTSDALE ROAD, APT 3159, TEMPE AZ 85281

Table with 20 columns: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12, 12b DD, 12c, 12d, 13 Stat emp./Ret. plan/3rd party sick pay, 15 State Employer's state ID no., 16 State wages, tips, etc., 17 State income tax, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Table with 3 columns: Description, AZ State Wages, Tips, Etc. Box 16 of W-2, CA State Wages, Tips, Etc. Box 16 of W-2. Rows include Gross Pay, Plus GTL (C-Box 12), Less Other Cafe 125, Less Transportation-Salary Reduction, and Reported W-2 Wages.

2. Employee Name and Address.

PALLAVI ATTIMAKULA, 1535 NORTH SCOTTSDALE ROAD, APT 3159, TEMPE AZ 85281

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Fold and Detach Here

Table with 20 columns: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12, 12b DD, 12c, 12d, 13 Stat emp./Ret. plan/3rd party sick pay, 15 State Employer's state ID no., 16 State wages, tips, etc., 17 State income tax, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

AZ.State Filing Copy W-2 Wage and Tax Statement 2020

Table with 20 columns: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12, 12b C, 12c, 12d, 13 Stat emp./Ret. plan/3rd party sick pay, 15 State Employer's state ID no., 16 State wages, tips, etc., 17 State income tax, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

CA.State Reference Copy W-2 Wage and Tax Statement 2020

Table with 20 columns: 1 Wages, tips, other comp. 2 Federal income tax withheld, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12, 12b C, 12c, 12d, 13 Stat emp./Ret. plan/3rd party sick pay, 15 State Employer's state ID no., 16 State wages, tips, etc., 17 State income tax, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

CA.State Filing Copy W-2 Wage and Tax Statement 2020

Health Coverage

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2252
2020

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name
Pallavi Attimakula

2 Social security number (SSN) or other TIN
*****-**-7758**

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
1535 N SCOTSDALE RD APT 3159

5 City or town
TEMPE

6 State or province
AZ

7 Country and ZIP or foreign postal code
85281

8 Enter letter identifying origin of the Health Coverage (see instructions for codes) **B**

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
J2 GLOBAL, INC.

11 Employer identification number (EIN)
*******1142**

12 Street address (including room or suite no.)
700 S Flower St Ste 1500 15th FL

13 City or town
Los Angeles

14 State or province
CA

15 Country and ZIP or foreign postal code
90017

16 Name
KAISER FOUNDATION HEALTH PLAN, INC.

17 Employer identification number (EIN)
941340523

18 Contact telephone number
844-477-0450

19 Street address (including room or suite no.)
One Kaiser Plaza 15L

20 City or town
Oakland

21 State or province
CA

22 Country and ZIP or foreign postal code
United States of America US 94612

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 PALLAVI	ATTIMAKULA	***-**-7758	<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"/>	<input checked="" 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"/>
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"/>
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"/>
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"/>
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"/>

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

Cat. No. 60704B

Form **1095-B** (2020)

XF9 0020 3E4CA 000000047
 000034618 J0701206
 J2 CLOUD SERVICES LLC
 700 S. FLOWER ST., FLOOR 15
 LOS ANGELES, CA 90017



034640 RO9M1201 XF9 0020 3E4CA 000000047
 PALLAVI ATTIMAKULA
 1535 NORTH SCOTTSDALE ROAD
 APT 3159
 TEMPE, AZ 85281

XF9PNA95CPU0000015676A415A961

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

Form **1095-C**
 Department of the Treasury
 Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2251

2020

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

Part I Employee			Applicable Large Employer Member (Employer)				
1 Name of employee (first name, middle initial, last name) PALLAVI ATTIMAKULA		2 Social security number (SSN) XXX-XX-7758		7 Name of employer J2 CLOUD SERVICES LLC		8 Employer identification number (EIN) 51-0371142	
3 Street address (including apartment no.) 1535 NORTH SCOTTSDALE ROAD			9 Street address (including room or suite no.) 700 S. FLOWER ST., FLOOR 15		10 Contact telephone number 323-860-9231		
4 City or town TEMPE		5 State or province AZ		6 Country and ZIP or foreign postal code USA 85281		11 City or town LOS ANGELES	
				12 State or province CA		13 Country and ZIP or foreign postal code USA 90017	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
1E																	
15 Employee Required Contribution (see instructions)	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 27.10	\$ 27.10	\$ 27.10			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																

17 ZIP Code

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

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 PALLAVI ATTIMAKULA	XXX-XX-7758		<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 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"/>
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"/>
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"/>
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"/>
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"/>

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Form 1095-C (2020)

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