## 2020 W-2 and EARNINGS SUMMARY



V-2 Wage and Tax Statement

Copy C for employee's records.
d Control number Dept. 001134 CHAR/2K6 000001

Corp.

A

Employer's name, address, and ZIP code ZENMONICS INC 125 FLOYD SMITH OFC PK CHARLOTTE NC 28262

Batch #00386

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

MANASWINI DIVI 2425 ROSY BILLED DR, APT #207

b	26-0505846			a Employee's SSA number XXX - XX - 6364				
1	25867.60		2 Federal income tax withheld 3008.02					
3	Social	security wages	4 5	ocial	security	tax withheld		
5 Medicare wages and tips			6 N	ledica	re tax wi	ithheld		
7 Social security tips			8 Allocated tips					
9			10 Dependent care benefits					
11	Nonqu	ualified plans	12a S	See insti	ructions fo	or box 12 872.57		
			12b	W		150.00		
14	Other		12c	1		100,00		
			12d		and the same	The state of the state of		
			13 Stat emp. Ret. plan 3rd party sick pa					
		Employer's state ID n 600715676	o. 16 S	tate w	ages, tip	25867.60		
17	State	1030.00	18 L	18 Local wages, tips, etc.				
19 Local income tax			20 L	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	NC. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	27,785.01	27,785.01	27,785.01	27,785.01
Less 401(k) (D-Box 12)	872.57	N/A	N/A	872.57
Less Other Cafe 125	894.84	894.84	894.84	894.84
Less Cafe 125 HSA (W-Box 12)	150.00	150.00	150.00	150.00
Less Exempt Wages	N/A	26,740.17	26,740,17	N/A
Reported W-2 Wages	25,867.60	0.00	0.00	25,867.60

2. Employee Name and Address.

MANASWINI DIVI 2425 ROSY BILLED DR, APT #207 CHARLOTTE NC 28262

© 2020 ADP, Inc.

1	Wages, tips, other comp. 25867.60 2 Federal income tax with 300					
3	Social security wag	al security wages 4 Social security tax with				ax withheld
5	Medicare wages and	6 M	ledica	are tax with	hheld	
d	Control number	Dept.	C	orp.	Employ	er use only
00	1134 CHAR/2K6	000001			Α	38

c Employer's name, address, and ZIP code

ZENMONICS INC 125 FLOYD SMITH OFC PK CHARLOTTE NC 28262

Employer's FED ID number 26-0505846	a Employee's SSA number XXX - XX - 6364				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 D 872.57				
14 Other	<sup>12b</sup> W 150.00				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				

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

MANASWINI DIVI 2425 ROSY BILLED DR, APT #207 CHARLOTTE NC 28262

15 State Employer's state ID no. NC 600715676	16 State wages, tips, etc. 25867.60
17 State income tax 1030,00	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy 2 Wage and Tax Statement

1 Wages, tips, other comp. 25867.60							
3 Social sec	urity wage	es	4 Social	security ta	x withheld		
5 Medicare	wages and	d tips	6 Medica	are tax with	held		
d Control nu	mber	Dept	Corp.	Employ	er use only		
001134 CH	AR/2K6	000001		A	38		

Fold and Detach Here

Employer's name, address, and ZIP code

ZENMONICS INC 125 FLOYD SMITH OFC PK CHARLOTTE NC 28262

b	Employer's FED ID number 26-0505846	a Employee's SSA number XXX - XX - 6364				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a D		872.57		
14	Other	12b W		150.00		
		12c				
		12d				
		13 Stat emp.	Ret plan	3rd party sick pay		

MANASWINI DIVI 2425 ROSY BILLED DR, APT #207 CHARLOTTE NC 28262

15 N	State	Employer's state ID no. 600715676	16 State wages, tips, etc. 25867.60
17	State	1030.00	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

NC.State Reference Cop) 2 Wage and Tax 2020 Statement State Income Tax ReURL No. 1545-0008

