


Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-7368		1 Wages, tips, other comp.	2 Federal income tax withheld		
b Employer ID number (EIN) 23-2180878		3 Social security wages	4 Social security tax withheld		
		5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104					
d Control number					
e Employee's name, address, and ZIP code Sandhya Tera 111 Terry Lane Plainville, MA 02762					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
13 Statutory employee		14 Other RI SDI 792.00		12b Code	
Retirement plan X				12c Code	
Third-party sick pay				12d Code	
RI	23-2180878	60959.22	2462.55		
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-7368		1 Wages, tips, other comp.	2 Federal income tax withheld		
b Employer ID number (EIN) 23-2180878		3 Social security wages	4 Social security tax withheld		
		5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104					
d Control number					
e Employee's name, address, and ZIP code Sandhya Tera 111 Terry Lane Plainville, MA 02762					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code	
13 Statutory employee		14 Other RI SDI 792.00		12b Code	
Retirement plan X				12c Code	
Third-party sick pay				12d Code	
RI	23-2180878	60959.22	2462.55		
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-7368		1 Wages, tips, other comp.	2 Federal income tax withheld		
b Employer ID number (EIN) 23-2180878		3 Social security wages	4 Social security tax withheld		
		5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code Computer Aid, Inc.  1390 Ridgeview Drive Allentown, PA 18104					
d Control number					
e Employee's name, address, and ZIP code Sandhya Tera 111 Terry Lane Plainville, MA 02762					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12	
13 Statutory employee		14 Other RI SDI 792.00		12b Code	
Retirement plan X				12c Code	
Third-party sick pay				12d Code	
RI	23-2180878	60959.22	2462.55		
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS
This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-7368		1 Wages, tips, other comp.	2 Federal income tax withheld		
b Employer ID number (EIN) 23-2180878		3 Social security wages	4 Social security tax withheld		
		5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104					
d Control number					
e Employee's name, address, and ZIP code Sandhya Tera 111 Terry Lane Plainville, MA 02762					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code	
13 Statutory employee		14 Other RI SDI 792.00		12b Code	
Retirement plan X				12c Code	
Third-party sick pay				12d Code	
RI	23-2180878	60959.22	2462.55		
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2020 Dept. of the Treasury - IRS

BW24UP NTF 2583656 0 BW24UP

W-2 Federal Filing Copy Wage and Tax Statement **2020**
Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp. 98993.77	2 Federal income tax withheld 10095.20	
3 Social security wages 105636.98	4 Social Security tax withheld 6549.49	
5 Medicare wages and tips 105636.98	6 Medicare tax withheld 1531.74	
d Control number Employer use only		
c Employer's name, address, and ZIP code CITIZENS BANK, N.A. ONE CITIZENS PLAZA JCC110 PROVIDENCE RI 02915		
b Employer's FED ID number 20-2635739	a Employee's SSA number 579-49-7450	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 D 6643.21	
14 Other RISDI 939.90	12b W 2080.00 12c DD 18149.64 12d	
	13 Stat emp Ret. plan X 3rd party sick pay	
e Employer's name, address, and ZIP code JOHN KALLURI 111 TERRY LANE PLAINVILLE MA 02762		
15 State MA RI	Employer's state ID no. WTH10030064-005 20263573900	16 State wages, tips, etc. 98993.77 98993.77
17 State income tax 801.97 4005.82	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement **2020**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp. 98993.77	2 Federal income tax withheld 10095.20	
3 Social security wages 105636.98	4 Social Security tax withheld 6549.49	
5 Medicare wages and tips 105636.98	6 Medicare tax withheld 1531.74	
d Control number Employer use only		
c Employer's name, address, and ZIP code CITIZENS BANK, N.A. ONE CITIZENS PLAZA JCC110 PROVIDENCE RI 02915		
b Employer's FED ID number 20-2635739	a Employee's SSA number 579-49-7450	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 D 6643.21	
14 Other RISDI 939.90	12b W 2080.00 12c DD 18149.64 12d	
	13 Stat emp Ret. plan X 3rd party sick pay	
e Employer's name, address, and ZIP code JOHN KALLURI 111 TERRY LANE PLAINVILLE MA 02762		
15 State MA RI	Employer's state ID no. WTH10030064-005	16 State wages, tips, etc. 98993.77 98993.77
17 State income tax 801.97	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement **2020**
Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp. 98993.77	2 Federal income tax withheld 10095.20	
3 Social security wages 105636.98	4 Social Security tax withheld 6549.49	
5 Medicare wages and tips 105636.98	6 Medicare tax withheld 1531.74	
d Control number Employer use only		
c Employer's name, address, and ZIP code CITIZENS BANK, N.A. ONE CITIZENS PLAZA JCC110 PROVIDENCE RI 02915		
b Employer's FED ID number 20-2635739	a Employee's SSA number 579-49-7450	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 D 6643.21	
14 Other RISDI 939.90	12b W 2080.00 12c DD 18149.64 12d	
	13 Stat emp Ret. plan X 3rd party sick pay	
e Employer's name, address, and ZIP code JOHN KALLURI 111 TERRY LANE PLAINVILLE MA 02762		
15 State RI	Employer's state ID no. 20263573900	16 State wages, tips, etc. 98993.77
17 State income tax 4005.82	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy Wage and Tax Statement **2020**
Copy C for Employee Records

