



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.

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
Copy C for employee's records. OMB No. 1545-0008

d Control number 070500 ATLA/WPD	Dept. IT0000	Corp.	Employer use only A 2954
c Employer's name, address, and ZIP code NAVIHEALTH INC 210 WESTWOOD PLACE #400 BRENTWOOD TN 37027			
Batch #05479			
e/f Employee's name, address, and ZIP code UMASREE VENNAM 1787 MACALLAN DRIVE BRENTWOOD TN 37027			
b Employer's FED ID number 36-4719151	a Employee's SSA number XXX-XX-8507		
1 Wages, tips, other comp. 91470.44	2 Federal income tax withheld 11983.11		
3 Social security wages 104935.66	4 Social security tax withheld 6506.01		
5 Medicare wages and tips 104935.66	6 Medicare tax withheld 1521.57		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   122.46		
14 Other	12b D   13465.22		
	12c W   852.00		
	12d DD   13243.08		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State TN	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	

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	TN. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	108,106.10	108,106.10	108,106.10	
Plus GTL (C-Box 12)	122.46	122.46	122.46	
Less Misc. Non Taxable Comp.	122.46	122.46	122.46	
Less 401(k) (D-Box 12)	13,465.22	N/A	N/A	
Less Other Cafe 125	3,118.44	3,118.44	3,118.44	
Less Cafe 125 HSA (W-Box 12)	52.00	52.00	52.00	
<b>Reported W-2 Wages</b>	<b>91,470.44</b>	<b>104,935.66</b>	<b>104,935.66</b>	

2. Employee Name and Address.

**UMASREE VENNAM**  
**1787 MACALLAN DRIVE**  
**BRENTWOOD TN 37027**

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← Fold and Detach Here →

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**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0008

**TN.State Reference Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0008

**TN.State Filing Copy**  
**W-2 Wage and Tax Statement 2020**  
OMB No. 1545-0008

D. CONTROL NUMBER 000020042001		This information is being furnished to the Internal Revenue Service		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER, COMPENSATION 110252.80		2. FEDERAL INCOME TAX WITHHELD 13209.66			
B. EMPLOYER IDENTIFICATION NUMBER 13-0524209			A. EMPLOYEE'S SOCIAL SECURITY NUMBER 412-99-3079			3. SOCIAL SECURITY WAGES 124369.02		4. SOCIAL SECURITY TAX WITHHELD 7710.88			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Broadcast Music, Inc. 10 MUSIC SQUARE EAST NASHVILLE TN 37203						5. MEDICARE WAGES AND TIPS 124369.02		6. MEDICARE TAX WITHHELD 1803.35			
						7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
						9.		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL Krishna M			LAST NAME Kilaru		SUFF.		11. NONQUALIFIED PLANS		12. a-d		
1787 Macallan Dr Brentwood TN 37027 USA							14. OTHER		C 358.12 D 14116.22 W 100.00 DD 8670.76		
F. EMPLOYEE'S ADDRESS AND ZIP CODE						13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>	
15. STATE		EMPLOYER'S STATE I.D. NO.		16. STATE WAGES, TIPS, ETC.		17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
20. LOCALITY NAME											

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return  
FORM **W-2 Wage and Tax Statement**

**2020**

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

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20. LOCALITY NAME											

Copy B To be filed with Employee's FEDERAL tax return  
FORM **W-2 Wage and Tax Statement**

**2020**

Dept. of the Treasury - Internal Revenue Service

FOLD AND TEAR ALONG PERFORATION

Visit [www.irs.gov/efile](http://www.irs.gov/efile) for e-file details.

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**W-2 AND WAGE SUMMARY**

Employer Provided Health Insurance Offer and Coverage

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Broadcast Music, Inc.
10 MUSIC SQUARE EAST
NASHVILLE TN 37203

Contact Phone No: (615)401-2109

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

EMPLOYEE'S first name, middle initial, last name, address, ZIP/postal code & country

Krishna M Kilaru
1787 Macallan Dr
Brentwood TN 37027

APPLICABLE LARGE EMPLOYER'S identification number (EIN)
13-0524209

EMPLOYEE'S social security number (SSN)
XXX-XX-3079

Part II Employee Offer of Coverage Employee's Age On January 1 45

Table with columns: Plan Start Mo., Offer of Coverage, Employee Required Contribution, Section 4980H Safe Harbor, Zip Code. Rows for months Jan-Dec.

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

Department of the Treasury -- IRS

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.

