| 14   |  | . כחכ  |  |  | OMB No. 1545-0008   | Departme  | ent of the Treasury-  | -Internal Revenue Service  |
|--|--|--|--|--|---|---|---|--|
| Form <b>W-2</b> Wage and Tax Statement <b>2020</b><br>Copy B To Be Filed With Employee's FEDERAL Tax Return.<br>This information is being furnished to the Internal Revenue Service.<br>C Employer's name, address, and ZIP code<br>Altruista Health, Inc.<br>11800 Sunrise Valley Dr.   |  |  | d Control number   |  | 1 Wages, tips, other compensation   |   | 2 Federal income tax withheld   |  |
|  |  |  | 529995<br>7 Social security tips   |  | 69924.40<br>3 Social security wages   |   | 8216.99<br>4 Social security tax withheld   |  |
|  |  |  |  | 0.00   | 5 Medicare wages and tips   |   | 6 Medicare tax withheld   |  |
| Suite 1100   |  |  | • Anocated tips  |  |   |   |   |  |
| Reston, VA 20191   |  |  | 9 10 Dependent care be   |  | efits<br>0.00   | 11 Nonqualifie  | d plans<br>0.00   |  |
| e Employee's name, address, and ZIP code   |  |  | 12a See instructions for box 12  | 2  | 12b   | 0.00  | 12c   | 0.00   |
| Mad  | hu Aditya Pokuri<br>31 Mears Terrace   |  | C 1  | 7.28   | D<br>13 Statutory Retirement  | 3778.80   | DD<br>14 Other  | 5735.76  |
| Ashburn, VA 20147  |  |  |  | 13 Statutory<br>employee Retirement<br>plan      | Third-party<br>sick pay   | 14 Other  |   |  |
|  |  | b Employer identification numb   | er (EIN)   | a Employee's social security number<br>023174121 |   | -   |   |  |
| VA   | 30-208804314F-001  | 69924.40   | 208804314<br>3391.19   |  | 0231741   | 21  |   |  |
| VA   | 50-2000045141-001  | 09924.40   | 5591.19  |  |   |   |   |  |
|  |  |  |  |  |   |   |   |  |
| 15 State   | Employer's state ID number   | 16 State wages, tips, etc.   | 17 State income tax  | 18 L   | ocal wages, tips, etc.  | 19 Local ind  |   | 20 Locality name   |
| Form <b>W-2</b> Wage and Tax Statement 2020  |  |  | d Control number   |  | OMB No. 1545-0008 Departme<br>1 Wages, tips, other compensation   |   | ent of the Treasury-Internal Revenue Service<br>2 Federal income tax withheld   |  |
| Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)  |  |  | 529995   |  | 69924.40  |   | 8216.99   |  |
| c Employer's name, address, and ZIP code<br>Altruista Health, Inc.   |  |  | 7 Social security tips   | 0.00   | 3 Social security wage  | es  | 4 Social secu   | rity tax withheld  |
| 1180   | 00 Sunrise Valley Dr.  |  | 8 Allocated tips   | 0.00   | 5 Medicare wages and  | d tips  | 6 Medicare ta   | ax withheld  |
|  | e 1100<br>ton, VA 20191  |  | 9  |  | 10 Dependent care ber   | ofite   | 11 Nongualifie  | d plans  |
| 1103   | 1011, VA 20131   |  | 9  |  | 0.00  |   | 0.00  |  |
|  | yee's name, address, and ZIP code<br>hu Aditya Pokuri  |  | 12a See instructions for box 12  |  | 12b   | 0770.00   | 12c   | 5705 70  |
|  | 31 Mears Terrace   |  | <sup>8</sup> C 1<br>12d  | 7.28   | B D<br>13 Statutory Retirement  | 3778.80<br>Third-party  | g DD<br>14 Other  | 5735.76  |
| Ashl   | ourn, VA 20147   |  |  |  | employee plan<br>X  | зіск рау  |   |  |
|  |  |  | b Employer identification numb<br>208804314  | er (EIN)   | a Employee's social so<br>0231741   |   |   |  |
| VA   | 30-208804314F-001  | 69924.40   | 3391.19  |  |   |   |   |  |
|  |  |  |  |  |   |   |   |  |
|  |  | <b>16</b> Otata una tina ata   | 17 State income tax  | 10 1   | ocal wages, tips, etc.  | 10 Legelin  | como tox  | 20 Locality name   |
| 15 State   |  |  |  |  |   |   |   |  |
|  | Employer's state ID number<br>ation is being furnished to the Internal Revenue Se  | 16 State wages, tips, etc.<br>rvice. If you are required to file a tax re  |  |  | nay be imposed on you if th   |   | able and you fail to  | report it.   |
| This inform  | ation is being furnished to the Internal Revenue Se  | rvice. If you are required to file a tax re  |  |  |   | is income is taxa<br>3 Departme   | able and you fail to<br>ent of the Treasury-  |  |
| This inform<br>Form Copy 2   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statemer<br>To Be Filed With Employee's State, City, or L   | nt <b>2020</b>   | eturn, a negligence penalty or other sa<br>d Control number<br>529995  |  | nay be imposed on you if th<br>OMB No. 1545-000<br>1 Wages, tips, other co  | is income is taxa<br>Departme<br>mpensation<br>69924.40   | able and you fail to<br>ent of the Treasury-<br>2 Federal inc   | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99   |
