2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy 2 Wage and Tax Statement Copy C for employee's records

070500 ATLA/WPD | T0000

Dent.

Employer use only

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.	2 Federal income tax withheld
	91470.44	11983.11
3	Social security wages	4 Social security tax withheld
	104935.66	6506.01
5	Medicare wages and tips	6 Medicare tax withheld
	104935.66	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
1/	Other	12b D 13465.22
17	Other	12c W 852.00
		12d DDI 13243.08
		13 Stat emp. Ret. plan 3rd party sick pa
	State Employer's state ID no	o. 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.

	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	
Reported W-2 Wages	91,470.44	104,935.66	104,935.66	

2. Employee Name and Address.

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

© 2020 ADP, Inc.

1	Wages, tips, other o	omp. 70.44	2	Federa	al income	tax withheld 11983.11
3	Social security wag	es 35.66	4	Social	security	tax withheld 6506.01
5	Medicare wages and 1049	1 tips 35.66	6	Medica	are tax wi	thheld 1521.57
d	Control number	Dept.	100	Corp.	Emplo	yer use only
07	70500 ATLA/WPD	IT0000		in the	Α	2954

Employer's name, address, and ZIP code

NAVIHEALTH INC 210 WESTWOOD PLACE #400 BRENTWOOD TN 37027

b	Employer's FED ID number 36-4719151		e's SSA number CX - XX - 8507
7	Social security tips	8 Allocated	l tips
9		10 Depender	nt care benefits
11	Nonqualified plans	12a See inst	ructions for box 12 122.46
14	Other	12b D	13465.22
		12c W	852.00
		12d DD	13243.08
		13 Stat emp. Re	et. plan 3rd party sick pa

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

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

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

Federal Filing Copy Wage and Tax Statement

1	Wages, tips, other comp. 91470.44		2 Federal income tax withheld 11983.1		
3	Social security wag 1049	es 35.66	4 Social security tax withheld 6506.01		
5	Medicare wages an 1049	d tips 35.66	6 Medic	Medicare tax withheld 1521.5	
d	Control number	Dept.	Corp.	Emplo	yer use only
07	70500 ATLA/WPD	1T0000		Α	2954

Fold and Detach Here

NAVIHEALTH INC 210 WESTWOOD PLACE #400 BRENTWOOD TN 37027

b	Employer's FED ID number 36-4719151	a Employe	e's SS XX-X	A number X-8507
7	Social security tips	8 Allocate	d tips	
9		10 Depende	ent care	e benefits
11	Nonqualified plans	12a C		122.46
14	Other	12b D	1	3465.22
		12c W		852.00
		12d DD	1	3243.08
		13 Stat emp.	Ret. plan X	3rd party sick pay

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

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

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

TN.State Reference Copy Wage and Tax

1	Wages, tips, other comp. 91470.44		2	Federa	l income	tax withheld
3	Social security wag		4 Social security tax withh			
5	Medicare wages an 1049	d tips 35.66	6 Medicare tax withheld 1521.			ithheld 1521.57
d	Control number	Dept.		Corp.		loyer use onl
-	'0500 ATLA/WPD	ALEXANDER OF THE PARTY OF THE P	-	7ID ood	Α	2954

NAVIHEALTH INC 210 WESTWOOD PLACE #400 BRENTWOOD TN 37027

b	Employer's FED ID number 36-4719151		ee's SSA number XX-XX-8507
7	Social security tips	8 Allocate	ed tips
9		10 Depende	ent care benefits
11	Nonqualified plans	12a 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

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

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

15 State TN	Employer's state ID no.	16 State wages, tips, etc.
17 State	income tax	18 Local wages, tips, etc.
19 Loca	I income tax	20 Locality name

