

Employee Reference Copy 2 Wage and Tax Statement

Copy C for employee's records.

Dept. **Employer use only** 111902 CLIF/XF9 000325

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

Batch #04121

| and the second | Batch #04121 | | |
|--|--|--|--|
| e/f Employee's name, address, | and ZIP code | | |
| PALLAVI ATTIMAKU | IΔ | | |
| 1535 NORTH SCOT APT 3159 | The second of th | | |
| TEMPE AZ 85281 | | | |
| b Employer's FED ID number 51-0371142 | Employee's SSA number XXX-XX-7758 | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 82225.99 | 10723.09 | | |
| 3 Social security wages | 4 Social security tax withheld | | |
| 62640.41 | 3883.71 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| 62640.41 | 908.29 | | |
| 7 Social security tips | 8 Allocated tips | | |
| 9 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | |
| 14 Other | 112b DDI 6084.57 | | |
| 195.76 SDI . | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pa | | |
| 15 State Employer's state ID no TOTAL STATE | o. 16 State wages, tips, etc. | | |
| 17 State income tax 2360.71 | 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.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | CA. State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------------------------|--|--|-----------------------------------|---|
| Gross Pay | 84,136.09 | 84, 136.09 | 84,136.09 | 20,377.73 |
| Plus GTL (C-Box 12) | 37.38 | 37.38 | 37.38 | 9.78 |
| Less Other Cafe 125 | 92,48 | 92.48 | 92.48 | 6.93 |
| Less Transportation-Salary Reduction | 1,855.00 | 1,855.00 | 1,855.00 | 795.00 |
| Less Exempt Wages | N/A | 19,585.58 | 19,585.58 | N/A |
| Reported W-2 Wages | 82,225.99 | 62,640.41 | 62,640.41 | 19,585.58 |
| | | | | |

2. Employee Name and Address.

PALLAVI ATTIMAKULA 1535 NORTH SCOTTSDALE ROAD APT 3159 TEMPE AZ 85281

© 2020 ADP, Inc.

| 1 | Wages, tips, other comp. 82225.99 | | 2 | Federa | | x withheld 0723.09 |
|----|--------------------------------------|--------|---|--------|-------------|-----------------------|
| 3 | Social security wages 62640 . 41 | | 4 | Social | security to | x withheld 3883.71 |
| 5 | Medicare wages and tips 62640.41 | | 6 | Medica | re tax with | held 908.29 |
| d | Control number | Dept. | | Corp. | Employ | er use only |
| 11 | 1902 CLIF/XF9 | 000325 | | 5790 | Α | 55 |

J2 CLOUD SERVICES LLC 700 S FLOWER ST FL 15 LOS ANGELES CA 90017

| b Employer's FED ID number 51-0371142 | a Employee's SSA number XXX-XX-7758 |
|--|--|
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 C 37.38 |
| 14 Other | 12b DD 6084.57 |
| 195.78 SDI | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party sick pay |
| | 1710 1 |

e/l Employee's name, address and ZIP code

PALLAVI ATTIMAKULA 1535 NORTH SCOTTSDALE ROAD **APT 3159**

TEMPE AZ 85281

| 15 State Employer's state ID no. TOTAL STATE | 16 State wages, tips, etc. |
|---|----------------------------|
| 17 State income tax 2360.71 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |

Federal Filing Copy Wage and Tax - Statement Copy B to be filed with emp

| 1 | Wages, tips, other 822 | 2 Feder | | ax withheld 10723.09 | |
|------------------------|---------------------------------------|---------|------------|-------------------------|------------------------|
| 3 | Social security wages 62640 . 41 | | 4 Social | security t | ax withheld 3883.71 |
| 5 | Medicare wages and tips 62640 , 41 | | 6 Medic | are tax wit | 908.29 |
| d | Control number | Dept | Corp. | Employ | er use only |
| 111902 CLIF/XF9 000325 | | | | Α | - 55 |
| | | | nd ZID and | | |

