

OMB No. 1545-0008		REISSUED STATEMENT	
d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld	
	111674.27	11674.60	
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld	
59-1031071	119254.44	7393.78	
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld	
667-93-7287	119254.44	1729.19	

c Employee's name, address and ZIP code  
 CIGNA HEALTH & LIFE INS. CO.  
 1601 CHESTNUT ST  
 PHILADELPHIA PA 19192

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code C   62.40
12b Code D   7580.17	12c Code DD   14515.92	12d Code W   7100.00
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's name, address and ZIP code  
 HARISH GANDHI KORLEPARA  
 465 Buckland Hills Dr  
 APT 32113  
 Manchester CT 06042

2020 Form W-2	15 State Employer's state I.D. no. CT 3527280-000	16 State wages, tips, etc. 111674.27
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Wage and Tax Statement		17 State income tax	18 Local wages, tips, etc.
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		5271.10	
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
Department of the Treasury - Internal Revenue Service		19 Local income tax	20 Locality name

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Copy B - To Be Filed With Employee's FEDERAL Tax Return.		5271.10	
This information is being furnished to the Internal Revenue Service.			
Department of the Treasury - Internal Revenue Service		19 Local income tax	20 Locality name

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Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		5271.10	
Department of the Treasury - Internal Revenue Service		19 Local income tax	20 Locality name

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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 inmate at a penal institution. For 2020 income limits and more information, visit [www.irs.gov/EITC](http://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 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](http://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 DD 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.

## 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 wages and tips shown in box 5, as well as the 0.9% Additional 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 amount 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 year 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 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 Security Administration and give you a copy.

## Instructions for Employee (Continued)

**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 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. **B—** Uncollected Medicare tax on tips. Include this tax on Form 1040 or 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 section 401(k) arrangement. **E—** Elective deferrals under a section 403(b) salary reduction agreement. **F—** Elective deferrals under a section 408(k)(6) salary reduction SEP. **G—** Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan. **H—** 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. **J—** 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 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) **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. **EE—** Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt 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, 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.

# Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

**2020**

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-7287	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 59-1031071
1 Name of employee (first name, middle initial, last name) Harish Gandhi Korlepara			7 Name of employer Cigna Health & Life Ins. Co.		
3 Street address (including apartment no.) 465 Buckland Hills Dr APT 32113			9 Street address (including room or suite no.) 1601 Chestnut St		10 Contact telephone number 800-551-3539
4 City or town Manchester	5 State or province CT	6 Country and ZIP or foreign postal code 06042	11 City or town Philadelphia	12 State or province PA	13 Country and ZIP or foreign postal code 19192

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72	\$ 115.72
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
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. <input checked="" type="checkbox"/>				(e) Months of coverage												
18	(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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
					Harish Gandhi Korlepara	***-**-7287			X	X	X	X	X	X	X	X
19	Divya Dangeti	***-**-1582			X	X	X	X	X	X	X	X	X	X	X	X
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## **Keep This Tax Form!**

Enclosed is Form 1095, which you need to save for your tax records.

## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit. If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

**TIP** Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records. **Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/ACA](http://www.irs.gov/ACA) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

**Part I. Employee Lines 1–6.** Part I, lines 1–6, reports information about you, the employee. **Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

**Part II. Applicable Large Employer Member (Employer) Lines 7–13.** Part I, lines 7–13, reports information about your employer. **Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

**Part II. Employer Offer of Coverage, Lines 14–17 Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974. **1A.** Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov. **1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s). **1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

Form 1095-C (2020)

**1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s). **1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse. **1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s). **1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14. **1H.** No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage). **1I.** Reserved for future use. **1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s). **1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s). **1L.** Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence location ZIP code. **1M.** Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP code. **1N.** Individual coverage HRA offered to you, spouse and dependent(s) with affordability determined by using employee's primary residence location ZIP code. **1O.** Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor. **1P.** Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor. **1Q.** Individual coverage HRA offered to you, spouse and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor. **1R.** Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents. **1S.** Individual coverage HRA offered to an individual who was not a full-time employee. **1T.** Reserved for future use. **1U.** Reserved for future use. **1V.** Reserved for future use. **1W.** Reserved for future use. **1X.** Reserved for future use. **1Y.** Reserved for future use. **1Z.** Reserved for future use. **Line 15.** This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov. **Line 16.** This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov. **Line 17.** This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, or 1N was used on line 14, this will be your primary residence location. If code 1O, 1P, or 1Q was used on line 14, this will be your primary work location. For more information about individual coverage HRAs, visit IRS.gov. **Part III. Covered Individuals, Lines 18–30** Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.