TN.State Filing Copy Wage and Tax Statement

IS STATE EMPLOYER'S STATE LD. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME OF THE PROPERTY STATE LD. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME AND TEAR ALONG PERFORATION Dept. of the Treasury - Internal Property of the Treasury - Internal Revenue Service Treasury - Interna	
EMPORTS NAME APPRIES AND AD PLOSE BY COLORS SOURCE EAST NASHVILLE TN 3723 LACT NAME KIRSH M K	358.12 14116.22 100.00 8670.76 X Third-Party
10 MUSIC SQUARE EAST NASHVILLE TN 37203 TO MILE PROFITE MATERIAL PROPERTY MATERIAL PROPERTY NASHVILLE TN 37203 TO MILE CONTINUE AND METERIAL PROPERTY MATERIAL PROPERTY NASHVILLE TN 37203 TO MILE CONTINUE AND METERIAL PROPERTY NASHVILLE TN 37203 TO MILE CONTINUE AND METERIAL PROPERTY NASHVILLE TN 37203 TO MILE SANCTION OF THE MATERIAL PROPERTY NASHVILLE TN 37203 TO	14116.22 100.00 8670.76 X Third-Party Sick Pay
EMPLOYEE FIRST NAME AND RETINE. KIRSHIN M M D D D D D D D D D D D D	14116.22 100.00 8670.76 X Third-Party Sick Pay
Seption Sept	14116.22 100.00 8670.76 X Third-Party Sick Pay
Krishna M ITRS Macalan D Brentwood TN 37027 USA BENEFORE BARCORED SOND DE CODE BENEFORE BARCORED ACCRES OND DE CODE BENEFORE BARCORED SOND E CODE BOOM BENEFORE BARCORED SOND E CODE BOOM BARCORED BARCORED SOND E CODE BOOM BARCORED BARCORED SOND E CODE BOOM BARCORED BENEFORE BARCORED SOND E SALICORITY TAX WITHHELD BOOM BARCORED BENEFORE BARCORED SOND E SALICORITY TOWERS 124369.02 SALICORED SOND E	14116.22 100.00 8670.76 X Third-Party Sick Pay
BERLOYERS ACCIDEDS AND ZIP CODE 13 TATUE LEMINOYERS CITYLE ID NO. 10 SUNTEWARDER, TIPS, ETC. 17 STATE NOOME TOX 18 LOCAL WAGES, TIPS, ETC. 19 LOCAL WAGES, TIPS, ETC. 10 MUSIC SQUARE EAST NASHVILLE TN 37203 10 LOCAL WAGES, TIPS, ETC. 19 LOCAL WAGES, TIPS, ETC. 10 LOCAL WAGES, TIPS, ETC. 11 LOCAL WAGES, TIPS, ETC. 12 LOCAL WAGES, TIPS, ETC. 12 LOCAL WAGES, TIPS, ETC. 12 LOCAL WAGES, TIPS, ETC. 13 LOCAL WAGES, TIPS, ETC. 14 LOCAL WAGES, TIPS, ETC. 15 LOCAL WAGES, TIPS, ETC. 15 LOCAL WAGES, TIPS, ETC. 16 LOCAL WAGES, TIPS, ETC. 17 LOCAL WAGES, TIPS, ETC. 18 LOCAL WAGES, TIPS, ETC. 18 LOCAL WAGES, TIPS, ETC. 19 LOCAL WA	Third-Party Sick Pay
SOURCE SECURITY SAME LAND PEOCODE STATE SOURCE SECURITY SAME LAND SOURCE AND PEOCODE STATE SOURCE SAME SECURITY SAME LAND SOURCE AND PEOCODE STATE LONG HOUSER ORD W-2 Wage and Tax Statement Dept. of the Treasury - Internal SOURCE AND PEOCODE SOURCE SECURITY SAME SOURCE SOUR	
OPEN W-2 Wage and Tax Statement Control Number Contr	
ORM W-2 Wage and Tax Statement C. CONTROL RUMBER OO. 2004/2001 C. LIBENCYPER DEATH CATTON RUMBER A LEMPLOYEE'S SOCIAL SECURITY NAMBER A LEMPLOYEE'S SOCIAL SECURITY NAMBER A LEMPLOYEE'S SOCIAL SECURITY NAMBER A LEMPLOYEE'S AND THE COLOR TAX WITHHELD C. LIBENCYPER DEATH CATTON RUMBER A LEMPLOYEE'S SOCIAL SECURITY TOWN RUMBER A LEMPLOYEE'S ROOK SECURITY TOWN RUMBER A LEMPLOYEE'S ROOK SECURITY TOWN RUMBER A LIBENCYPER DEATH CATTON RUMBER A LIBENCYPER DEATH RUMBER B LI	Revenue Servi
10.000720042001 International being furnished to the OMB NO. 1545 - 0008 110252.80	