Wages, tips, other comp. 25867.60			2 Federal income tax with 3008				
Social security wages			4 Social security tax withh				
Medicare wages an	d tips	6 Medicare tax withheld			thheld		
Control number	Dept		Corp.	Empl	oyer use only		
1134 CHAR/2K6			A	38			
	2586 Social security wag Medicare wages an	25867.60 Social security wages Medicare wages and tips Control number Dept.	25867.60  Social security wages 4  Medicare wages and tips 6	25867.60  Social security wages 4 Social  Medicare wages and tips 6 Medicare  Control number Dept. Corp.	25867.60  Social security wages 4 Social security  Medicare wages and tips 6 Medicare tax wi  Control number Dept. Corp. Empl		

ZENMONICS INC 125 FLOYD SMITH OFC PK CHARLOTTE NC 28262

b	Employer's FED ID number 26-0505846	a Employee's SSA number XXX-XX-6364				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a D	872.57			
14	Other	12b W	150.00			
		12c	Marie I			
		12d				
		13 Stat emp.	Ret plan 3rd party sick pay			

MANASWINI DIVI

2425 ROSY BILLED DR, APT #207 CHARLOTTE NC 28262

15 State NC	Employer's state ID no. 600715676	16 State wages, tips, etc. 25867.60
17 State	income tax 1030.00	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

NC.State Filing Copy 2 Wage and Tax Statement

TRUSTEE'S/PAYER'S name, street ac country, ZIP or foreign postal code, ar HSA Bank, a division of W 605 N 8th Street, STE 320 Sheboygan WI 53081	Idress, city or town, state or province, and telephone number lebster Bank, N.A.	CTED (if checked)	OMB No. 1545-1517 Form <b>1099-SA</b> (Rev. November 2019) For calendar year 20 20	Med	Distributions From an HSA, Archer MSA, or licare Advantage MSA
PAYER'S TIN 06-0273620	RECIPIENT'S TIN XXX-XX-6364	1 Gross distribution \$ 292.23	2 Earnings on excess \$ 4 FMV on date of dea	0.00	Copy B For Recipient
RECIPIENT'S name MANASWINI DIVI		3 Distribution code	\$	0.00	
Street address (including apt. no.) 9506 grove crest lane, # City or town, state or province, countr CHARLOTTE NC 28262	628 y, and ZIP or foreign postal code	Archer MSA MA MSA			This information is being furnished to the IRS.
Account number (see instructions)	67524631				Internal Revenue Service
Form <b>1099-SA</b> (Rev. 11-2019)	(keep for your records)	www.irs.gov/Form1099SA	Department of the Tr	easury -	Internal Revenue Service