Fold and Detach Here

J2 CLOUD SERVICES LLC 700 S FLOWER ST FL 15 LOS ANGELES CA 90017

| Employer's FED ID number 51-0371142 | a Employee's SSA number XXX-XX-7758 | | |
|--|---|--|--|
| Social security tips | 8 Allocated tips | | |
| | 10 Dependent care benefits | | |
| Nonqualified plans | 12a Cı 9.78 | | |
| 14 Other 195,76 CA SDI | 12b | | |
| | 12c | | |
| | 12d | | |
| | 13 Stat emp. Ret. plan 3rd party sick pa | | |
| | 51-0371142 Social security tips Nonqualified plans Other | | |

PALLAVI ATTIMAKULA 1535 NORTH SCOTTSDALE ROAD **APT 3159**

TEMPE AZ 85281

| 15 State CA | Employer's state ID no. 431 - 9466 1 | 16 State wages, tips, etc. 19585.58 |
|----------------|---|--|
| 17 State | income tax 508.26 | 18 Local wages, tips, etc. |
| 19 Local | income tax | 20 Locality name |

CA.State Reference Copy 2 Wage and Tax Statement

| 1 | 1 Wages, tips, other comp. 82225.99 3 Social security wages 62640.41 5 Medicare wages and tips 62640.41 | | 2 Federal income tax withhele 10723.09 | | | tax withheld 10723.09 |
|------------------------|---|-----------|---|-----------------------------------|--------|--------------------------|
| 3 | | | 4 | 4 Social security tax withh 3883. | | |
| 5 | | | ages and tips 6 Medicare tax withheld 908.2 | | 908.29 | |
| d | Control number | Dept | | Corp. | Emplo | yer use only |
| 111902 CLIF/XF9 000325 | | | XF9 000325 A | 55 | | |
| c | Employer's name. | ddress, a | nd | 7IP cod | | . 100 10 |

J2 CLOUD SERVICES LLC 700 S FLOWER ST FL 15 LOS ANGELES CA 90017

| b Employer's FED ID number 51-0371142 | a Employee's SSA number XXX-XX-7758 |
|--|--|
| 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a C 9.78 |
| 14 Other 195.78 CA SDI | 12b |
| | 12c |
| | 12d |
| | 13 Stat emp. Ret. plan 3rd party si |

e/I Employee's name, address and ZIP code PALLAVI ATTIMAKULA

1535 NORTH SCOTTSDALE ROAD **APT 3159**

TEMPE AZ 85281

| 15 State Employer's state ID no CA 431-9466 1 | .16 State wages, tips, etc. 19585.58 |
|--|---|
| 17 State income tax 508.26 | 18 Local wages, tips, etc. |
| 19 Local income tax | 20 Locality name |

CA.State Filing Copy Wage and Tax Statement

AZ.State Reference Copy
2 Wage and Tax
20
Statement Copy 2 to be filed with employee's State income Tax
d Control number | Dept. | Corp. 111902 CLIF/XF9 000325

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

Batch #04121

e/f Employee's name, address, and ZIP code PALLAVI ATTIMAKULA 1535 NORTH SCOTTSDALE ROAD **APT 3159**

| T | EMPE AZ 85281 | | | | | |
|---------|---|---|--|--|--|--|
| | Employer's FED ID number 51-0371142 | a Employee's SSA number XXX-XX-7758 | | | | |
| 1 | Wages, tips, other comp. 82225.99 | 2 Federal income tax withheld 10723.09 | | | | |
| 3 | Social security wages 62640.41 | 4 Social security tax withheld 3883.71 | | | | |
| 5 | Medicare wages and tips 62640.41 | 6 Medicare tax withheld 908.29 | | | | |
| 7 | Social security tips | | | | | |
| 9 | | 10 Dependent care benefits | | | | |
| 11 | Nonqualified plans | 12a See instructions for box 12 C! 27,60 | | | | |
| 14 | Other | 12b DD 6084.57 | | | | |
| | • | 13 Stat emp. Ret. plan 3rd party sick pa | | | | |
| 15 A | State Employer's state ID n Z 51-0371142 | o. 16 State wages, tips, etc. 62640 , 41 | | | | |
| | State income tax 1852.45 | 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.

| Tips, Etc. Box 16 of W-2 | Tips, Etc. Box 16 of W-2 |
|-----------------------------|---|
| 63,758.36 | 40,395.14 |
| 27.60 | 17.94 |
| 85.55 | 14.95 |
| 1,060.00 | 1,060.00 |
| 62,640.41 | 39,338.13 |
| | 7ps, Etc. 80x 16 of W-2 63,758.36 27.60 85.55 1,060.00 |

2. Employee Name and Address.

PALLAVI ATTIMAKULA 1535 NORTH SCOTTSDALE ROAD APT 3159 TEMPE AZ 85281

10723.09

O 2020 ADP, Inc.