| Form Copy 2<br>c Emplo   | ation is being furnished to the Internal Revenue Se  | nt <b>2020</b>   | d Control number<br>529995<br>7 Social security tips   | anction n  | nay be imposed on you if th<br>OMB No. 1545-000<br>Wages, tips, other co  | is income is taxa<br>Departme<br>mpensation<br>69924.40   | able and you fail to<br>ent of the Treasury-<br>2 Federal inc   | report it.<br>- Internal Revenue Service<br>ome tax withheld   |
| This inform<br>Form <b>V</b><br>Copy 2<br>C Emplo<br>Altru<br>1180   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>over's name, address, and ZIP code<br>uista Health, Inc.<br>D0 Sunrise Valley Dr.   | nt <b>2020</b>   | d Control number<br>529995<br>7 Social security tips   |  | nay be imposed on you if th<br>OMB No. 1545-000<br>1 Wages, tips, other co  | is income is taxa<br>Departme<br>mpensation<br>69924.40<br>es   | able and you fail to<br>ent of the Treasury-<br>2 Federal inc   | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>with tax withheld  |
| Form Copy 2<br>Copy 2<br>C Emplo<br>Altru<br>1180<br>Suite   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>over's name, address, and ZIP code<br>uista Health, Inc.<br>20 Sunrise Valley Dr.<br>a 1100   | nt <b>2020</b>   | d Control number<br>529995<br>7 Social security tips<br>8 Allocated tips   | anction n  | nay be imposed on you if th     OMB No. 1545-000     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and  | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>ss<br>d tips  | and you fail to     ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta  | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>with tax withheld<br>ax withheld   |
| This inform<br>Form <b>V</b><br>Copy 2<br>C Emplo<br>Altru<br>1180<br>Suite<br>Rest  | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>yoper's name, address, and ZIP code<br>uista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191   | nt <b>2020</b>   | d Control number<br>529995<br>7 Social security tips<br>8 Allocated tips<br>9  | anction n  | nay be imposed on you if th     OMB No. 1545-000     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and     10   Dependent care ber  | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>ss<br>d tips  | able and you fail to<br>ent of the Treasury-<br>2 Federal inc<br>4 Social secu  | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>with tax withheld<br>ax withheld   |
| This inform<br>Form <b>V</b><br>Copy 2<br>C Emplo<br>Altru<br>1180<br>Suite<br>Resi  | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>nyer's name, address, and ZIP code<br>lista Health, Inc.<br>DO Sunrise Valley Dr.<br>a 1100<br>ton, VA 20191<br>hypee's name, address, and ZIP code   | nt <b>2020</b>   | d Control number<br>529995<br>7 Social security tips<br>8 Allocated tips<br>9  | 0.00   | nay be imposed on you if th     OMB No. 1545-000     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and  | s income is taxa<br>Departme<br>mpensation<br><u>69924.40</u><br>as<br>d tips<br>effits<br><u>0.00</u>  | bible and you fail to     ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c   | report it.<br>-Internal Revenue Service<br>orne tax withheld<br>8216.99<br>withy tax withheld<br>ax withheld<br>d plans<br>0.00  |
| This inform<br>Form <b>W</b><br><b>copy 2</b><br><b>c</b> Emplo<br>Altru<br>1180<br>Suite<br>Resi<br><b>e</b> Emplo<br>Mad<br>2178   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>a 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>B1 Mears Terrace  | nt <b>2020</b>   | d Control number<br>529995<br>7 Social security tips<br>8 Allocated tips<br>9  | 0.00   | nay be imposed on you if th   OMB No. 1545-000   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   10 Dependent care ber   12b Implement   2 Implement   13 Statutory   14 Statutory  | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>as<br>d tips<br>effits<br>0.00<br>3778.80   | and you fail to     ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie   | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>with tax withheld<br>ax withheld<br>d plans  |