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Form 1099-R	CORRECTED	(II CHECKEU)	OMB No. 1545-0119 202	20	Form 1099-F	100	ORRECTED	(II OHOOKEU)	OMB No. 154		20
1 Gross distribution 5717.80	2a Taxable an	5717.80	Distributions From Pens Annuities, Retireme Profit-Sharing Plans, Insurance Contracts	ent or IRAs,	1 Gross distribution 57 1	7.80		ount 5717.80	Annu Profit-S	ons From Pensi uities, Retireme Sharing Plans, I ance Contracts	ent or IRAs,
2b Taxable amount not determined	Total distribution		12 FATCA fling requirement		2b Taxable amount not determined	The Park State	Total distribution			13 Date of pay	
ADP RETIREME 219303 ZEM 11 NORTHEAST SALEM NH 030	ENT SERVI NMONICS I FERN BLVD	CES 1-866 NC 401K F		none no.		REMENT ZENMO HEASTEI	SERVIC DNICS IN RN BLVD	province, country, 2 ES 1-866 IC 401K P	-713-6	postal code, and ph	none no.
PAYER'S TIN 57-1198022		RECIPIENT'S	TIN 73-6364		PAYER'S TIN 57-1198	3022		RECIPIENT'S	TIN 73-63	64	
3 Capital gain (included in box 2a)	4 Federal inco		5 Employee contributions/Designa Roth contributions or insurance	ted premiums	3 Capital gain (includ in box 2a)		4 Federal inco			contributions/Designa tributions or insurance	sted premiums
\$ 0.00 6 Net unrealized appreciation	-	1143.56	\$ 0.00			0.00	\$	143.56	\$	0.00	
in employer's securities	7 Distribution	code(s) IRA/ SEP/ SIMPLE	8 Other	%	6 Net unrealized app in employer's security	reciation rities	7 Distribution	code(s) IRA/ SEP/ SIMPLI	8 Other		%
\$ 0.00 9a Your percentage of total dis	1 stribution	9b Total emplo	\$ 0.00		\$ 9a Your percentage	0.00	1	9b Total empl	\$	0.00	
	0/	s	0.00		ou rour personnage	or total distr	ibation	30 Total empi	Oyee contr		
Recipient's name, street address (inclu	ding apt. no.), city or	town, state or province	ce, country, and Zip or foreign pos	tal code	Recipient's name, street a	ddress (includi	ng apt. no.), city or	town, state or provin	nce, country, a	O.OO and Zip or foreign po	estal code
DIVI, MANASW 9506 GROVE C CHARLOTTE NO Account number (see instruc.)	REST LN 28262				048420 S DIVI, M 9506 GR CHARLOT	ANASWI OVE CR	NI EST LN	APT #628			
202101211425005 14 State tax withheld	07646	1st year of desig. Roth contrib.	\$	n 5 years	Account number (see 202101211		07646	1st year of desig. Roth contri	b. 10 Amou	nt allocable to IRR wit	thin 5 years
\$ 229.00	NC2000	r's state no. 03475	16 State distribution \$ 5717.8	30	14 State tax withheld		15 State/Paye	er's state no.	16 State	e distribution 5717	80
17 Local tax withheld \$	18 Name of lo	cality	19 Local distribution		17 Local tax withhele	d	18 Name of I		19 Loca	al distribution	
Copy 2 File this copy local income tax returns Form 1099-R	CORRECTED  2a Taxable ar	quired.	Department of the Internal Revenue S www.irs.gov/Form1  OMB No. 1545-0119	20	Copy 2 File th local income t	ax retur	n, when re	state, city, equired.  D (if checked)		Department of the Internal Revenue www.irs.gov/Form	Service
\$ 5717.80 \$ 2b Taxable amount not determined		5717.80	Annuities, Retirem Profit-Sharing Plans Insurance Contract  12 FATCA filing 13 Date of parequirement	nent or , IRAs, ts. etc.	1 Gross distributio  57  \$ 2b Taxable amount not determined	17.80	\$ Total	5717.80	Pro	outions From Pounnuities, Retire fit-Sharing Plar surance Contra Ming 13 Date of	ement or ns, IRAs, acts. etc.
PAYER'S name, street address	city or town state	X	ZIP or foreign postal code, and				distribution	x	require	ement	
ADP RETTREME	MONICS I	CES 1-86	6-713-6152	phone no.	ADP RET 219303 11 NORT	ZENI	NT SERVI	CES 1-86	66-713	reign postal code, ar	nd phone no
PAYER'S TIN 57-1198022		RECIPIENT'S			PAYER'S TIN			RECIPIEN	T'S TINI		
3 Capital gain (included in box 2a)	4 Federal inco	ome tax withheld	73-6364 5 Employee contributions/Design	nated	57-119 3 Capital gain (inclu	98022	Id Fordered I	688	8-73-6	3364	
0.00	s	1143.56	Roth contributions or insurance	e premium	in box 2a)		4 Federal in	come tax withh	eld 5 Emp Roth	loyee contributions/Den contributions or insur	esignated rance premiu
Net unrealized appreciation in employer's securities	7 Distribution			%	6 Net unrealized ap	O.OO preciation	\$ 7 Distribution	1143.56	\$	0.0	
0.00	1		\$ 0.00		in employer's sec	O.OO		SI	RA/ SEP/ MPLE	ier	%
a Your percentage of total dis	tribution	9b Total empl	oyee contributions		9a Your percentage		stribution	9b Total er	\$ mployee c	O.OO contributions	
Recipient's name street address (include	o/	\$	0.00								
Recipient's name, street address (inclu		town, state or provin	ce, country, and Zip or foreign po	ostal code	Recipient's name, stree	t address (incl	uding apt. no.), cit	% \$ y or town, state or p	rovince, coun	O.OC	gn postal co
DIVI, MANASW 9506 GROVE C CHARLOTTE NC	REST LN 28262				CHARLU	ROVE C	INI CREST LN 28262	APT #62	28		
202101211425005 14 State tax withheld	07646	1st year of desig. Roth contrib	\$	hin 5 years	Account number (s 20210121	see instruc	\	11 1st year of desig. Roth	contrib. 10 A	Amount allocable to IF	RR within 5 v
229.00	NC2000	r's state no. 03475	16 State distribution \$ 5717.	80	14 State tax withh	eld	15 State/P	ayer's state no.	\$	State distributio	
17 Local tax withheld	18 Name of lo	cality	19 Local distribution		\$ 229 17 Local tax withh	eld	NC20	00003475	\$	57	17.80
Copy C For Reci	pient's R	ecords	Depart	-	\$				19	Local distribution	on
This informat being furnish	tion is		Department of the Internal Revenue (keep for your rec www.irs.gov/Form	Service cords)	federal tax re shows federal in box 4, atta	al incom	this form		Ţ	Department Internal Rev This inform	venue Sen