1 Wages, tips, other comp. 98993.77	2 Federal income tax withheld 10095.20	
3 Social security wages 105636.98	4 Social Security tax withheld 6549.49	
5 Medicare wages and tips 105636.98	6 Medicare tax withheld 1531.74	
d Control number Employer use only		
c Employer's name, address, and ZIP code CITIZENS BANK, N.A. ONE CITIZENS PLAZA JCC110 PROVIDENCE RI 02915		
b Employer's FED ID number 20-2635739	a Employee's SSA number 579-49-7450	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 D 6643.21	
14 Other RISDI 939.90	12b W 2080.00 12c DD 18149.64 12d	
	13 Stat emp Ret. plan X 3rd party sick pay	
e Employer's name, address, and ZIP code JOHN KALLURI 111 TERRY LANE PLAINVILLE MA 02762		
15 State MA RI	Employer's state ID no. WTH10030064-005 20263573900	16 State wages, tips, etc. 98993.77 98993.77
17 State income tax 801.97 4005.82	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2020 W-2 and EARNINGS SUMMARY UKG™

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:
<https://turbotax.intuit.com/affiliate/ultipaper>

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	111577.58	111577.58	111577.58
Less Exempt Wages	560.00	560.00	560.00
Less Deferred Comp	6643.21		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	5380.60	5380.60	5380.60
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	98993.77 Box 1 of W-2	105636.98 Box 3 of W-2	105636.98 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: X 0 SIT Res: MASIT H 2 SIT Work: RISIT S 1


Page 1 of 1


RECIPIENT'S/LENDER'S name, address and telephone number
 Wells Fargo Bank N.A.
 Return Mail Operations
 PO Box 14411
 Des Moines IA 50306-3411
 01/05/21

We accept telecommunications relay service calls.
 Phone #: 1-800-222-0238
 Fax #: 1-866-278-1179

CORRECTED (if checked)

PAYER'S/BORROWER'S name, street address, city, state and ZIP code
 0042572 01 AV 0.389 **AUTO T1 3 0453 02762-218611 -C01-P42614-I



 JOHN KALLURI
 111 TERRY LN UNIT 12-1
 PLAINVILLE, MA 02762-2186

*** Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.**

OMB No.
1545-1380
2020
 Form
1098

MORTGAGE INTEREST STATEMENT

Copy B For Payer

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for the mortgage interest or for these points, reported in boxes 1 and 6; or because you did not report the refund of interest (box 4); or because you claimed a non-deductible item.

RECIPIENT'S/LENDER'S TIN		94-1347393
PAYER'S/BORROWER'S TIN		XXX-XX-7450
1 Mortgage Interest received from payer(s)/borrower(s)*		\$3,445.34
2 Outstanding mortgage principal (See instructions)	3 Mortgage origination date	\$246,369.74 01/19/2017
4 Refund of overpaid interest	5 Mortgage insurance premiums	\$0.00 \$0.00
6 Points paid on purchase of principal residence		\$0.00
7 The address of the property securing the mortgage will be entered in box 8 and may be the same as PAYER'S/BORROWER'S address. See box 8 below.		