| This inform<br>Form <b>W</b><br><b>copy 2</b><br><b>c</b> Emplo<br>Altru<br>1180<br>Suite<br>Resi<br><b>e</b> Emplo<br>Mad<br>2178   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>lista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri  | nt <b>2020</b>   | a regligence penalty or other sa     d   Control number     529995     7   Social security tips     8   Allocated tips     9   Image: Control number in the same interval of th      | 0.00<br>7.28                                     | nay be imposed on you if th   OMB No. 1545-000   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   10 Dependent care ber   12b D   13 Statutory employee   13 Statutory Attack  | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>35<br>d tips<br>lefits<br>0.00<br>3778.80<br>Third-party<br>sick pay  | and you fail to     ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     2   and back     2   B     2   B     3   B     4   Social secu     6   Medicare ta     11   Nonqualifie     2   B     3   DD  | report it.<br>-Internal Revenue Service<br>orne tax withheld<br>8216.99<br>withy tax withheld<br>ax withheld<br>d plans<br>0.00  |
| This inform<br>Form <b>W</b><br><b>copy 2</b><br><b>c</b> Emplo<br>Altru<br>1180<br>Suite<br>Resi<br><b>e</b> Emplo<br>Mad<br>2178   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>a 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>B1 Mears Terrace  | nt <b>2020</b>   | a negligence penalty or other sa     d   Control number     529995     7   Social security tips     8   Allocated tips     9   Image: Control number in the same interval of th      | 0.00<br>7.28                                     | nay be imposed on you if th   OMB No. 1545-000   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   10 Dependent care ber   12b D   13 Statutory employee   13 Statutory Attack  | s income is taxa<br>Departme<br>mpensation<br><u>69924.40</u><br>ss<br>d tips<br>lefits<br><u>0.00</u><br><u>3778.80</u><br>Third-party<br>sick pay<br>ecurity number   | and you fail to     ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     2   and back     2   B     2   B     3   B     4   Social secu     6   Medicare ta     11   Nonqualifie     2   B     3   DD  | report it.<br>-Internal Revenue Service<br>orne tax withheld<br>8216.99<br>withy tax withheld<br>ax withheld<br>d plans<br>0.00  |
| This inform<br>Form <b>W</b><br><b>copy 2</b><br><b>c</b> Emplo<br>Altru<br>1180<br>Suite<br>Resi<br><b>e</b> Emplo<br>Mad<br>2178   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>a 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>B1 Mears Terrace  | nt <b>2020</b>   | a regligence penalty or other sa     d   Control number     529995     7   Social security tips     8   Allocated tips     9   Image: Control number identification      | 0.00<br>7.28                                     | nay be imposed on you if th   OMB No. 1545-000.   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   10 Dependent care ber   12b Implement care ber   13 Statutory employee   13 Statutory employee   14 Exployee's social set   | s income is taxa<br>Departme<br>mpensation<br><u>69924.40</u><br>ss<br>d tips<br>lefits<br><u>0.00</u><br><u>3778.80</u><br>Third-party<br>sick pay<br>ecurity number   | and you fail to     ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     2   and back     2   B     2   B     3   B     4   Social secu     6   Medicare ta     11   Nonqualifie     2   B     3   DD  | report it.<br>-Internal Revenue Service<br>orne tax withheld<br>8216.99<br>withy tax withheld<br>ax withheld<br>d plans<br>0.00  |
| This inform<br>Form <b>M</b><br>Copy 2<br>C Emplo<br>Altru<br>1188<br>Suite<br>Ress<br>e Emplo<br>2178<br>Ashl   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>uista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>B1 Mears Terrace<br>burn, VA 20147  | rvice. If you are required to file a tax ro<br>at 2020<br>.ocal Income Tax Return  | a logigence penalty or other sa     d   Control number     529995     7   Social security tips     8   Allocated tips     9   Image: Control number in the same interval of the      | 0.00<br>7.28                                     | nay be imposed on you if th   OMB No. 1545-000.   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   10 Dependent care ber   12b Implement care ber   13 Statutory employee   13 Statutory employee   14 Exployee's social set   | s income is taxa<br>Departme<br>mpensation<br><u>69924.40</u><br>ss<br>d tips<br>lefits<br><u>0.00</u><br><u>3778.80</u><br>Third-party<br>sick pay<br>ecurity number   | and you fail to     ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     2   and back     2   B     2   B     3   B     4   Social secu     6   Medicare ta     11   Nonqualifie     2   B     3   DD  | report it.<br>-Internal Revenue Service<br>orne tax withheld<br>8216.99<br>withy tax withheld<br>ax withheld<br>d plans<br>0.00  |