www.irs.gov/Form1099R

This information is being furnished to the IRS.

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

եկիլեիգմիզմգոցիկցկոկիլիքոմիցոկկի MANASWINI DIVI 9506 GROVE CREST LN APT 628 CHARLOTTE, NC 28262

	CORRE	CTED (if checked)		
TRUSTEE'S/PAYER'S name, street accountry, ZIP or foreign postal code, at HEALTHEQUITY CORPO 15 WEST SCENIC POINT DRAPER, UT 84020	RATE		OMB No. 1545-1517 Form <b>1099-SA</b> (Rev. November 2019) For calendar year	Archer MSA, or Medicare Advantage MSA
PAYER'S TIN 52-2383166 RECIPIENT'S name	RECIPIENT'S TIN ***-**-6364	1 Gross distribution \$ 1,535.89 3 Distribution code	2 Earnings on excess \$ 0.00 4 FMV on date of deal	For
MANASWINI DIVI Street address (including apt. no.) 9506 GROVE CREST LN City or town, state or province, count CHARLOTTE, NC 28262		5 HSA X Archer MSA I	\$0.00	This information is being furnished to the IRS.
Account number (see instructions) 9626804 Form 1099-SA (Rev. 11-2019)	(keep for your records)	www.irs.gov/Form1099SA	A Department of the T	reasury - Internal Revenue Service

## Instructions for Recipient

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 from an HSA, Or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8859). 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 8899.

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 includ

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 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.

than code 6; 5—Prohibited transaction, 6—Betan distribution and the transaction of the account on the date of death.

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.

OMB No. 1545-0119

Form 1099-R:

Distributions From Pensions,

Profit-Sharing

Contracts, etc.

Plans, IRAs.

Insurance

COPY 1

File this copy with your state.

city, or local

income tax return,

19 Local distribution

OMB No. 1545-0119

Form 1099-R:

Distributions

Retirement or

**Profit-Sharing** 

Plans, IRAs,

Insurance Contracts, etc.

From Pensions, Annuities.