82225.99

| Wages, tips, other comp. 82225.99 | 2 Federal | ncome tax v | vithheld 23.09 | 1 Wages, tips, other comp. 82225.99 |
|---|----------------------|------------------------|--------------------|--|
| 3 Social security wages 62640.41 | 4 Social s | ecurity tax v | vithheld 883.71 | 3 Social security wages 62640.4 |
| 5 Medicare wages and tips 62640.41 | 6 Medicar | tax withhe | ld 008.29 | 5 Medicare wages and tips 62640.4 |
| d Control number Dept | Corp. | Employer u | se only | d Control number Dep |
| 111902 CLIF/XF9 00032 | 25 | Α | 56 | 111902 CLIF/XF9 0003 |
| J2 CLOUD SE 700 S FLOWE LOS ANGELES | RVICES I | LC 15 | | J2 CLOUD SE 700 S FLOWE LOS ANGELE |
| b Employer's FED ID number 51 - 0371142 | a Employe | e's SSA nur KX-XX-7 | | b Employer's FED ID number |
| 7 Social security tips | 8 Allocate | | | 7 Social security tips |
| 9 | 10 Depende | nt care ben | efits | g |
| 11 Nonqualified plans | 12a See Inst | | box 12 7.60 | 11 Nonqualified plans |
| 14 Other | 12b DD | 608 | 4.57 | 14 Other |
| | 12c | | | .00 CA SDI |
| | 12d | | | |
| | 13 Stat emp.R | et. plan 3rd par | rty sick pay | |
| e/f Employee's name, address | and ZIP code | | | e/t Employee's name, addres |
| PALLAVI ATTIMAKU 1535 NORTH SCOT APT 3159 | | ROAD | | PALLAVI ATTIMAK 1535 NORTH SCOT APT 3159 |
| TEMPE AZ 85281 | | | | TEMPE AZ 85281 |
| 15 State Employer's state ID n AZ 51 - 0371142 | o. 16 State wa | jes, tips, etc 626 | 40.41 | |
| 17 State income tax 1852.45 | 18 Local wa | ges, tips, et | | |
| 19 Local income tax | 20 Locality | name | 3 | 19 Local Income tax |
| AZ.State F | iling Cop and Tax | 202 | 20 | W-2 Wage |

Statement

| 3 Social secur | 62640.41 | 4 Socia | security | tax withheld 3883.71 |
|--|-----------------------------|------------------|----------------------|-------------------------|
| 5 Medicare wa | ges and tips 62640.41 | 6 Medic | are tax wi | thheid 908.29 |
| d Control num | ber Dept. | Corp. | Emplo | er use only |
| 111902 CLIF | /XF9 00032 | 1 10 | A | 56 |
| J2 C 700 S | LOUD SE FLOWE ANGELES | RVICES R ST F | LLC L 15 | |
| | ED ID number | | yee's SS/ XXX - X | |
| 9 | | 2 | ident care | benefits |
| 11 Nonqualified | plans | 12a C | | 17.94 |
| 14 Other | 15 | 12b | House and the | |
| | .00 CA SDI | 12c | | |
| | | 12d | | |
| | | 13 Stat em | . Ret. plan | 3rd party sick pa |
| e/I Employee'a I PALLAVI A 1535 NORT APT 3159 TEMPE AZ | TTIMAKU TH SCOT | LA | | D |
| 15 State Employ CA 431 - 9 | 466 1 | | | 39338,13 |
| 17 State income | tax | 18 Local | wages, tij | os, etc. |
| 19 Local Income | tax | 20 Local | ty name | V. D. |
| C | A.State F | eferen | ce Co | DV |