| This inform<br>Form <b>M</b><br>Copy 2<br>C Emplo<br>Altru<br>1180<br>Suit<br>Ress<br>e Emplo<br>2178<br>Ashl<br>VA  | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>uista Health, Inc.<br>D0 Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>B1 Mears Terrace<br>burn, VA 20147<br>30-208804314F-001   | rvice. If you are required to file a tax ro<br>at 2020<br>.ocal Income Tax Return<br>69924.40  | a logigence penalty or other sa     d   Control number     529995     7   Social security tips     8   Allocated tips     9   Image: Control number in the same interval of the      | 0.00<br>7.28                                     | Description Retirement<br>project   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and<br>Medicare wages and<br>D   10 Dependent care ber<br>plan   13 Statutory<br>employee   13 Statutory<br>statutory<br>employee's social so<br>0231741  | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>is<br>d tips<br>tefits<br>0.00<br>3778.80<br>Third-party<br>sick pay<br>acurity number<br>21  | bible and you fail to     ent of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c   G/g     0/g   DD     14   Other   | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>d plans<br>0.00<br>5735.76  |
| This inform<br>Form <b>W</b><br>Copy 2<br>C Emple<br>Altru<br>1180<br>Suite<br>Ress<br>e Emple<br>Mad<br>2178<br>Ashl<br>VA<br>15 State  | Ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>uista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace<br>burn, VA 20147<br>30-208804314F-001<br>Employer's state ID number   | trvice. If you are required to file a tax re<br>t 2020<br>.ccal Income Tax Return<br>69924.40<br>16 State wages, tips, etc.            | a logigence penalty or other sa     d   Control number     529995     7   Social security tips     8   Allocated tips     9   Image: Control number in the same interval of the      | 0.00<br>7.28                                     | nay be imposed on you if th     OMB No. 1545-000     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and     10   Dependent care ber     13   Statutory employee     13   Statutory employee     13   Statutory employee's social social x     0231741   Ocal wages, tips, etc.   | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>ss<br>d tips<br>d tips<br>efits<br>0.00<br>3778.80<br>Third-party<br>sick pay<br>accurity number<br>21<br>19 Local int  | bible and you fail to     ent of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c   | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>rity tax withheld<br>ax withheld<br>d plans<br>0.00<br>5735.76<br>20 Locality name   |
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| This inform<br>Form <b>W</b><br>Copy 2<br>C Emplo<br>Altru<br>118(<br>Suit<br>Ressi<br>e Emplo<br>Ashl<br>VA<br>15 State<br>Copy 2<br>C Emplo<br>Altru<br>13 State<br>Copy 2<br>C Emplo<br>Ashl<br>Ressi<br>State<br>Copy 2<br>C Emplo<br>Ashl<br>Copy 2<br>C Emplo<br>Ashl<br>Copy 2<br>C Emplo<br>Copy 2<br>C Emplo<br>C Emplo<br>Copy 2<br>C Emplo<br>C Em | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>20 Sunrise Valley Dr.<br>a 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace<br>burn, VA 20147<br>30-208804314F-001<br>Employer's state ID number<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>20 Sunrise Valley Dr.<br>a 1100<br>ton, VA 20191   | rvice. If you are required to file a tax ro<br>ht 2020<br>.ocal Income Tax Return<br>69924.40<br>16 State wages, tips, etc.<br>ht 2020 | d   Control number     529995   7     Social security tips     8   Allocated tips     9   12a     0/2   C   1     12a   0/2   1     12d   0/2   1     13391.19   3391.19     17   State income tax     d   Control number     529995   7 <td>0.00<br/>7.28<br/>er (EIN)</td> <td>nay be imposed on you if th     OMB No. 1545-000.     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and     10   Dependent care ber     12b   Plan     13   Statutory Plan     14   Statutory Plan     15   Medicare wages and Plan     16   D     17   Statutory Plan     18   Statutory Plan     19   O2317741     occal wages, tips, etc.   OMB No. 1545-0008     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and     10   Dependent care ber</td> <td>s income is taxa<br/>Departme<br/>mpensation<br/><u>69924.40</u><br/><u>69924.40</u><br/><u>69924.40</u><br/><u>3778.80</u><br/>Third-party<br/><u>sick pay</u><br/><u>acurity number</u><br/><u>21</u><br/><u>19 Local inn</u><br/><u>Departme</u><br/>mpensation<br/><u>69924.40</u><br/><u>19</u></td> <td>bile and you fail to ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c</td> <td>report it.