Mortgage information as of 12/31/2020 (See instructions)	
\$0.00	Ending principal balance
	Account number 0543137384

8 Address or description of property securing mortgage (see instructions) 111 TERRY LANE 12-1 PLAINVILLE, MA 02762		
9 Number of mortgaged properties	10 Real estate taxes	11 Mortgage acquisition date
	\$2,605.54	

Form 1098 SEE BACK SIDE FOR IMPORTANT INFORMATION (Keep for your records.) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service
Please consult a Tax Advisor about the deductibility of any payments made by you or others.

Box 2. Shows the outstanding principal on the mortgage as of January 1, 2020. If the mortgage originated in 2020, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2020, shows the mortgage principal as of the date of acquisition.

----- 2020 INTEREST DETAIL -----

TOTAL INTEREST APPLIED 2020	\$3,445.34
2020 MORTGAGE INTEREST RECEIVED FROM PAYER/BORROWER(S)	\$3,445.34

If you have questions about your loan, you can use the number listed at the top of this statement. By selecting one of the options listed, you can receive information regarding:

- Taxes paid year-to-date
- Interest paid year-to-date
- The amount & date of your last payment
- Other valuable information

We issue tax documents to the primary account owner.

Wells Fargo Home Mortgage, a division of Wells Fargo Bank, N.A., believes Customers come first. You can always count on us to provide the excellent service you've come to expect.

0453-01-00-0042572-0001-0043419

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

BANK OF AMERICA, N.A.
COMPUTER AID 401 K PPLAN
P.O. BOX 1551
PENNINGTON, NJ 08534-0737

TY 000000 630 752 006989 #@01 AB 0.419

TERA, SANDHYA
111 TERRY LANE
PLAINVILLE MA 02762

Form 1099-R, 2020. Account number 201196. Gross distribution \$53,969.69. Taxable amount \$0.00. Includes fields for Payer's TIN, Recipient's TIN, and various tax-related details.

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

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

BANK OF AMERICA, N.A.
COMPUTER AID 401 K PPLAN
P.O. BOX 1551
PENNINGTON, NJ 08534-0737

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

TERA, SANDHYA
111 TERRY LANE
PLAINVILLE MA 02762

Form 1099-R, 2020. Account number 201196. Gross distribution \$53,969.69. Taxable amount \$0.00. Includes fields for Payer's TIN, Recipient's TIN, and various tax-related details.

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

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

BANK OF AMERICA, N.A.
COMPUTER AID 401 K PPLAN
P.O. BOX 1551
PENNINGTON, NJ 08534-0737

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

TERA, SANDHYA
111 TERRY LANE
PLAINVILLE MA 02762

Form 1099-R, 2020. Account number 201196. Gross distribution \$53,969.69. Taxable amount \$0.00. Includes fields for Payer's TIN, Recipient's TIN, and various tax-related details.

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

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/form1095C for instructions and the latest information.

VOID
 CORRECTED

2020

Part I Employee

1 Name of employee (first name, middle initial, last name) JOHN KALLURI		2 Social security number (SSN) XXX-XX-7450	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 20-2635739
3 Street address (including apartment no.) 111 TERRY LANE		9 Street address (including room or suite no.) CITIZENS BANK ONE CITIZENS DRIVE RSD 115		10 Contact telephone number 866-472-8234	
4 City or town PLAINVILLE	5 State or province MA	6 Country and ZIP or foreign postal code US 02762	11 City or town RIVERSIDE	12 State or province RI	13 Country and ZIP or foreign postal code US 02915

Part II Employee Offer of Coverage

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
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 117.50	\$ 117.50	\$ 117.50	\$ 117.50	\$ 117.50	\$ 117.50	\$ 117.50	\$ 117.50	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2020)

Part III Covered Individuals

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

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	JOHN KALLURI	XXX-XX-7450		X													
19	DEVANSH R KALLURI	XXX-XX-7086		X													
20	NIDHI R KALLURI	XXX-XX-1941		X													
21	SANDHYA TERA	XXX-XX-7368		X													
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	