Copy B - To Be Filed FEDERAL Tax Retur	OMB No. 1545-0008						
a Employee's soc. sec. no	o. 1 Wages, tips, other comp.	2 Federal income tax withheld					
XXX-XX-7368	3 Social security wages	4 Social security tax withheld					
b Employer ID number (El	. 0	Toolar booking an initial					
23-2180878	5 Medicare wages and tips	6 Medicare tax withheld					
c Employer's name, addre Computer Aid,							
1390 Ridgevie	∍w Drive						
Allentown, PA	18104						
d Control number							
e Employee's name, addr Sandhya Tera 111 Terry Lan Plainville, N	ne						
7 Social security tips	9						
10 Dependent care benefit	s 11 Nonqualified plans	12a Code See inst. for box 12					
13 Statutory employee 14	12b Code						
Retirement plan X	RI SDI 792.00	12c Code					
Third-party sick pay		12d Code					
RI 23-218087							
	D 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 This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Dept. of the Treasury - IRS

Copy C-For EMPLOYEE'S RECORDS (See OMB No. 1545-0008 Notice to Employee on the back of Copy B.) 2 Federal income tax withheld 1 Wages, tips, other comp. a Employee's soc. sec. no. XXX-XX-7368 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 23-2180878 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 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 12b Code 14 Other 13 Statutory employee RI SDI 792.00 12c Code Retirement plan Third-party sick pay 12d Code 23-2180878 60959.22 RI 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

5050

This information is being furnished to the IRS. If you are required to file a tax return, negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

10 Dependent care benefi	ts 11 N	onqualified plans	12a Code					
13 Statutory employee 1	4 Other RI SI	792.00	12b Code					
Retirement plan	KI SI	792.00	12c Code					
X								
Third-party sick pay			12d Code					
RI 23-218087	78	60959.22	2462.55					
the state of the s		16 State wages, tips, etc.	17 State income tax					
18 Local wages, tips, etc.	19 L	ocal income tax	20 Locality name					
Form W-2 Wage and Ta.	x Stateme	nt 2020	Dept. of the Treasury - IRS					
A 40 PA PA PA 1	LYBernt P							
Copy 2—To Be Filed City, or Local Incom			OMB No. 1545-0008					
a Employee's soc. sec. n		lages, tips, other comp.	2 Federal income tax withheld					
XXX-XX-7368	20		d Carried and the state of the					
b Employer ID number (E		ocial security wages	4 Social security tax withheld					
23-2180878	6 Medicare tax withheld							
c Employer's name, addr	ress, and Z	P code						
Computer Aid								
1390 Ridgevi								
Allentown, P.	A 1810	4						
d Control number								
e Employee's name, add		IP code						
Sandhya Tera								
111 Terry La		160						
Plainville,	MA 02	62						
7 Social security tips	8 A	llocated tips	9					
10 Dependent care benefit	its 11 N	lonqualified plans	12a Code					
13 Statutory employee 1	4 Other RI SI	DI 792.00	12b Code					
Retirement plan	792.00	12c Code						
. X								
Third-party sick pay			12d Code					
RI 23-218087	78	60959.22	2 2462.55					
1		16 State wages, tips, etc.	17 State income tax					
18 Local wages, tips, etc.		ocal income tax	20 Locality name					
Form W-2 Wage and Ta	x Stateme	nt 2020	Dept. of the Treasury - IRS					

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other comp.

5 Medicare wages and tips

3 Social security wages

8 Allocated tips

a Employee's soc. sec. no.

