

2020 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2020

Copy C for employer's records. OMB No. 1545-0008

d Control number Dept. Corp. Employer use only
001134 CHAR/2K6 000001 A 38

c 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
CHARLOTTE NC 28262

b Employer's FED ID number a Employee's SSA number
26-0505846 XXX-XX-6364

1 Wages, tips, other comp. 2 Federal income tax withheld
25867.60 3008.02

3 Social security wages 4 Social security tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

7 Social security tips 8 Allocated tips

9 10 Dependent care benefits

11 Nonqualified plans 12a See instructions for box 12

D 872.57

12b W 150.00

12c

12d

13 Stat emp. Ret. plan 3rd party sick pay

X

15 State Employer's state ID no. 16 State wages, tips, etc.
NC 600715676 25867.60

17 State income tax 18 Local wages, tips, etc.
1030.00

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	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

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Fold and Detach Here

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25867.60 3008.02

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Federal Filing Copy
W-2 Wage and Tax Statement 2020

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

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

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17 State income tax 18 Local wages, tips, etc.
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NC. State Reference Copy
W-2 Wage and Tax Statement 2020

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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25867.60 3008.02

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125 FLOYD SMITH OFC PK
CHARLOTTE NC 28262

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2425 ROSY BILLED DR, APT #207
CHARLOTTE NC 28262

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NC 600715676 25867.60

17 State income tax 18 Local wages, tips, etc.
1030.00

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

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

CORRECTED (if checked)

OMB No. 1545-1517

Form **1099-SA**

(Rev. November 2019)

For calendar year

20 20

**Distributions
From an HSA,
Archer MSA, or
Medicare Advantage
MSA**

TRUSTEE'S/PAYER'S name, street address, city or town, state or province,
country, ZIP or foreign postal code, and telephone number

HSA Bank, a division of Webster Bank, N.A.
605 N 8th Street, STE 320
Sheboygan WI 53081

PAYER'S TIN
06-0273620

RECIPIENT'S TIN
xxx-xx-6364

1 Gross distribution
\$ 292.23

2 Earnings on excess cont.
\$ 0.00

RECIPIENT'S name
MANASWINI DIVI

3 Distribution code
1

4 FMV on date of death
\$ 0.00

Street address (including apt. no.)
9506 grove crest lane, # 628

City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE NC 28262

5 HSA
Archer MSA
MA MSA

Account number (see instructions)
67524631

**Copy B
For
Recipient**

This information
is being furnished
to the IRS.

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

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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090056 0 0117 1322 5291 2/2 JIN:0

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **2020**

1 Gross distribution \$ 5717.80	2a Taxable amount \$ 5717.80	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution	12 FATCA filing requirement	13 Date of payment

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

ADP RETIREMENT SERVICES 1-866-713-6152
219303 ZENMONICS INC 401K PLAN
11 NORTHEASTERN BLVD
SALEM NH 03079-2380

PAYER'S TIN 57-1198022	RECIPIENT'S TIN 688-73-6364
---------------------------	--------------------------------

3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 1143.56	5 Employee contributions/Designated Roth contributions or insurance premiums \$ 0.00
6 Net unrealized appreciation in employer's securities \$ 0.00	7 Distribution code(s) 1	8 Other \$ 0.00

9a Your percentage of total distribution %	9b Total employee contributions \$ 0.00
---	--

Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code

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

Account number (see instruc.) 20210121142500507646	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
---	-------------------------------------	---

14 State tax withheld \$ 229.00	15 State/Payer's state no. NC200003475	16 State distribution \$ 5717.80
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Copy 2 File this copy with your state, city, or local income tax return, when required.

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **2020**

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Recipient's name, street address (including apt. no.), city or town, state or province, country, and Zip or foreign postal code

048420 SADA99H4
DIVI, MANASWINI
9506 GROVE CREST LN APT #628
CHARLOTTE NC 28262

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Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

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11 NORTHEASTERN BLVD
SALEM NH 03079-2380

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9506 GROVE CREST LN APT #628
CHARLOTTE NC 28262

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Copy C For Recipient's Records

This information is being furnished to the IRS.

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

Form 1099-R CORRECTED (if checked) OMB No. 1545-0119 **2020**

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

Account number (see instruc.) 20210121142500507646	11 1st year of desig. Roth contrib.	10 Amount allocable to IRR within 5 years \$
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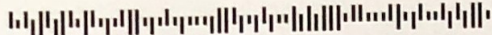
14 State tax withheld \$ 229.00	15 State/Payer's state no. NC200003475	16 State distribution \$ 5717.80
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the IRS.

