

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.

Employee Reference Copy
W-2 Wage and Tax Statement 2020
Copy C for employee's records. OMB No. 1545-0008

d Control number 000006 RT/W4T	Dept.	Corp.	Employer use only A 17
c Employer's name, address, and ZIP code PACIFIC PHARMACEUTICALS USA INC 11380 7TH ST RANCHO CUCAMONGA, CA 91730 Batch #91861			
e/f Employee's name, address, and ZIP code SUBHRAN TRIPATHY 8486 GALLUP COURT RANCHO CUCAMONGA, CA 91739			
b Employer's FED ID number 45-4908861	a Employee's SSA number XXX-XX-2366		
1 Wages, tips, other comp. 142000.08	2 Federal income tax withheld 13900.08		
3 Social security wages 137700.00	4 Social security tax withheld 8537.40		
5 Medicare wages and tips 142000.08	6 Medicare tax withheld 2059.00		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other 1229.09 SDI	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
15 State CA 020-8984 5	16 State wages, tips, etc. 142000.08		
17 State income tax 6697.68	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	142,000.08	142,000.08	142,000.08	142,000.08
Less Wages Over Limit	N/A	4,300.08	N/A	N/A
Reported W-2 Wages	142,000.08	137,700.00	142,000.08	142,000.08

2. Employee Name and Address.

SUBHRAN TRIPATHY
8486 GALLUP COURT
RANCHO CUCAMONGA, CA 91739

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Form 1098-T Tuition Statement

1098-T for 2020 Calendar Year

1098T Q&A

FILER INFORMATION	
FILER's Name, street address, city, state, ZIP code, and telephone number	Midwestern University 555 31st Street Downers Grove IL 60515 Illinois Campus: (630) 515-6036 Arizona Campus: (623) 572-3267 (AZ)
FILER's Federal Identification No.	36-3377698
STUDENT INFORMATION	
STUDENT's Social Security No.	772-94-1408
STUDENT's name	Ms. Nikita Tripathy
Street address (including apt. no.)	17458 N 92nd Gln
City, state, and ZIP code	Peoria, AZ 85382-5327
1098-T BOX INFORMATION	
Box 1. Payments received for qualified tuition and related expenses	\$62,696.00
Box 2.	
Box 3. Check if you have changed your reporting method for 2020.	
Box 4. Adjustments made for a prior year	\$0.00
Box 5. Scholarships or grants	\$0.00
Box 6. Adjustments to scholarships or grants for a prior year	\$0.00
Box 7. Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2020	

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number California State Univ, Fresno 5150 N. Maple Ave. M/S JA58 Fresno CA 93740 California State University, Fresno 559/278-2876		1 Payments received for qualified tuition and related expenses \$ 6329.50 2	OMB No. 1545-1574 2020 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.	
FILER'S employer identification no. 770217681	STUDENT'S TIN *****1406	3	4 Adjustments made for a prior year \$		5 Scholarships or grants \$ 4709.00
STUDENT'S name Aniket Tripathy		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 includes amounts for an academic period beginning January–March 2021 <input type="checkbox"/>		
Street address (including apt. no.) 8486 Gallup Ct City or town, state or province, country, and ZIP or foreign postal code Rancho Cucamonga CA 91739-9257 USA		8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input checked="" type="checkbox"/>		10 Ins. contract reimb./refund \$
Service Provider/Acct. No. (see instr.) 300733031		Form 1098-T (keep for your records)		www.irs.gov/Form1098T Department of the Treasury - Internal Revenue Service	

Instructions for Student

You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040-SR. This statement has been furnished to you by an eligible educational institution in which you are enrolled, or by an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you. This statement is required to support any claim for an education credit. Retain this statement for your records. To see if you qualify for a credit, and for help in calculating the amount of your credit, see Pub. 970, Form 8863, and the Instructions for Forms 1040 and 1040-SR.

Your institution must include its name, address, and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Student'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 TIN to the IRS. **Caution:** If your TIN is not shown in this box, your school was not able to provide it. Contact your school if you have questions.

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

Box 1. Shows the total payments received by an eligible educational institution in 2020 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2020 that relate to those payments received during 2020.

Box 2. Reserved.

Box 3. Reserved.

Box 4. Shows any adjustment made by an eligible educational institution for a prior year for qualified tuition and related expenses that were reported on a prior

year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

TIP: You may be able to increase the combined value of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040-X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January–March 2021. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Future developments. For the latest information about developments related to Form 1098-T and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1098T.

Health Coverage

VOID OMB. No. 1545-2252
 CORRECTED **2020**

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual - First name, middle name, last name
SUBHRANSU TRIPATHY

2 Social security number (SSN) or other TIN
XXX-XX-2366

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
8486 GALLUP CT

5 City or town
RANCHO CUCAMONGA

6 State or province
CA

7 Country and ZIP or foreign postal code
US 91739

9 Reserved

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): D

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name Health Nat Life Insurance Company

17 Employer identification number (EIN)
73-065-4885

18 Contact telephone number
800-522-0088

19 Street address (including room or suite no.)
PO Box 10330

20 City or town
Van Nuys

21 State or province
CA

22 Country and ZIP or foreign postal code
91410-0300

Part IV Covered Individuals (Enter the information for each covered individual.)

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec								
23 SUBHRANSU TRIPATHY	XXX-XX-2366		<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 KIRANBALA TRIPATHY	XXX-XX-3924		<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 ANIKET TRIPATHY	XXX-XX-1406		<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>