XXX-XX-7368

b Employer ID number (EIN)

23-2180878

Sandhya Tera 111 Terry Lane Plainville, MA 02762

d Control number

7 Social security tips

c Employer's name, address, and ZIP code Computer Aid, Inc. 1390 Ridgeview Drive Allentown, PA 18104

e Employee's name, address, and ZIP code

OMB No. 1545-0008

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

BW24UP NTF 2583656

0 BW24UP

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. 2 Federal Income tax withheld 98993.77 10095.20 5 Medicare wages and tips 105636.98 6549.49 1531.74 d Control number Employer use only

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 579-49-7450 11 Nonqualified plans D 6643.21 939.90 W 2080.00 DD 18149.64

e Employee's name, address, and ZIP code JOHN KALLURI 111 TERRY LANE PLAINVILLE MA 02762

15 State Employer's state ID no WTH10030064-005 20263573900 MA 98993.77 RI 98993.77 17 State income tax 801.97 4005.82 19 Local income tax 20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-000

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. 2 Federal Income tax withheld 98993.77 10095.20 3 Social security wages 105636.98 6549.49 Medicare wages and tips 105636.98 1531.74

Employer use only

Employer's name, address, and ZIP code CITIZENS BANK, N.A. ONE CITIZENS PLAZA PROVIDENCE RI 02915

b Employer's FED ID number a Employee's SSA number 579-49-7450 20-2635739 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See Instructions for box 12 6643.21 D 12b RISDI 939.90 W 2080.00 12c DD 18149.64

e Employee's name, address, and ZIP code JOHN KALLURI 111 TERRY LANE 111 TERRY LANE PLAINVILLE MA 02762

Employer's state ID no. WTH10030064-005 98993.77 L8 Local wages, tips, etc 801.97

State, City, Local Filing Copy Wage and Tax Statement

2020

Employer use only

Copy 2 to be filed with employee's State/City/Local Income Tax Return 1 Wages, tips, other comp. 2 Federal Income tax 98993.77 10095.20 3 Social security wages 105636.98 6549.49 5 Medicare wages and tips 105636.98 1531.74

Employer's name, address, and ZIP code CITIZENS BANK, N.A. ONE CITIZENS PLAZA

PROVIDENCE RI 02915 Employer's FED ID n

Employee's SSA number 579-49-7450 20-2635739 11 Nonqualified plans 12a See instructions for box 12 6643.21 D 14 Othe 12b 939.90 W 2080.00 DD 18149.64 13 Stat er

e Employee's name, address, and ZIP code JOHN KALLURI 111 TERRY LANE PLAINVILLE MA 02762

Employer's state ID no. 20263573900 16 State wages, tips, etc 98993.77 18 Local wages, tips, etc. 4005.82 20 Locality name

W-2

Employee Reference Copy Wage and Tax Statement

2020

Copy C for Employee Records

1 Wages, tips, other comp. 2 Federal Income tax withheld 98993.77 10095.20 3 Social security wages 105636.98 6549.49 5 Medicare wages and tip 105636.98 1531.74

d Control number Employer use only

Employer's name, address, and ZIP code CITIZENS BANK, N.A. ONE CITIZENS PLAZA JCC110

PROVIDENCE RI 02915 Employee's SSA number 579-49-7450 b Employer's FED ID number 20-2635739 Social security tips Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 D 6643.21 14 Othe 12b RISDI 939 90 W 2080.00 DD 18149.64 ess, and ZIP code

e Employee's name, addr JOHN KALLURI 111 TERRY LANE PLAINVILLE MA 02762

15 State MA Employer's state ID no. WTH10030064-005 20263573900 16 State wages, tips, etc 98993.77 98993 77 RI 801.97 4005.82

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

2020 W-2 and EARNINGS SUMMARY



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** 98993.77 105636.98 105636.98 (Reported on Form W-2) Box 1 of W-2 Box 3 of W-2 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