B. GMR-OYER IDENTIFICATION NUMBER 13-0524209 412-99-3079 412-99-3079 412-99-3079 412-99-3079 412-99-3079 412-99-3079 412-99-3079 412-99-3079 5. MIEDICARE VAGES AND TRIS 124369.02 6. MEDICARE TAX WITHHELD 1. SOCIAL SECURITY TRIPS 6. ALLOCATED TRIPS 1. NASHVILLE TN 37203 5. MIEDICARE VAGES AND TRIS 1. SOCIAL SECURITY TRIPS 6. ALLOCATED TRIPS 1. II. NONQUALIFIED PLANS 1. ODEPENDENT CARE BENEFITS 1. ODEPENDENT CARE SENEFITS 1. OTHER 1	13209.66
C. CONTROL NUMBER C. CONTROL NU	7710.88
BYONG CAST NASHVILLE TN 37203 E. EMPLOYEE'S FIRST NAME AND INITIAL KAST NAME KISATU 1.0 MUSIC SQUARE EAST NASHVILLE TN 37203 E. EMPLOYEE'S FIRST NAME AND INITIAL KAST NAME KISATU 1.1 NONGULALIFIED PLANS 1.2 .9-4 C. C. T. C. T. C. T. C. T. C.	1803.35
E. EMPLOYEE'S FIRST NAME AND INITIAL Krishna M Kilaru 1787 Macallan Dr Brentwood TN 37027 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE 19. STATE EMPLOYEE'S STATE LD. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX CODY 2 To be filed with Employee's STATE, CITY or LOCAL tax return CORM W-2 Wage and Tax Statement Dept. of the Treasury - Internet FOLD AND TEAR ALONG PERFORATION FOLD AND TEAR ALONG PERFORATION FOLD AND TEAR ALONG PERFORATION 11. WAGES, TIPS, OTHER, COMPENSATION 11. WAGES,	
E. EMPLOYEE'S FIRST MANKEAND NITNAL. KISHAM 1787 Macallan Dr Brentwood TN 37027 USA 14. OTHER 15. STATE 16. MPLOYER'S ADDRESS AND ZIP CODE 15. STATE 15. STATE 16. STATE UMPLOYER'S STATE LD. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY N. 21. WAGES, TIPS, OTHER, COMPENSATION 10. LOCAL INCOME TAX WITHHELD 21. FEDERAL INCOME TAX WITHHELD 22. FEDERAL INCOME TAX WITHHELD 23. SOCIAL SECURITY WAGES 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02 124369.02	
E. EMPLOYEE'S FIRST MANKE AND DITTAL. Krishna M 1787 Macallan Dr Brentwood TN 37027 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE 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 N. COPY 2 To be filed with Employee'S STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement Dept. of the Treasury - Internet FOLD AND TEAR ALONG PERFORATION D. CONTROL NUMBER ON This information is being furnished to the O00020042001 Internal Revenue Service B. EMPLOYER'S IDENTIFICATION NUMBER 13-0524209 412-99-3079 C. EMPLOYER'S BAND ZIP CODE Broadcast Music, Inc. 10 MUSIC SQUARE EAST NASHVILLE TN 37203 B. ALLOCATED TIPS S. MEDICARE WAGES AND TIPS 8. ALLOCATED TIPS 9. SOCIAL SECURITY TIPS 9. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 9. SOCIAL SECURITY TIPS 9. ALLOCATED TIPS 9. SOCIAL SECURITY TI	
This information is being furnished to the 000020042001 Infernal Revenue Service B. EMPLOYER'S ADDRESS AND ZIP CODE B. EMPLOYER'S TATE LD. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NO. Dept. of the Treasury - Internal Comm W-2 Wage and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wage and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wage and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wage and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wage and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wage and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm W-2 Wages and Tax Statement Dept. of the Treasury - Internal Comm Wages and Tax Statement Dept. of the Treasury - Internal Comm Wages and Tax Statement Dept. of the Treasury - Internal Comm Wages and Tax Statement Dept. of the Treasury - Internal Comm Wages and Tax Statement Dept. of the Treasury - Internal Comm Wages and Tax Wages and Tax Statement Dept. of the Treasury - Internal Comm Wages and Tax Wages an	358.12 14116.22 100.00 8670.76
Dept. of the Treasury - Internation is being furnished to the one of the Internal Revenue Service and Tax Statement Discording furnished to the internal Revenue Service and Tax Statement Discording furnished to the one of the Internal Revenue Service and Tax Statement Discording furnished to the one of the Internal Revenue Service and Tax Statement Discording furnished to the one of the Internal Revenue Service and	X Third-Party Sick Pay
D. CONTROL NUMBER ONO 20042001 B. EMPLOYER IDENTIFICATION NUMBER 13-0524209 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Broadcast Music, Inc. 10 MUSIC SQUARE EAST NASHVILLE TN 37203 FOLD AND TEAR ALONG PERFORATION 1. WAGES, TIPS, OTHER, COMPENSATION 1. WAGES, TIPS,	
D. CONTROL NUMBER 110252.80 This information is being furnished to the 0000020042001 B. EMPLOYER IDENTIFICATION NUMBER 12-99-3079 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Broadcast Music, Inc. 10 MUSIC SQUARE EAST NASHVILLE TN 37203 OMB NO. 1545 - 0008 110252.80 124369.02 3. SOCIAL SECURITY WAGES 3. SOCIAL SECURITY WAGES 5. MEDICARE WAGES AND TIPS 124369.02 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 8. ALLOCATED TIPS	
B. EMPLOYER IDENTIFICATION NUMBER 13-0524209 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Broadcast Music, Inc. 10 MUSIC SQUARE EAST NASHVILLE TN 37203 A. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY WAGES 5. MEDICARE WAGES AND TIPS 124369.02 5. MEDICARE WAGES AND TIPS 124369.02 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 1. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS	13209.66
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 6. MEDICARE TAX WITHHELD 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS	7710.88
10 MUSIC SQUARE EAST NASHVILLE TN 37203 8. ALLOCATED TIPS 8. ALLOCATED TIPS	1803.35
CO DESCRIPTIVE CARE OCCUPENT	1000.00
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. 11. NONQUALIFIED PLANS 12. a-d	
C C C C C C C C C C	358.12 14116.22
F. EMPLOYEE'S ADDRESS AND ZIP CODE 13. Statutory Employee Plan Retirement Plan	100.00 8670.76
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 N	100.00 8670.76 X Third-Party Sick Pay
Copy B To be filed with Employee's FEDERAL tax return Dept. of the Treasury - International Copy B To Management 1 To y Statement	100.00 8670.76 X Third-Party Sick Pay
FORM W-2 Wage and Tax Statement	100.00 8670.76 X Third-Party Sick Pay
	100.00 8670.76 X Third-Party Sick Pay
Visit <u>www.irs.gov/efile</u> for e-file details. © CERIDIAN	100.00 8670.76 X Third-Party Sick Pay
W-2 AND WAGE SHMMARY	100.00 8670.76 Third-Party Ame