<br/>-Internal Revenue Service<br/>ome tax withheld<br/>8216.99<br/>irity tax withheld<br/>ax withheld<br/>d plans<br/>0.00<br/>5735.76<br/>20 Locality name<br/>-Internal Revenue Service<br/>ome tax withheld<br/>8216.99<br/>irity tax withheld<br/>ax withheld<br/>ax withheld</td> | 0.00<br>7.28<br>er (EIN)                         | nay be imposed on you if th     OMB No. 1545-000.     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and     10   Dependent care ber     12b   Plan     13   Statutory Plan     14   Statutory Plan     15   Medicare wages and Plan     16   D     17   Statutory Plan     18   Statutory Plan     19   O2317741     occal wages, tips, etc.   OMB No. 1545-0008     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and     10   Dependent care ber  | s income is taxa<br>Departme<br>mpensation<br><u>69924.40</u><br><u>69924.40</u><br><u>69924.40</u><br><u>3778.80</u><br>Third-party<br><u>sick pay</u><br><u>acurity number</u><br><u>21</u><br><u>19 Local inn</u><br><u>Departme</u><br>mpensation<br><u>69924.40</u><br><u>19</u>   | bile and you fail to ant of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c  | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>d plans<br>0.00<br>5735.76<br>20 Locality name<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>ax withheld            |
| This inform<br>Form M<br>Copy 2<br>C Emplo<br>Altru<br>118(<br>Suite<br>Ress'<br>e Emplo<br>Mad<br>VA<br>15 State<br>Copy 2<br>C Emplo<br>Altru<br>13 State<br>Form M<br>Copy 2<br>C Emplo<br>Altru<br>13 State<br>Emplo<br>Altru<br>14 State<br>Copy 2<br>C Emplo<br>Altru<br>15 State<br>Emplo<br>Altru<br>15 State<br>Copy 2<br>C Emplo<br>Altru<br>15 State<br>Copy 2<br>C Emplo<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>Altru<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>Altru<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>Altru<br>Altru<br>Altru<br>Altru<br>Altru<br>Altru<br>Altru<br>Altru<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>Altru<br>Altru<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>Altru<br>Altru<br>Copy 2<br>C Emplo<br>Altru<br>C Emplo<br>C Mad   | Atton is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace<br>burn, VA 20147<br>30-208804314F-001<br>Employer's state ID number<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri   | rvice. If you are required to file a tax ro<br>ht 2020<br>.ocal Income Tax Return<br>69924.40<br>16 State wages, tips, etc.<br>ht 2020 | d   Control number     529995   7     Social security tips     8   Allocated tips     9   12a     0/2   C   1     12a   0/2   1     12d   0/2   1     17   State income tax   1     17   State income tax   1     8   Allocated tips   9     12a   1   1     12a   1   1   | 0.00<br>7.28<br>er (EIN)                         | nay be imposed on you if th     OMB No. 1545-000     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and     10   Dependent care ber     13   Statutory Plan     14   Employee's social so     02317741   OCAl Wages, tips, etc.     OMB No. 1545-0008   1     1   Wages, tips, other co     3   Social security wage     5   Medicare wages and  | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>ss<br>d tips<br>d tips<br>addition<br>3778.80<br>Third-party<br>stock pay<br>accurity number<br>21<br>19 Local in<br>Departme<br>mpensation<br>69924.40<br>ss<br>d tips<br>d tips<br>d tips<br>d tips<br>d tips   | and you fail to     and of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c   Gamma     Gamma   DD     14   Other     14   Other     2   Federal inc     4   Social secu     4   Social secu     6   Medicare ta  | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>d plans<br>0.00<br>5735.76<br>20 Locality name<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>ax withheld<br>d plans |
| This inform<br>Form W<br>Copy 2<br>C Emplo<br>Altru<br>1186<br>Suite<br>Ressi<br>e Emplo<br>Mad<br>2178<br>Ashl<br>VA<br>15 State<br>VA<br>15 State<br>Copy 2<br>C Emplo<br>Altru<br>1180<br>Copy 2<br>Copy 2<br>Copy 2<br>C Emplo<br>Altru<br>1180<br>Copy 2<br>Copy 2<br>Co  | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace<br>burn, VA 20147<br>30-208804314F-001<br>Employer's state ID number<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace   | rvice. If you are required to file a tax ro<br>ht 2020<br>.ocal Income Tax Return<br>69924.40<br>16 State wages, tips, etc.