2 Wage and Tax Statement

| 1 Wages, tips, other comp 82225. | | 2 Feder | al income | tax withheld 10723.09 |
|---|-----------|------------|------------|--------------------------|
| 3 Social security wages 62640.4 | | 4 Socia | security | tax withheld 3883.71 |
| 5 Medicare wages and tips 62640.4 | | 6 Medic | are tax w | ithheld 908.29 |
| d Control number Do | ept | Corp. | Emplo | yer use only |
| 111902 CLIF/XF9 000 | 325 | | Α | 56 |
| Employer's name, addre | 33, an | d ZIP cod | le | |
| J2 CLOUD S 700 S FLOW LOS ANGEL | /ER | ST F | L 15 | |
| | | | | |
| b Employer's FED ID num | ber | a Emplo | yee's SS | A number |
| 51-0371142 | | | | X-7758 |
| 7 Social security tips | | 8 Alloca | ited tips | |
| 9 | | 10 Depe | ndent car | e benefits |
| 11 Nonqualified plans | | 12a C | | 17.94 |
| 14 Other | - | 12b | | 11.54 |
| .00 CA SDI | - 1 | 12c | | |
| .00 CA 501 | ł | 12d | - | |
| | } | 13 Stat er | n Ret plan | 3rd party sick p |
| | 2000 2000 | 0.0.0 | ter bian | ord party sick pa |
| e/l Employee's name, addri PALLAVI ATTIMAI 1535 NORTH SCC APT 3159 TEMPE AZ 85281 | KUL | Α | | D |
| 15 State Employer's state CA 431-9466 1 | ID no. | 16 State | wages, ti | ps, etc. 39338.13 |
| 17 State income tax | | 18 Loca | wages, t | ips, etc. |
| 19 Local Income tax | | 20 Loca | lity name | - / |
| CA.State W-2 Wag Sta Copy 2 to be filed with employee | e ai | nd Ta | × 2 | 020 |

Copy 2 to be filed with em

| | | | Company State of the State of t | |
|-------------------|-----------|--|--|---------|
| | | ► Go to www.irs.gov/Form1095B for instructions and the latest information. | | PIVICE |
| 20 7 0 | CORRECTED | ► Do not attach to your tax return. Keep for your records. | | reasury |
| | | I calli Coverage | | • |
| OMB No. 1545-2252 | VOID | Losith Courses | Burne B | |
| |] | | * | , |