7

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 We accept telecommunications relay service calls.	01/05/21	* Caution: The amount si may not be fully deductibl you. Limits based on the lo amount and the cost and v of the secured property ma apply. Also, you may only deduct interest to the exten was incurred by you, actuo paid by you, and not reimbursed by another per	MORTGAGE INTEREST STATEMENT Copy B					
Phone #: 1-800-222-0238 Fax #: 1-866-278-1179 CORRECTED (if ch	ecked)	RECIPIENT'S/LENDER'S TIN	For Payer					
101.0.1.2.000 2/0 22/9			94-1347393					
PAYER'S/BORROWER'S name, street address, city, state and ZIP cod 0042572 01 AV 0.389 **AUTO T1 3 0453 02762-218611 -c01-P42614		PAYER'S/BORROWER'S TIN	XXX-XX-7450	und is some running to				
վորթախիրիստեսինիրիարդերի	li	1 Mortgage Interest received payer(s)/borrower(s)*	the IRS. If you are required to file a return, a negligence penalty or					
JOHN KALLURI 111 TERRY LN UNIT 12-1 PLAINVILLE, MA 02762-2186			3 Mortgage origination date 01/19/2017	other sanction may be imposed on you if the IRS determines that an				
TEATRVILLE, MA 02/02-2100	4 Refund of overpaid	5 Mortgage insurance premiums	results because you overstated a deduction for					
	\$0.00	\$0.00	 for these points, reported 					
		6 Points paid on purchase of principal residence in boxes 1 and 6 because you did report the refund						
	7 The address of the property will be entered in box 8 and m PAYER'S/BORROWER'S add	interest (box 4); or because you claimed a non-deductible item.						
		See box 8 below.						
Mortgage information as of 12/31/2020 (See in \$0.00 Ending principal balance	structions)	8 Address or description of property securing mortgage (see instructions) 111 TERRY LANE 12-1						
97		PLAINVILLE, MA 027						
		9 Number of mortgaged properties	10 Real estate taxes	11 Mortgage acquisition date				
	Account number		\$2,605.5	54				
	0543137384	· "		I I I I I I I I I I I I I I I I I I I				
Form 1098 SEE BACK SIDE FOR IMPORTANT INFORMATION (Ke Please consult a Tax Advisor about the								
	-							
2. Shows the outstanding principal on the mortgage as on incipal as of the date of origination. If the recipient/lender aquisition.	f January 1, 2020 acquired the loan	. If the mortgage origi in 2020, shows the m	nated in 2020, sh ortgage principal	ows the mortgage as of the date of				

pri

----- 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.