Department of the Treasury
Internal Revenue Service
www.irs.gov/Form1099R

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



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

***NO281736

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 HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 20		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 52-2383166	RECIPIENT'S TIN ***-**-6364	1 Gross distribution \$ 1,535.89	2 Earnings on excess cont. \$ 0.00	
RECIPIENT'S name MANASWINI DIVI Street address (including apt. no.) 9506 GROVE CREST LN APT 628 City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28262		3 Distribution code 1	4 FMV on date of death \$ 0.00	
Account number (see instructions) 9626804		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Form 1099-SA (Rev. 11-2019)		(keep for your records)		

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 includable 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.

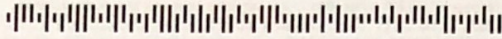
2020 FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing plans, IRAs, Insurance Contracts, etc.

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-P07729-4



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

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

Plan Name FIDELITY NATIONAL INFORMATION SERVICES, INC. 401(K) PROFIT SHARING PLAN			
Customer service phone number 1-800-523-1188	10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>
PAYER'S Federal ID # 23-2186884	RECIPIENT'S ID # XXX-XX-6364	Account Number (see instructions) 099070 2020 0001067556	13 Date of payment

1 Gross distribution \$ 56.15	2a Taxable amount \$ 56.15	OMB No. 1545-0119 2020 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
2b Taxable amount not determined	Total distribution	COPY 1 File this copy with your state, city, or local income tax return, when required.	
3 Capital gain (included in Box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00	6 Net unrealized appreciation in employer's securities \$ 0.00	COPY 1 File this copy with your state, city, or local income tax return, when required.	
7 Distribution code(s) 2	8 Other \$ %		
9a Your percentage of total distribution 0 %	9b Total employee contributions \$ 0.00	16 State distribution \$ 56.15	
14 State tax withheld \$ 0.00	15 State/Payer's state no. NC 101041697		
17 Local tax withheld \$ 0.00	18 Name of locality	19 Local distribution \$ 0.00	

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

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FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service



2020 FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing plans, IRAs, Insurance Contracts, etc.

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

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5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$ 0.00		
7 Distribution code(s) 2	IRA/SEP/SIMPLE	8 Other \$	%	COPY 2 File this copy with your state, city, or local income tax return, when required.
9a Your percentage of total distribution 0 %		9b Total employee contributions \$ 0.00		
14 State tax withheld \$ 0.00		15 State/Payer's state no. NC 101041697		
17 Local tax withheld \$ 0.00		18 Name of locality		19 Local distribution \$ 0.00

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
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 9506 GROVE CREST LN. APT. 628
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5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$ 0.00		
7 Distribution code(s) 2	IRA/SEP/SIMPLE	8 Other \$	%	COPY B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
9a Your percentage of total distribution 0 %		9b Total employee contributions \$ 0.00		
14 State tax withheld \$ 0.00		15 State/Payer's state no. NC 101041697		
17 Local tax withheld \$ 0.00		18 Name of locality		19 Local distribution \$ 0.00

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

9901-02-00-0007722-0002-0015460



Employer-Provided Health Insurance Offer and Coverage

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

Part I Employee

1 Name of employee (first name, middle initial, last name) **MANASWINI** | 2 Social security number (SSN) ******-**-6364** | 7 Name of employer **FIS MANAGEMENT SERVICES, LLC** | 8 Employer identification number (EIN) **43-2054614**

3 Street address (including apartment no.) **9506 GROVE CREST LN APT 628** | 9 Street address (including room or suite no.) **601 RIVERSIDE AVENUE** | 10 Contact telephone number **(484) 582-5581**

4 City or town **CHARLOTTE** | 5 State or province **NC** | 6 Country and ZIP or foreign postal code **28262-4530** | 11 City or town **JACKSONVILLE** | 12 State or province **FL** | 13 Country and ZIP or foreign postal code **32204**

Part II Employee Offer of Coverage | **Employee's Age on January 1** | **Plan Start Month (enter 2-digit number): 01**

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	70.13	70.13	70.13	70.13	70.13
16 Section 4980H Safe Harbor and Other Heliel (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2A
17 ZIP Code													

Part III Covered Individuals

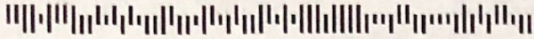
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 Manaswini Divi	****-**-6364		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Department of the Treasury
Internal Revenue Service
PHILADELPHIA, PA 19255