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 mos., (e) Months of coverage (Jan-Dec). Rows 18-25.

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 mos., (e) Months of coverage (Jan-Dec). Rows 26-30.

BANK OF AMERICA, N.A.  
C/O HEALTH ACCOUNT SERVICES  
PO BOX 2203  
FARGO ND 58108

# TAX STATEMENT FOR YEAR 2020

THIS STATEMENT REPORTS 1099-SA (OMB No. 1545-1517),  
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

**BANK OF AMERICA**  BANK# 07202

KRISHNA KILARU  
1787 MACALLAN DR  
BRENTWOOD TN 37027

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-800-718-6710

TAXPAYER'S IDENTIFICATION NUMBER

\*\*\*-\*\*-3079

For Form 1099-SA: This information is being furnished to the IRS.

2020 - 1099-SA, DISTRIBUTIONS FROM AN HSA, ARCHER MSA,  
OR MEDICARE ADVANTAGE MSA

HSA ACCOUNT	ACCOUNT NUMBER	
BOX 1	000010000334139	
BOX 3	GROSS DISTRIBUTION	471.36
BOX 5	DISTRIBUTION CODE	1
KRISHNA KILARU	HSA	X

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE  
NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER  
LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-800-305-5109  
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE

HEALTH EQUITY CORPORATE  
 15 WEST SCENIC POINTE DRIVE SUITE 400  
 DRAPER, UT 84020



UMASREE VENNAM  
 1787 MACALLAN DR  
 BRENTWOOD, TN 37027

\*\*N0229404

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020</b>		OMB No. 1545-1517 <b>Form 1099-SA</b> (Rev. November 2019) For calendar year 20		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>  <b>Copy B For Recipient</b>  This information is being furnished to the IRS.
PAYER'S TIN <b>52-2383166</b>	RECIPIENT'S TIN <b>***-**-8507</b>	1 Gross distribution <b>\$ 4,830.59</b>	2 Earnings on excess cont. <b>\$ 0.00</b>	
RECIPIENT'S name <b>UMASREE VENNAM</b>		3 Distribution code <b>1</b>	4 FMV on date of death <b>\$0.00</b>	
Street address (including apt. no.) <b>1787 MACALLAN DR</b>		5 HSA <input checked="" type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code <b>BRENTWOOD, TN 37027</b>		Archer MSA <input type="checkbox"/>		
Account number (see instructions) <b>4170658</b>		MA MSA <input type="checkbox"/>		

Form **1099-SA** (Rev. 11-2019)

(keep for your records)

[www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA)

Department of the Treasury - Internal Revenue Service

### Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

**Recipient's taxpayer identification number (TIN).** For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete identification number to the IRS.

**Spouse beneficiary.** If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

**Estate beneficiary.** If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

**Nonspouse beneficiary.** If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

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

**Box 1.** Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

**Box 2.** Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

**Box 3.** These codes identify the distribution you received: 1—Normal distribution; 2—Excess contributions; 3—Disability; 4—Death distribution other than code 6; 5—Prohibited transaction; 6—Death distribution after year of death to a nonspouse beneficiary.

**Box 4.** If the account holder died, shows the FMV of the account on the date of death.

**Box 5.** Shows the type of account that is reported on this Form 1099-SA.  
**Future developments.** For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099SA](http://www.irs.gov/Form1099SA).

HEALTH EQUITY CORPORATE  
 15 WEST SCENIC POINTE DRIVE SUITE 400  
 DRAPER, UT 84020

UMASREE VENNAM  
 1787 MACALLAN DR  
 BRENTWOOD, TN 37027

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020</b>		1 Employee or self-employed person's Archer MSA contributions made in 2020 and 2021 for 2020 <b>\$0.00</b>	OMB No. 1545-1518 <b>2020</b> Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
		2 Total contributions made in 2020 <b>\$852.00</b>		
TRUSTEE'S TIN <b>52-2383166</b>	PARTICIPANT'S TIN <b>***-**-8507</b>	3 Total HSA or Archer MSA contributions made in 2021 for 2020 <b>\$0.00</b>		<b>Copy B</b>  <b>For Participant</b>  This information is being furnished to the IRS.
PARTICIPANT'S name <b>UMASREE VENNAM</b>		4 Rollover contributions <b>\$0.00</b>	5 Fair market value of HSA, Archer MSA, or MA MSA <b>\$9,645.19</b>	
Street address (including apt. no.) <b>1787 MACALLAN DR</b>		6 HSA <input checked="" type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code <b>BRENTWOOD, TN 37027</b>		Archer MSA <input type="checkbox"/>		
Account number (see instructions) <b>4170658</b>		MA <input type="checkbox"/>		
		MSA <input type="checkbox"/>		

Form **5498-SA**

(keep for your records)

[www.irs.gov/Form5498SA](http://www.irs.gov/Form5498SA)

Department of the Treasury - Internal Revenue Service

### Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

**Participant's taxpayer identification number (TIN).** 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 TIN to the IRS.