<br>ht 2020 | d   Control number     529995   7     Social security tips     8   Allocated tips     9   12a     0/2   C   1     12a   0/2   1     12d   0/2   1     17   State income tax   1     17   State income tax   1     8   Allocated tips   9     12a   1   1     12a   1   1   | 0.00<br>7.28<br>er (EIN)<br>18 L<br>0.00         | nay be imposed on you if th     OMB No. 1545-000.     1 Wages, tips, other co     3 Social security wage     5 Medicare wages and     10 Dependent care ber     12b     0     13 Statutory<br>employee     14 Wages, tips, etc.     0043 No. 1545-0008     1 Wages, tips, etc.     0048 No. 1545-0008     1 Wages, tips, other co     3 Social security wage     5 Medicare wages and     10 Dependent care ber     12b     0231741     0231741     014 OMB No. 1545-0008     1 Wages, tips, other co     3 Social security wage     5 Medicare wages and     10 Dependent care ber     12b     02<br>0     13 Statutory<br>employee   Retirement<br>plan   | s income is taxa<br>Departme<br>mpensation<br>69924.40<br>69924.40<br>is<br>a tips<br>a tips  | bile and you fail to     ent of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c  | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>d plans<br>0.00<br>5735.76<br>20 Locality name<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>ax withheld<br>0.00    |
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| This inform<br>Form W<br>Copy 2<br>C Emplo<br>Altru<br>1186<br>Suite<br>Ressi<br>• Emplo<br>Mad<br>2178<br>Ashl<br>VA<br>15 State<br>Copy 2<br>C Emplo<br>Mad<br>2178<br>Ashl<br>VA<br>• Emplo<br>Copy 2<br>Copy 2   | ation is being furnished to the Internal Revenue Se<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byer's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace<br>burn, VA 20147<br>30-208804314F-001<br>Employer's state ID number<br><b>J-2</b> Wage and Tax Statement<br>To Be Filed With Employee's State, City, or L<br>byee's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace<br>burn, VA 20191<br>byee's name, address, and ZIP code<br>tista Health, Inc.<br>DO Sunrise Valley Dr.<br>e 1100<br>ton, VA 20191<br>byee's name, address, and ZIP code<br>hu Aditya Pokuri<br>31 Mears Terrace<br>burn, VA 20147 | 16 State wages, tips, etc.<br>16 State wages, tips, etc.<br>16 State wages, tips, etc.<br>17 State wages, tips, etc.                   | a located tips     a     Control number     529995     7     Social security tips     8     Allocated tips     9     12a     C   1     12d     a   C     12d     b   Employer identification numb     208804314     3391.19     17   State income tax     d   Control number     529995   7     7   Social security tips     8   Allocated tips     9   12a     a   C     17   State income tax     d   Control number     529995   7     7   Social security tips     8   Allocated tips     9   1     12a   1     a   2     b   Employer identification numb     208804314   208804314   | 0.00<br>7.28<br>er (EIN)<br>18 L<br>0.00<br>7.28 | Any be imposed on you if th   OMB No. 1545-000   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   10 Dependent care ber   12b plan   13 Statutory Retirement employee's social so   02317741   ocal wages, tips, etc.   OMB No. 1545-0008   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   02317741   ocal wages, tips, etc.   OMB No. 1545-0008   1 Wages, tips, other co   3 Social security wage   5 Medicare wages and   10 Dependent care ber   12b Plan   13 Statutory employee   13 Statutory employee   13 Statutory employee   Plan X  | s income is taxa<br>Departme<br>mpensation<br><u>69924.40</u><br><u>69924.40</u><br><u>69924.40</u><br><u>3778.80</u><br>Third-party<br><u>sick pay</u><br><u>acurity number</u><br><u>21</u><br><u>19 Local inn</u><br><u>Departme</u><br>mpensation<br><u>69924.40</u><br><u>3778.80</u><br>Third-party<br><u>sick pay</u><br><u>acurity number</u><br><u>69924.40</u><br><u>3778.80</u>  | bile and you fail to     ent of the Treasury-     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c   Image: Come tax     ant of the Treasury-   2     2   Federal inc     4   Other     2   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12   Federal inc     4   Social secu     6   Medicare ta     11   Nonqualifie     12c   Image: Come tax     11   Nonqualifie     12c   Image: Come tax | report it.<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>d plans<br>0.00<br>5735.76<br>20 Locality name<br>-Internal Revenue Service<br>ome tax withheld<br>8216.99<br>irity tax withheld<br>ax withheld<br>ax withheld<br>0.00    |
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## Notice to Employee