**1099-SA Tax Form**  
**Distributions From an HSA, Archer MSA, or Medicare Advantage MSA**

Tax Year: 2020

CORRECTED

**Copy B for Recipient (keep for your records only)**

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**Trustee/Payer Information**

Name: HSA Bank, a division of Webster Bank, N.A.  
Federal Identification Number: 060273620  
Address: 605 N 8th Street, STE 320  
Sheboygan, WI 53081

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**Recipient Information**

Name: HARISH GANDHI KORLEPARA  
Identification Number: 667937287  
Address: 465 BUCKLAND HILLS DR  
APT 32113  
MANCHESTER, CT 06042-0000  
Account Number: 59791603

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Box 1 Gross distribution	\$5,783.71
Box 2 Earnings on excess contributions	
Box 3 Distribution code	1
Box 4 FMV on date of death	
Box 5 Account type	HSA

**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 to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

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

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

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

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

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

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

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

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

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

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

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



## Tax Notification for Tax Year 2020

A representation of the Tuition Statement form 1098-T is shown below. This important tax information will be sent to you and furnished to the Internal Revenue Service. Select links on the reported amounts to review the associated detail.

### Form 1098-T

<b>FILER's name, address, and contact phone number</b> University of New Haven 300 Boston Post Road West Haven, CT 06516 United States of America (203) 9327217		<b>1 Payments Received for qualified tuition and related expenses</b> <a href="#">10,330.00</a>	<b>2020</b>
		<b>2</b>	
<b>FILER's Federal Id</b> 060761704	<b>Student SSN</b>	<b>3</b>	
<b>STUDENT's name, street</b> Divya Dangeti D. No: 13-26, Papayya Chavidi Street Gollaprolu, 533445 India		<b>4 Adjustments</b>	<b>5 Scholarships or Grants</b> <a href="#">3,474.00</a>
		<b>6 Adjustments to Scholarships</b>	<b>7 Check if box 1 includes amounts for academic period beginning January - March 2021</b> [ ]
<b>Service Provider /Acct. No. (opt)</b>	<b>8 Check if at least half time student</b> [X]	<b>9 Check if a graduate student</b> [X]	<b>10 Reimbursements from insurance contract</b>

Select links on the Tax Report Descriptions below to see additional detail which may be helpful in determining the amount to claim for Hope Scholarship or Lifetime Learning Credit.

### Supplemental Information

Hard Copy Mailed: No

### Detail of Payments Received

Term	Code	Description	Amount	Pro-rata
202009		Fall 2020		
	ECHK	Payment - Electronic Check	\$6,856.00	
	GDNS	Graduate Deans Scholarship	\$3,474.00	
Term Total:			\$10,330.00	
Total All Terms:			\$10,330.00	

[Return to Form 1098-T](#)

### Detail of Charges Billed

Term	Code	Description	Amount	Pro-rata
202101		Spring 2021 - Begins in 2021		
	GFFT	Grad General Fee Full Time	\$120.00	
	TGRD	Tuition Graduate	\$8,685.00	

Term Total: \$8,805.00

202009 Fall 2020

GFFT Grad General Fee Full Time \$120.00

TGRD Tuition Graduate \$8,685.00

Term Total: \$8,805.00

Total All Terms: \$17,610.00

[Return to Form 1098-T](#)

**Detail of Scholarships or Grants**

**Term Code Description Amount Pro-rata**

202009 Fall 2020

GDNS Graduate Deans Scholarship \$3,474.00

Term Total: \$3,474.00

Total All Terms: \$3,474.00

[Return to Form 1098-T](#)

**Box 1- Payments Reportable**

Tax Year	Beginning Carry Forward of Un-Reported Charges Billed (A)	Current Charges Billed (B)	Current Decrease Previous Charges (C)	Box 4 Adjustment (D)	Cap Limit Charges Billed (E = A+B+C+D)	Current Payments Received (F)	Box 1 Payments Reportable (G = Least E, F)	Ending Carry Forward of Un-Reported Charges Billed (H = E-G)
2020		\$17,610.00		\$0.00	\$17,610.00	\$10,330.00	\$10,330.00	\$7,280.00

[Return to Form 1098-T](#)

**RELEASE: 8.7.2.8**

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# SRI SATYANARAYANA SWAMY TEMPLE