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

**Box 1.** Shows contributions you made to your Archer MSA in 2020 and through April 15, 2021, for 2020. You may be able to deduct this amount on your 2020 Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

**Note:** The information in boxes 2 and 3 is provided for IRS use only.

**Box 2.** Shows the total contributions made in 2020 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

**Box 3.** Shows the total HSA or Archer MSA contributions made in 2021 for 2020.

**Box 4.** Shows any rollover contribution from an Archer MSA to this Archer MSA in 2020 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

**Box 5.** Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2020.

**Box 6.** Shows the type of account that is reported on this Form 5498-SA.

**Other information.** The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

**Note:** Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

**Future developments.** For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form5498SA](http://www.irs.gov/Form5498SA).

NVR, Inc.  
11700 Plaza America Dr STE 500  
Reston, VA 20190

If you have questions contact:  
Accounts Payable  
Phone: 703-956-4311



TEP438386\_864\_1727 1 of 2

UMASREE VENNAM  
1787 MACALLEN DRIVE  
BRENTWOOD, TN 37027

**Instructions for Recipient**

**Recipient's taxpayer identification number (TIN).** 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 payer has reported your complete TIN to the IRS.

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

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

**Amounts shown may be subject to self-employment (SE) tax.** If your net income from SE is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040 or 1040-SR). See Pub. 334 for more information. **Note:** If you are still receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES-NR). Individuals must report these amounts as explained in the box 14 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

**Form 1099-MISC incorrect?** If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

**Box 1.** Report rents from real estate on Schedule E (Form 1040 or 1040-SR). However, report rents on Schedule C (Form 1040 or 1040-SR) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

**Box 2.** Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040 or 1040-SR). However, report payments for a working interest as explained in the Schedule E (Form 1040 or 1040-SR) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

**Box 3.** Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040 or 1040-SR), or Form 1040-NR and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040 or 1040-SR).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040 or 1040-SR). See Pub. 334.

**Box 6.** For individuals, report on Schedule C (Form 1040 or 1040-SR).

**Box 7.** If checked, \$5,000 or more of sales of consumer products was sold to you on buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040 or 1040-SR).

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040 or 1040-SR), or Form 1040-NR.

**Box 9.** Report this amount on Schedule F (Form 1040 or 1040-SR).

**Box 10.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 12.** May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals. This amount is also shown in box 1 of Form 1099-NEC.

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

**Box 14.** Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 1, Form 1099-NEC as nonemployee compensation. Any amount included in box 12 that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the Instructions for Forms 1040 and 1040-SR, or the Instructions for Form 1040-NR.

**Boxes 15-17.** Show state or local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC).

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. NVR, Inc. 11700 Plaza America Dr STE 500 Reston, VA 20190		OMB No. 1545-0115 <b>2020</b> Form 1099-MISC		Miscellaneous Income
PAYER'S TIN 54-1394360		1 Rents \$ 32,904.00 2 Royalties \$		
RECIPIENT'S TIN XXX-XX-8507		3 Other income \$		Copy B For Recipient
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code UMASREE VENNAM 1787 MACALLEN DRIVE BRENTWOOD, TN 37027		4 Federal income tax withheld \$		
Account number (see instructions) 68440		5 Fishing boat proceeds \$		This is important tax information and is being furnished to the IRS. 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.
FATCA filing requirement <input type="checkbox"/>		6 Medical and health care payments \$		
		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
		8 Substitute payments in lieu of dividends or interest \$		
		9 Crop insurance proceeds \$		
		10 Gross proceeds paid to an attorney \$		
		11		
		12 Section 409A deferrals \$		
		13 Excess golden parachute payments \$		
		14 Nonqualified deferred compensation \$		
		15 State tax withheld \$		
		16 State/Payer's state no. TN /		
		17 State income \$		

Form 1099-MISC

(keep for your records)

[www.irs.gov/Form1099MISC](http://www.irs.gov/Form1099MISC)

Department of the Treasury - Internal Revenue Service