2020

\$ 56.15

\$ 0.00

when required. 16 State distribution

Annuities, Retirement or

2020

2a Taxable amount

Federal income tax withheld

appreciation in employer's securities

9b Total employee

contributions

\$ 0.00

15 State/Payer's

NC 101041697

18 Name of locality

2a Taxable amount

Federal income tax withheld

Net unrealized
 appreciation in
 employer's securities

\$ 56.15

distribution

\$ 0.00

%

\$ 56.15

Total

\$ 0.00

\$ 0.00

8 Other

\$

Net unrealized

VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 960 VALLEY FORGE, PA 19482-0960

## Important tax return document enclosed

0007722 01 AB 0.416 \*\*AUTO T4 0 9901 28262-453053 -C02-P07729-I

վեկցվինկեցկիկիկիկիկիկիկիկիկինուներ MANASWINI DIVI 9506 GROVE CREST LN. APT. 628 CHARLOTTE, NC 28262-4530



1 Gross distribution

2b Taxable amount not determined

Capital gain (included in Box 2a)

Distribution IRA/ SEP/ SIMPLE

9a Your percentage of total distribution

14 State tax withheld

17 Local tax withheld \$ 0.00

1 Gross distribution

2b Taxable amount

not determined

3 Capital gain (included in Box 2a)

5 Employee contributions/ Designated Roth contributions or insurance

\$ 56.15

\$ 0.00

Employee contributions/ Designated Roth contributions or insurance premiums

\$ 56.15

\$ 0.00

\$ 0.00

2

0 %

\$ 0.00

PAYER'S Nar	me, Street Add	ress, City,	State, and ZIP	code
	FIDUCIARY			
P.O. BOX	1101			
VALLEY FO	DRGE PA	19482		

RECIPIENT'S Name and Address MANASWINI DIVI 9506 GROVE CREST LN. APT. 628 CHARLOTTE, NC 28262-4530

Plan Name FIDELITY NATIONA	L INFOR	MATION SER	VICES, INC. 401(K	() PROFIT SHARING	G PLAN
Customer service phon 1-800-523-118		10 Amount allocat	ole to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA fill requirement
PAYER'S Federal ID # 23-2186884		NT'S ID # XX-6364	The second secon	r (see instructions) 020 0001067556	13 Date of payment

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

PAYER'S Name, Street Address, City, State, and ZIP code VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 1101 VALLEY FORGE PA 19482

RECIPIENT'S Name and Address MANIACITANT

9506 GROVE		LN. APT	. 628			\$ 0.00			\$ 0.00		furnished to the Internal Revenue Service
CHARLOTTE, 1	NC 2	8262-453	0			7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other			Service of
						2		\$		%	COPY C
						9a Your perce total distril				al employee tributions	For Recipient's
Plan Name FIDELITY NATIONA	LINEODI	MATION SEDVI	CER INC 401/k	A DDOELT SHADING	2 DI ANI	0 %			\$0	.00	Records
						14 State tax w	ithheld		15 Stat	e/Payer's e no.	16 State distribution
Customer service phone 1-800-523-118		\$ 0.00	to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	\$ 0.00				101041697	\$ 56.15
PAYER'S Federal ID#	RECIPIE	NT'S ID#	Account Numbe	r (see instructions)	13 Date of payment	17 Local tax w	rithheld		18 Nan	ne of locality	19 Local distribution
23-2186884	XXX-X	XX-6364	099070 20	020 0001067556	payment	\$ 0.00					\$ 0.00

FORM 1099-R

www.irs.gov/form1099i

Department of the Treasury - Internal Revenue Service



OMB No. 1545-0119

2020

PAYER'S Name, Street Address, City, State, and ZIP code VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 1101 VALLEY FORGE PA 19482