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an Information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. Clergy and religious workers. If you aren't subject to social

security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form

## Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959. Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare Tax on any of those Medicare wages and tips above \$200,000. Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual arount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits). Box 10. This amount includes the total dependent care benefits that

your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts. Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior yea deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Deputies of the provide the provide the provide the second se

Security Administration and give you a copy. Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 104(1)/41 and 10(2) OIMD.

401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included

in income. See the Instructions for Forms 1040 and 1040-SR. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. A — Uncollected social security or RRTA tax on tips. Include this tax on

Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR. - Uncollected Medicare tax on tips. Include this tax on Form 1040 or

 $D = C_{10}$  on concerned weakage tax on ups. Include this tax on Form 1040 of 1040-SR. See the Instructions for Forms 1040 and 1040-SR. C = Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5) D = Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a particular 401(k) cash or deferred arrangement. of a section 401(k) arrangement.

- Elective deferrals under a section 403(b) salary reduction agreement Е

W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov. Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using

code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DE is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

 $\mathsf{F}$  — Elective deferrals under a section 408(k)(6) salary reduction SEP  $\mathsf{G}$  — Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

- Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct. - Nontaxable sick pay (information only, not included in box 1, 3, or 5) K — 20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L — Substantiated employee business expense reimbursements (nontaxable) M — Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. N — Uncollected Medicare tax on taxable cost of group-term life

insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P — Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) Q — Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R — Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts. S — Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

 Similar pian (not included in box 1)
T — Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
V — Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W — Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs). Y — Deferrals under a section 409A nonqualified deferred compensation plan

Z — Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA — Designated Roth contributions under a section 401(k) plan

BB — Designated Roth contributions under a section 403(b) plan DD — Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

- Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a taxexempt organization section 457(b) plan. FF — Permitted benefits under a qualified small employer health

reimbursement arrangement

GG — Income from qualified equity grants under section 83(i) HH — Aggregate deferrals under section 83(i) elections as of the close of

the calendar year Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax,

retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. earnings in a particular year.