| | Licalii Coverage | Acid8e | | | | | | | | | |) |) | | |
|---|--|-------------|---------|-------------------|---|----------------|--|----------|------------------------|--------------------------------------|-----------------|---|--|--------------------|--|
| Department of the Treasury Internal Revenue Service | ► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form 1005B for instructions and the latest later matter. | m. Keep for | your re | cords. | | | | | CORR | CORRECTED | | 1 25 | 2020 | | |
| Part I Responsible Individual | d | | | | | | | | | | - | | | | |
| 9 01 7 | ame, last name | | 20 | ocial sec | urlty nurr | ber (SS) | Social security number (SSN) or other TIN | | 3 Date | of birth (II | SSN or o | other TIN | Date of birth (if SSN or other TIN is not available) | lable) | |
| Pallavi | Attimakula | | | | ***-**-7758 | 7758 | | | | | | | | | |
| 4 Street address (including apartment no.) 1535 N SCOTTSDALE RD APT 3159 | TEMPE | | ۵ ° | State or province | rovince | | | | 7 Cour | itry and Z | IP or fore | Country and ZIP or foreign postal code | code | | |
| 8 Enter letter Identifying Origin of the Health Coverage (see instructions for codes) | rerage (see instructions for codes): | · ▼ | 9 | Reserved | | | | | | | | | | | |
| Part II Information About Certain I | Information About Certain Employer-Sponsored Coverage (see instructions) | see instruc | tions) | | | | | | | | | 6.1 | | | |
| 10 Employer name J2 GLOBAL, INC. | | F 425 | | | 2 | | 1 | | 11 Emp | loyer Ide | Identification | Employer Identification number (EIN) | (EIX) | | |
| 12 Street address (including room or suite no.) | 13 City or town | | 4 | State or province | rovince | | | | 15 Cou | ntry and | ZIP or for | Country and ZIP or foreign postal code | al code | 1 | |
| 700 S Flower St Ste 1500 15th FL | Los Angeles | | CA | | | | | ·^ | _ | • | | | | | |
| Part III Issuer or Other Coverage Provider (see instructions) | rovider (see instructions) | | | 1 | | and the second | | | | | | | | | |
| 16 Name KAISER FOUNDATION HEALTH PLAN, INC. | I, INC. | | 17. | -mplo yer | r Identification nu 941340523 | ation nui | Employer Identification number (EIN) 941340523 | | 18 Con | Contact telephone number 844-477-045 | elephone number | nber 0.450 | W. 1. 10 | | |
| 19 Street address (including room or sulte no.) One Kalser Plaza 15L | 20 City or town Oakland | | CA (| State or province | rovince | | | | 22 Cou | ntry and | ZIP or for | 22 Country and ZIP or foreign postal code | 22 Country and ZIP or foreign postal code United States of America IIS 04612 | 3 | |
| Part IV Covered Individuals (Enter t | Covered Individuals (Enter the information for each covered individual, | dividual.) | | 11/4 | | | | 100 | | | | | - | | |
| (a) Name of covered individual(s) First name, middle initial, last name | (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered TIN is not available) all 12morts | all 12mans | 1 | | 2 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 44 | (0 |) Months | (e) Months of coverage | Эğe | | 7 | 4 | | |
| | The second secon | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | 000 | Nov | Dec | |
| 23 PALLAVI ATTIMAKULA | ***_**-7758 | | × | × | × | × | × | × | × | × | × | | | | |
| 24 | | П | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | |
| For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. | otice, see separate instructions. | | | - | 3 | No. 60704B | 048 | | | | | - F | 1095 | Form 1095-B (2020) | |





034640 RO9MIZU1 U34640

XF9 0020 3E4CA 000000047

000034618 J0701206

J2 CLOUD SERVICES LLC 700 S. FLOWER ST., FLOOR 15 LOS ANGELES, CA 90017



XF9PNA95CPU0000015676A415A961

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

034640 RO9MI201 XF9 0020 3E4CA 000000047 PALLAVI ATTIMAKULA 1535 NORTH SCOTTSDALE ROAD APT 3159 TEMPE, AZ 85281

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

P00750 VOID OMB No. 1545-2251 Form 1095-C **Employer-Provided Health Insurance Offer and Coverage** ▶ Do not attach to your tax return. Keep for your records. CORRECTED 2020 Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form 1095C for instructions and the latest information Applicable Large Employer Member (Employer) Part I Employee 8 Employer identification number (EIN) 2 Social security number (SSN) 7 Name of employe 1 Name of employee (first name, middle initial, last name) 51-0371142 J2 CLOUD SERVICES LLC PALLAVI ATTIMAKULA XXX-XX-7758 10 Contact telephone number 9 Street address (including room or suite no.) 3 Street address (including apartment no.) 323-860-9231 700 S. FLOWER ST., FLOOR 15 1535 NORTH SCOTTSDALE ROAD 13 Country and ZIP or foreign postal code 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 4 City or town USA 90017 USA 85281 LOS ANGELES CA TEMPE Plan Start Month (enter 2-digit number): 01 Employee's Age on January 1 Part II Employee Offer of Coverage Dec Oct Nov All 12 Months Jan Apr May June July Aug Sept 14 Offer of Coverage (enter required code) 1E 15 Employee Required Contribution (see 27.105 27.105 27.10 200.0 0.00 0.00 0.00 0.00 0.008 0.00 0.00 instructions) 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C 17 ZIP Cod 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. (c) DOB (if SSN or other TIN is not available) (e) Months of Coverage (d) Covered all 12 months (b) SSN or other TIN (a) Name of covered individual(s)
First name, middle initial, last name Oct Nov Dec Mar May June July Aug Jan Feb Sept Apr X X X XXX-XX-7758 PALLAVI ATTIMAKULA 18 19 20 21 22 Form 1095-C (2020)