10 MUSIC SQUARE EAST ASSIVILEE TO 37203 Contest Phone No: (615)401-2109 Do not attach to your fax return. Keep for your records Go to www.fix.gov/prom/1095/ for instructions and the latest information. Apr S S April CARL Responsibility S S S S S S S S S S S S S S S S S S S	600179	VOI		CORRECTE		1B No. 1545			T-11100				-orm			-0		Dro		
Bright controlled colors and transplants in the plan start (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Part APPLICABLE LARGE EMPLOYER	R'S name, s	treet addr	ess, city or town,	Part II	Employee O			Emp	oloyee		_								
Producest Music, Inc. 10 MUSIC SOUARE EAST 10 MUSIC SOUARE EAST 20 Min (15 Mol) 2108 20 Do not attach to your tax return. Keep for your records Cot to warving only form 10 music Cot to warving only form 10 musi	state or province, country, ZIP or	foreign pos	tal code, a	nd telephone no.										17	Zip C	ode	L			
ONLISIC SCHOLARE EAST WASHVILLE TN 37203 Contact Phone No: (615)401-2108 Do not attach to your risk return. Keep for your records Co to ward the latest information. MILOYEE Site mane, middle intellal, last name, address, Z.Pipostal code & country May S. S				1.0			Contri	ibution(see			Ha	rbor a	nd				1 - 1 -			
ASSIVILE TN 37203 Contact Phone No: (615)401-2109 Do not attach to your fax return. Keep for your records Go to www.frs.gov/brom/1896/ for instructions Apr S S S S S S S S S S S S S S S S S S S	Broadcast Music, Inc.				10 m		instru	ctions)						i						
Contact Phone No: (615)401-2109 Do not attach to your fax return. Keep for your records Go to www.fr.sq.ov/Form/16950 for instructions Apr S S Act and Act an					All 12	2.531/11/11	\$	SEE		T V							-	,UV	GIA	ige
Gontact Phone Not (ISSAM12106 De not www.frs.gov/Form1095C for Instructions Apr \$ \$ Per Privacy Act and Apr \$ Per Privacy Act and App \$ Per Privacy	NASHVILLE IN 37203										1									
Go to www.frs.gov/Porm1095c for instructions Apr S S S S S S S S S S S S S S S S S S S											400	0		-						-0-
Go to www.irs.gov/Form10962 for instructions and the latest information. MPLOYES first name, middle initial, last name, address, ZiPiposial code & county May \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Contact Phone No: (615)401-2109	urn Keen	for you	r records	1 Share	Programme and the second									n.		-	For	Priv	acv
EMPLOYEE'S first name, modele initial, last name, address, ZIPipostal code & country June S July S S Aug S S Exprision TN 37027 Applicable Large EMPLOYEE'S social security Nov S S Applicable Interview	Go to www.irs.gov/Form	11095C to	r instruc	ctions							+									
Krishna M Kilaru 1787 Macallan Dr Brentwood TN 37027 Sept S Sept S Sept S S Oct S Nov S Sept S Oct S Nov S Sept S Oct S Nov S Sept S Oct S Nov S Oct				atal anda 9 anuntus					-		-			-	10			Pap	erw	ork
Krishna M Kilaru 1787 Macallan Dr Brentwood TN 37027 Aug 5 Sept \$ Sept	EMPLOYEE'S first name, middle initial, last	name, addre	ss, ZIF/po:	star code & country							+			+						
1387 Macallain Dr Sept S Sept	Krishna M Kilaru				June			-			+			-						
Bentwood TN 37027 APPLICABLE LARGE EMPLOYER'S social security number (SSN) 13-0524209 XXX-XX-3079 Dec 13-0524209 XXX-XX-3079 Dec 13-0524209 XXX-X-3079 Dec 13-0524209 (e) Months of coverage, including the amployee. (e) Mon	1787 Macallan Dr		, š s		July						+	-		-						
APPLICABLE LARGE EMPLOYER'S continuer (SN) www. s	Brentwood TN 37027				Aug						+				1	-		0110		,,,,
Nov S Department of the Treasury - IRS	No. of the last of			16 2	Sept		100				-			-						