RECIPIENT'S Name and Address
MANASWINI DIVI
9506 GROVE CREST LN. APT. 628
CHARLOTTE, NC 28262-4530

							Form 1099-R:
	2b Taxable amou not determined			Total distribution			Distributions From Pensions,
	3 Capital gain (included in Bo \$ 0.00	ox 2a)	4	Federa withhe \$ 0.00	II income Id	tax	Annuities, Retirement or
	5 Employee con Designated Ro contributions of premiums \$ 0.00	oth or insura	nce	Net um appreci employ \$ 0.00	ealized ation in ver's secui	rities	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	7 Distribution Code(s)	A/ EP/ MPLE	8 Othe	ır	9/	6	COPY 2 File this copy
	9a Your percentatotal distribution				al employe	ee	with your state, city, or local income tax return,
	0 %			\$0	.00		when required.
A filing	14 State tax with	held		15 Stat	e/Payer's e no.		16 State distribution
	\$ 0.00			NC	1010416	97	\$ 56.15
of t	17 Local tax with \$ 0.00	held		18 Nan	ne of local	ity	19 Local distribution \$ 0.00

2a Taxable amount

\$ 56.15

1 Gross distribution

1 Gross distribution

\$ 56.15

FORM 1099-R

23-2186884

1-800-523-1188

PAYER'S Federal ID # RECIPIENT'S ID #

Plan Name

www.irs.gov/form1099r

Account Number (see instructions) 099070 2020 0001067556 Г

13 Date o

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0119

2020

PAYER'S Name, Street Address, City, State, and ZIP code VANGUARD FIDUCIARY TRUST COMPANY P.O. BOX 1101 VALLEY FORGE PA 19482

XXX-XX-6364

FIDELITY NATIONAL INFORMATION SERVICES, INC. 401(K) PROFIT SHARING PLAN

Customer service phone number | 10 Amount allocable to IRR within 5 years | 11 1st year of desig. Roth | 12 FATC. contrib.

FIDELITY NATIONAL INFORMATION SERVICES, INC. 401(K) PROFIT SHARING PLAN

Customer service phone number | 10 Amount allocable to IRR within 5 years | 11 1st year of desig. Roth | 12 FATCA | 12 FATCA | 12 FATCA | 13 FATCA | 14 FATCA | 14 FATCA | 15 FATCA | 16 FATCA | 17 FATCA | 17 FATCA | 18 FATCA

\$ 0.00

XXX-XX-6364

\$ 0.00

RECIPIENT'S Name and Address
MANASWINI DIVI
9506 GROVE CREST LN. APT. 628
CHARLOTTE, NC 28262-4530

	\$ 56.15			\$ 56.1	5		2020
	2b Taxable amount not determined			Total distribution	on		Form 1099-R: Distributions From Pensions,
	3 Capital gain (included in Box \$ 0.00	2a)	4	Federa withhe \$ 0.00		ome tax	Annuities, Retirement or Profit-Sharing Plans, IRAs,
	5 Employee contr Designated Rot contributions or premiums \$ 0.00	butions h insuran	ce 6	appreci	ation ver's		Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service
	7 Distribution Code(s) SEI		Other			%	COPY B Report this income on your federal tax return. If
	9a Your percentage total distribution			con	tribu	nployee tions	this form shows federal income tax withheld in box 4, attach this copy to your return.
	0 %	ald		\$ 0		ver's	16 State distribution
filing	\$ 0.00	ilu		stat	e no	041697	\$ 56.15
	17 Local tax withhe	eld		18 Nan	ne of	locality	19 Local distribution

2a Taxable amount

FORM 1099-R

23-2186884

1-800-523-1188

PAYER'S Federal ID # RECIPIENT'S ID #

www.irs.gov/form1099r

Account Number (see instructions)