CVHTS, TAX ID: 06-0999622

Phone: (860) 346-8675

NAME: Guest D

INVOICE# 65629

Closed to Credit Card Purchase

DATE/TIME: 7/21/2020 6:50:16 AM

CASHIER: Priest2

STATION: 02

Customer Info

=====

Customer: Guest Devotee

CVHTS

11 Training Hill Road

Middletown, CT - 06457

-----  
PUNYAHAM. HOME-06

1 @ \$151.00 \$151.00

-----  
Subtotal \$151.00

GRAND TOTAL \$151.00

Credit \$151.00

CREDIT CARD PURCHASE \$151.00

Card Type: Visa

\*\*\*\*\*4702 XX/XX

Name: KORLEPARA, HARISH

Transaction Type: PURCHASE

Ref Num: 1

Auth Code: 00735C

Trace Number: 5358

Card Entry Method : CHIP

App Name: CHASE VISA

AID: A0000000031010

TSI: F800

TC ACC: 8550746CA228BCD1

Lord Satyanarayana bless you & your family

# SRI SATYANARAYANA SWAMY TEMPLE

CVHTS, TAX ID: 06-0999622  
Phone: (860) 346-8675

NAME: Guest D

INVOICE# 66340

Closed to Credit Card Purchase

DATE/TIME: 9/7/2020 8:23:07 AM

CASHIER: Priest2

STATION: 02

Customer Info

=====

Customer: Guest Devotee

CVHTS

11 Training Hill Road  
Middletown, CT - 06457

-----  
H,S,TEMPLE-06

1 @ \$51.00 \$51.00

-----  
Subtotal \$51.00

GRAND TOTAL \$51.00

Credit \$51.00

CREDIT CARD PURCHASE \$51.00

Card Type: Visa

\*\*\*\*4702 XX/XX

Name: KORLEPARA, HARISH

Transaction Type: PURCHASE

Ref Num: 1

Auth Code: 09470C

Trace Number: 5841

Card Entry Method : CHIP

App Name: CHASE VISA

AID: A0000000031010

TSI: F800

TC ACC: 1C879A584CE9C1D9

Lord Satyanarayana bless you & your family

# SRI SATYANARAYANA SWAMY TEMPLE

CVHTS, TAX ID: 06-0999622

Phone: (860) 346-8675

NAME: Guest D

INVOICE# 66529

Closed to Credit Card Purchase

DATE/TIME: 10/6/2020 8:15:17 AM

CASHIER: Priest2

STATION: 02

Customer Info

Customer: Guest Devotee

CVHTS

11 Training Hill Road  
Middletown, CT - 06457

H,S,TEMPLE-06

1 @ \$51.00 \$51.00

Subtotal \$51.00

**GRAND TOTAL \$51.00**

Credit \$51.00

CREDIT CARD PURCHASE \$51.00

Card Type: Visa

\*\*\*\*\*4702 XX/XX

Name: KORLEPARA, HARISH

Transaction Type: PURCHASE

Ref Num: 1

Auth Code: 05831C

Trace Number: 4

Card Entry Method : CHIP

App Name: CHASE VISA

AID: A0000000031010

TSI: F800

TC ACC: D95E9B5E0D598DB0

Lord Satyanarayana bless you & your family

# SRI SATYANARAYANA SWAMY TEMPLE

CVHTS, TAX ID: 06-0999622  
Phone: (860) 346-8675

NAME: Guest D

INVOICE# 66787

Closed to Credit Card Purchase

DATE/TIME: 11/5/2020 7:35:28 AM

CASHIER: Priest2

STATION: 02

Customer Info

Customer: Guest Devotee

CVHTS

11 Training Hill Road  
Middletown, CT - 06457

H,S,TEMPLE-06

1	@	\$51.00	\$51.00
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Subtotal	\$51.00
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<b>GRAND TOTAL</b>	<b>\$51.00</b>
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Credit	\$51.00
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CREDIT CARD PURCHASE \$51.00

Card Type: Visa

\*\*\*\*\*4702 XX/XX

Name: KORLEPARA, HARISH

Transaction Type: PURCHASE

Ref Num: 1

Auth Code: 06275C

Trace Number: 176

Card Entry Method : CHIP

App Name: CHASE VISA

AID: A0000000031010

TSI: E800

TC ACC: E74E1FC08AF9966C

Lord Satyanarayana bless you & your family

# SRI SATYANARAYANA SWAMY TEMPLE

CVHTS, TAX ID: 06-0999622

Phone: (860) 346-8675

NAME: Guest D

INVOICE# 67341

Closed to Credit Card Purchase

DATE/TIME: 12/27/2020 8:43:40 AM

CASHIER: Priest2

STATION: 02

Customer Info

Customer: Guest Devotee

CVHTS

11 Training Hill Road  
Middletown, CT - 06457

H,S,TEMPLE-06

1 @ \$51.00 \$51.00

Subtotal \$51.00

**GRAND TOTAL \$51.00**

Credit \$51.00

CREDIT CARD PURCHASE \$51.00

Card Type: Visa

\*\*\*\*\*4702 XX/XX

Name: KORLEPARA, HARISH

Transaction Type: PURCHASE

Ref Num: 1

Auth Code: 00525C

Trace Number: 581

Card Entry Method : CHIP

App Name: CHASE VISA

AID: A0000000031010

TSI: E800

TC ACC: CEB2CC2F10FD73A0

Lord Satyanarayana bless you & your family