13-0524209 XXX-XX-3079 Dac s 13-0524209 XXX-XX-3079 Dac s 13-0524209 XXX-XX-3079 Dac s 15-ingleyer provided self-insured coverage, check the box and enter the information for each individual encolled in coverage, neclading the employee. (a) Name of covered individual(e) First name, middle initial, last name (b) SSN or other TIN (c) DOB (IT SSN or other TIN is not available) (d) Normal Feb Mar Apr May June July Aug Sept Oct Nov Dac Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May June July Aug Sept Oct Normal Feb Mar Apr May July Aug Sept Oct Normal Feb Mar Apr May July Aug Sept Oct Normal Feb Mar Apr May July Aug Sept Oct Normal Feb Mar Apr May July Aug Sept Oct				security	Oct		\$				-					- 1				
T30524209 Individuals in Europhyse provided self-insured coverage, check the box and enter the information for each individual envoted individuals in Europhyse provided self-insured coverage, check the box and enter the information for each individual envoted in coverage. (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 TIN is not available) (e) Months of coverage (f) Covered TIN is not available) (g) Months of coverage (g) Months of coverag	identification number (LIN)	Trainber (6	5,		Nov		\$	1		8	-									
(a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN (c) DOB (If SSN or other TIN (d) Name of coverage (c) Months of coverage (c) Months of coverage (d) Name of coverage (d) Na			200000000000000000000000000000000000000		100,000,000														y	
(a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN (c) DOB (If SSN or other TIN TIN is not available) (d) DOB (If SSN or other TIN If is not available) (e) Months of coverage (f) Months of coverage (g) Months of coverage	Part III Covered Individuals	If Employer pro	ovided self-in	sured coverage, check	the box and en	ter the informa	ation for e	each indivi	dual er	rolled	in cov	erage	, inclu	iding t	he em	ployee).			
First name, middle initial, last name (b) SSN 01 Outer IIIN TIN is not available) all 12 mos. Jan Feb Mar Apr May June July Aug Sept Oct Nov Dac	A SOURCE SERVICE	l(s)	/h) 00	ON or other TIM																
999999999999999999999999999999999999999			(a) SS	on or other TIN			1		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
999999999999999999999999999999999999999		TANK T		Mineral.	Fried															
999999999999999999999999999999999999999	10						FIE			H										
20	10			varateria (ke te			150				- 17	FIE				1		
20												ey.								
	19				F-1														48	
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20							Tari												11
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2															-	Ħ	1	- 7	-	
223 224 225 226 227 228 229 229	21										F 7	711								
223 224 225 226 227 228 229 229																		10		
24 25 26 27 28	22		High the					ri s E												
24 25 26 27 28			Fig. 6																	
	23												1.0							
	24								100		4			+11					1 3	
							SE							7						
	25														1					
										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111 201									
	part of the same																			
27					HILLEUI									2011-01						
			ELECTION OF THE PERSON OF THE																	
							124	734	į.		1									
28	27																			
					Name of		M.												100	
	28 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5																			
	20			1997						100										
																				1
	30 4-7-6-7-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8											la e			1	II.	L		7.1	
																			4	
											17									