099070 2020 0001067556

\$ 0.00

13 Date of payment

Department of the Treasury - Internal Revenue Service

\$ 0.00



01-02-00-0007722-0002-0015460

Form 1095-C
Department of the Treasury
Internal Revenue Service

## **Employer-Provided Health Insurance Offer and Coverage**

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20	1545-2251

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					Manaswini	First name,	Part III Cove	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	oyee ion (see ns)	14 Offer of Coverage (enter required code)		rt II Emp	CHARLOTTE	4 City or town	3 Street address (including apartment no.) 9506 GROVE CREST LN APT	MANASWINI	Faire Emp	è
						irst name, middle initial, last name	Covered Individuals If Employer provided se			4		All 12 Months	loyee O			CREST	e (first nam	Employee	vice
					Divi	First name, middle initial, last name	ividuals  vided self-ins	i 4	2A	45	主	hs Jan	Part II Employee Offer of Coverage		5 State or province	cream control of the cream of t	1 Name of employee (first name, middle initial, last name) MANASWINI   DIVI		
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					****_**-6364	original and	overage, check the		2A	€	Î	Mar			6 Count		× 3000		w.irs.gov/Fo
						TIN is not available)	Covered Individuals  If Employer provided self-insured coverage, check the box and enter the information for each individual the sext or other TIN LIGHT OR (IF SEX OF OTHER TING).		2A	4	1H	Apr	Employee's Age on January 1	28262-4530	6 Country and ZIP or foreign postal code		****-**-6364		► Go to www.irs.gov/Form1095C for instructions and the latest information.
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						iths Jan	ation for 6	1	2A	B	Î	June	anuary .	JACKSONVILLE	11 City or town	9 Street address (including room or suite no.) 601 RIVERSIDE AVENUE	FIS MANAGEMENT		nd the late
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Department of the Treasury Internal Revenue Service PHILADELPHIA, PA 19255

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MANASWINI DIVI 9506 GROVE CREST LN APT 628 **CHARLOTTE NC 28262-4530** 

322254

Calendar Year Form 1099-INT (Rev. 10-2013) Statement Showing Interest Income from the Internal Revenue Service 2020 (Please keep this copy for your records) Recipient's Identification Number Total Interest Paid or Credited \$10.95 688-73-6364 PAYER'S Federal Identification Number 38-1798424 (INTERNAL REVENUE USE ONLY)

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.

T If yo	hese substitute W-2 Wa u worked in multiple loo	age and Tax Stations, or had	otice on back of Co atements are acceptab several forms of specia	py 2) le for filin al comper	required to file a tax imposed on you if this gwith your Federal, State sation, you may receive r	ng furnis return, a income and Lo	hed to the Inter negligence pe is taxable and y cal Income Ta	nal Revenue Service. If you an nalty or other sanction may be you fail to report it. X Returns.
All copies o separated by for your tax records. Gen including an	f your W-2 are on perforations. The returns; the blue eral instructions explanation of th 12 are on the othe	this page, white copie copy is for for these for	es are your orms,				ar one of these	e documents.
D. CONTROL NUMBER	This information is being furnished							
B. EMPLOYER IDENTIFICATION	to the Internal Revenue Service	2020	OMB NO. 1545-0008	3 WAGE	S. TIPS, OTHER COMPENSATION 14118.89		2 FEDERAL INC	COME TAX WITHHELD
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D. CONTROL NUMBER	This information is being furnish to the Internal Revenue Service	ned (	OMB NO. 1545-0008	1 WAGES,	TIPS, OTHER COMPENSATION 14118.89		2 FEDERAL INCOM	ME TAX WITHHELD
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601 RIVERSIDE AVE JACKSONVILLE, FL 32204 10 DEPENDANT CARE BENEFITS E EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME 12 a-d D 11 NONQUALIFIED PLANS 117.06 MANASWINI DIVI 300.00 W 8-330B, M.M.ROAD, 21ST LANE, 14 OTHER C 3.78 OPP INFLUENCE SHOWROOM DD 1951.86 ONGOLE, AP 523002 India X Third-Party Sick pay F. EMPLOYEE'S ADDRESS AND ZIPCODE

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 NC 600522412 14118.89 564.00 Dept. of the Treasury - Internal Revenue Service

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

2020

Topic of the Fredomy Internal Fredomice Service