322254.304777.75892.19180 1 AV 0.389 370



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

322254

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service (Please keep this copy for your records)	Calendar Year 2020
Recipient's Identification Number 688-73-6364	Total Interest Paid or Credited \$10.95
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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION		2 FEDERAL INCOME TAX WITHHELD	
B. EMPLOYER IDENTIFICATION NUMBER		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		2020		14118.89		1131.99	
43-2054614		688-73-6364				3 SOCIAL SECURITY WAGES		4 SOCIAL SECURITY TAX WITHHELD	
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13 Statutory Employee		Retirement Plan		14235.95		882.63	
FIS MANAGEMENT SERVICES LLC		<input type="checkbox"/>		<input checked="" type="checkbox"/>		5 MEDICARE WAGES AND TIPS		6 MEDICARE TAX WITHHELD	
10TH FLOOR		<input type="checkbox"/>		<input type="checkbox"/>		14235.95		206.42	
601 RIVERSIDE AVE						7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
JACKSONVILLE, FL 32204									
E. EMPLOYEE'S FIRST NAME AND INITIAL		LAST NAME		SUFF.		9		10 DEPENDANT CARE BENEFITS	
MANASWINI DIVI									
8-330B, M.M.ROAD, 21ST LANE,						11 NONQUALIFIED PLANS		12 a-d	
OPP INFLUENCE SHOWROOM								D 117.06	
ONGOLE, AP 523002 India						14 OTHER		W 300.00	
F. EMPLOYEE'S ADDRESS AND ZIP CODE								C 3.78	
15 STATE		EMPLOYER'S STATE I.D. NO.		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX		18 LOCAL WAGES, TIPS, ETC.	
NC		600522412		14118.89		564.00		19 LOCAL INCOME TAX	
								20 LOCALITY NAME	

FOLD AND TEAR ALONG PERFORATION

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C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13 Statutory Employee		Retirement Plan		14235.95		882.63	
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10TH FLOOR		<input type="checkbox"/>		<input type="checkbox"/>		14235.95		206.42	
601 RIVERSIDE AVE						7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
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OPP INFLUENCE SHOWROOM								D 117.06	
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NC		600522412		14118.89		564.00		19 LOCAL INCOME TAX	
								20 LOCALITY NAME	

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2020

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION

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B. EMPLOYER IDENTIFICATION NUMBER		A. EMPLOYEE'S SOCIAL SECURITY NUMBER		2020		14118.89		1131.99	
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C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE		13 Statutory Employee		Retirement Plan		14235.95		882.63	
FIS MANAGEMENT SERVICES LLC		<input type="checkbox"/>		<input checked="" type="checkbox"/>		5 MEDICARE WAGES AND TIPS		6 MEDICARE TAX WITHHELD	
10TH FLOOR		<input type="checkbox"/>		<input type="checkbox"/>		14235.95		206.42	
601 RIVERSIDE AVE						7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS	
JACKSONVILLE, FL 32204									
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15 STATE		EMPLOYER'S STATE I.D. NO.		16 STATE WAGES, TIPS, ETC.		17 STATE INCOME TAX		18 LOCAL WAGES, TIPS, ETC.	
NC		600522412		14118.89		564.00		19 LOCAL INCOME TAX	
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Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

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B. EMPLOYER IDENTIFICATION NUMBER 43-2054614		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 688-73-6364		3 SOCIAL SECURITY WAGES 14235.95		4 SOCIAL SECURITY TAX WITHHELD 882.63	
C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE FIS MANAGEMENT SERVICES LLC 10TH FLOOR 601 RIVERSIDE AVE JACKSONVILLE, FL 32204				5 MEDICARE WAGES AND TIPS 14235.95		6 MEDICARE TAX WITHHELD 206.42	
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E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME MANASWINI DIVI 8-330B, M.M.ROAD, 21ST LANE, OPP INFLUENCE SHOWROOM ONGOLE, AP 523002 India				11 NONQUALIFIED PLANS		12 a-d D 117.06 W 300.00 C 3.78 DD 1951.86	
				14 OTHER		13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick pay <input type="checkbox"/>	
F. EMPLOYEE'S ADDRESS AND ZIP CODE				15 STATE EMPLOYER'S STATE I.D. NO. NC 600522412		16 STATE WAGES, TIPS, ETC. 14118.89	
				17 STATE INCOME TAX 564.00		18 LOCAL WAGES, TIPS, ETC.	
				19 LOCAL INCOME TAX		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

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Visit www.irs.gov/efile for e-file details.

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W-2 AND WAGE SUMMARY

E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME MANASWINI DIVI 8-330B, M.M.ROAD, 21ST LANE, OPP INFLUENCE SHOWROOM ONGOLE, AP 523002 India				11 NONQUALIFIED PLANS		12 a-d D 117.06 W 300.00 C 3.78 DD 1951.86	
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15 STATE EMPLOYER'S STATE I.D. NO. NC 600522412		16 STATE WAGES, TIPS, ETC. 14118.89		17 STATE INCOME TAX 564.00		18 LOCAL WAGES, TIPS, ETC.	
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FORM **W-2 Wage and Tax Statement**

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Dept. of the Treasury - Internal Revenue Service

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2020

Dept. of the Treasury - Internal Revenue Service

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