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

BANK OF AMERICA BANK# 07202

KRISHNA KILARU 1787 MACALLAN DR BRENTWOOD TN 37027

FOLD

TAX STATEMENT FOR YEAR 2020

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

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

471.36

FOLD

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. PLEASE NOTE:

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

<u> Կիլիկիիիրիլիիիիիիիիիիիիիիիիիիիիիի</u> **UMASREE VENNAM** **ND229404 1787 MACALLAN DR BRENTWOOD, TN 37027

country, ZIP or foreign postal HEALTHEQUITY CO	OINTE DRIVE SUITE 400		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20	Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 52-2383166	RECIPIENT'S TIN ***-**-8507	1 Gross distribution \$ 4,830.59	2 Earnings on excess \$0.00	cont. Copy B
RECIPIENT'S name UMASREE VENNAM	1	3 Distribution code 1	4 FMV on date of dea \$0.00	
Street address (including apt. 1787 MACALLAN DI City or town, state or province BRENTWOOD, TN 3	Re, country, and ZIP or foreign postal code	5 HSA X Archer MSA MSA MSA		This information is being furnished to the IRS.
Account number (see instruct 4170658	ions)			
Form 1099-SA (Rev. 11-20	(keep for your records)	www.irs.gov/Form1099	SA Department of the Tr	reasury - Internal Revenue Service

CORRECTED (if checked)

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 argumt on the account holder's gross income. 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 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.

Rev 3. These codes identify the distribution you received the Normal

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.

UMASREE VENNAM 1787 MACALLAN DR BRENTWOOD, TN 37027

			eckea)	CIED (IT Ch	U CORRI			
	No. 1545-1518	ОМ	self-employed her MSA	1 Employee or person's Arc	TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number			
Archer MSA, or care Advantage //SA Information	(0) 20 Medi	4	made in 2020 2020	contributions and 2021 for \$0.00	HEALTHEQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020			
	5498-SA	-	ions made in 2020	2 Total contribut \$852.00				
Сору В	ons made in 2021 for 2020	ontribu	Archer MSA cor	3 Total HSA or	TCIPANT'S TIN	TRUSTEE'S TIN		
Сору Б				\$0.00	**-8507	52-2383166		
For	market value of HSA,	100	tributions	4 Rollover con	PARTICIPANT'S name UMASREE VENNAM			
Participant	her MSA, or MA MSA 645.19			\$0.00				
			X	6 HSA Archer MSA	Street address (including apt. no.) 1787 MACALLAN DR City or town, state or province, country, and ZIP or foreign postal code BRENTWOOD, TN 37027			
This information is being furnished to the IRS.				MA MSA				
						Account number (see instructions) 4170658		
nternal Revenue Service	partment of the Treasury - I	D	v/Form5498SA	MANAN ire do	or your records)	orm 5498-SA (k		

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).

(keep for your records)

Generally, contributions you make to your Archer MSA are deductible. Employer 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

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

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.

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

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



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

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.

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.

tax. See your tax return instructions for where to report.

Box 14. Shows income as a nonemployee under an NODC 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.

	CORRI	ECTE	ED (if checked)				
PAYER'S name, street address, city or town, st and telephone no. NVR, Inc. 11700 Plaza America Dr STE Reston, VA 20190	ate or province, country, ZIP or foreign postal co	de,	1 Rents \$ 32,904.00 2 Royalties \$	OMB No. 1545-0115 2020 Form 1099-MISC	Miscellaneous Income		
			3 Other income	4 Federal income tax withheld \$	Copy E For Recipient		
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds	6 Medical and health care payments			
54-1394360 RECIPIENT'S name, street address (including a ZIP or foreign postal code	XXX-XX-8507 pt. no.), city or town, state or province, country, a	and	\$ 7 Payer made direct sales of	\$ 8 Substitute payments in lieu of dividends or interest	This is important tax		
UMASREE VENNAM 1787 MACALLEN DRIVE			\$5,000 or more of consumer products to a buyer (recipient) for resale	\$	information and is being furnished to the IRS. If you are		
BRENTWOOD, TN 37027			9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$	required to file a return, a negligence penalty or other sanction may be		
			11	12 Section 409A deferrals	imposed on you i this income i taxable and the IRS determines that i		
Account number (see instructions)	68440 FATCA requirer	filing nent	13 Excess golden parachute payments	14 Nonqualified deferred compensation \$	has not beer reported		
			15 State tax withheld	16 State/Payer's state no.	17 State income		
			\$	TN /	\$		

Form 1099-MISC

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