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

սիկոլություններինիրությիլիկինիների կրիկի TY 000000 630 752 006989 #@01 AB 0.419

TERA, SANDHYA 111 TERRY LANE PLAINVILLE MA 02762

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

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

					_	CORREC		1545-0119			
Account number (see in	struction		1196		Distributions Fr						
1 Gross distribution		PAYE	R'S TIN			VOID		Annuities, irement or			
	3,969.69		87665		_		Pro	fit-Sharing			
2a Taxable amount		RECIPIE	ENT'S TIN		2	020	Р	lans, IRAs, Insurance			
\$	0.00		KX-7368	1	rm 1099	-R Con	tracts, etc.				
2b Taxable amount not determined		Total distribution						Copy 1			
3 Capital gain (included		4 Federal inco	me tax withhe	eld		For	State, City, or Local				
in box 2a)		\$				Tax Department					
5 Employee contribution	s	6 Net unrealize	ed appreciation	on	_	1					
/Designated Roth contributions or		in employer's	securities				t allocable to				
insurance premiums						IRR within 5 years					
7 Distribution	IDA/SED/	8 Other		_	_	\$ 11 1st yea	r of desig. Rot	th contrib			
code(s)	SIMPLE	0.000 0.0000000000000000000000000000000		9	6	i i ist yes	or design tes	ar comans.			
G 9a Your percentage of tot		9b Total employ	ree contributio		_	12 FATCA	filing				
distribution	ai %	1	ee contribute	UIIS		require					
13 Date of payment	76	\$ 14 State tax with	hald		_	15 State/E	ayer's state n				
Date of payment		14 State tax Witi	IIIeiu				VH100450700				
16 State distribution	17 Local	tax withheld	18 Name of	local	lity		ocal distribution				
		tax withheid	10 Ivallie of	10001	,	\$	JULI 415572411				
\$	\$				-			•			
www.irs.gov/Form109	9R	Departme	nt of the Tre	eası	ıry -	Internal	Revenue Se	rvice			
					_	CORRECT	OMB No TED (if checke	. 1545-0119 ed)			
Account number (see ins	structions		1196 R'S TIN	\dashv	Ш	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Distribut	ions From			
				- 1				Annuities, irement or			
\$ 53 2a Taxable amount	3,969.69		87665 NT'S TIN	\dashv	20	020		fit-Sharing lans, IRAs,			
		N 000000 0000		- 1			_	Insurance			
\$ 2b Taxable amount	0.00	Total	X-7368		FO	rm 1099	-K Con	Copy B			
not determined		distribution		Ц		Rep	ort this incon				
3 Capital gain (included in box 2a)		4 Federal incor	ne tax withhe	ld		federal tax return. If this form shows federal income					
\$		\$				tax withheld in box 4, attach					
5 Employee contributions /Designated Roth	5	Net unrealize in employer's		in			his copy to y	our return.			
contributions or		in employer e				10 Amount allocable to IRR within 5 years					
insurance premiums \$		\$				\$					
	RA/SEP/	8 Other		11 1st year of desig. Roth contrib.							
code(s)	SIMPLE	\$									
9a Your percentage of total	al	9b Total employe	ee contributio	12 FATCA filing requirement							
uistribution	%	\$									
13 Date of payment		14 State tax with	held	15 State/Payer's state no.							
		\$			MA/PWH10045070005						
16 State distribution	17 Local	tax withheld	18 Name of	19 Local distribution							
\$	\$					\$					
www.irs.gov/Form109	9R	Departme	nt of the Tre	easu	гу-	Internal I	Revenue Se	rvice			
								. 1545-0119			
Account number (see in	structions		1196			CORREC	TED (if checke Distribut	ed) tions From			
1 Gross distribution		PAYE	R'S TIN			Pensions, Annuities Retirement o					
	3,969.69		87665		_			fit-Sharing			
2a Taxable amount		RECIPIE	ENT'S TIN		20	020	Р	lans, IRAs, Insurance			
\$	0.00		(X-7368		Fo	rm 1099	-R Con	tracts, etc.			
2b Taxable amount not determined		Total distribution						Copy C			
3 Capital gain (included		4 Federal inco	me tax withhe	eld	-		For F	Recipient's			
in box 2a)		\$						Records			
5 Employee contribution	S	6 Net unrealize		on							
/Designated Roth contributions or		in employer's	securities		10 Amount allocable to						
insurance premiums		\$			IRR within 5 years						
7 Distribution	IRA/SEP/	<u> </u>		_		\$ 11 1st year of desig. Roth contrib.					
code(s)	Other		9	6	is ist year of desig. Roth contrib.						
G 9a Your percentage of tot		9h Total amala	(Do Contrib 4)		-	12 EATO 4	filing				
distribution	аі %	9b Total employ	ree contributio	UIIS		12 FATCA filing requirement					
13 Date of payment	\$ 14 State tax with	nheld			15 State/Payer's state no.						
- Date of payment		S State tax with									
16 State distribution	17 Local	tax withheld	18 Name of	loca	litv	MA/PWH10045070005					
\$	\$	WAS TRAINED		.500		s		reality			
I #	1 3		I			1 3					

E 1095-C Department of the Treat Internal Revenue Service	surv	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.											CTED	SHIP HO. 1373 ELS!		F00750
Part Employee 2 Social security number (SS XXX-XX-7450								Applicable Large Employer Member (Employer)						8 Em	8 Employer Identification number (EIN) 20-2635739	
1 Name of employee (first name, middle initial, last name) JOHN KALLURI						7	7 Name of employer CITIZENS BANK, N.A.									
3 Street address (including apartment no.) 111 TERRY LANE								Street address (including room or suite no.) CITIZENS BANK ONE CITIZENS DRIVE RSD 115 10 Contact telephone nur 866-472-82						telephone number 472-8234		
4 City or town PLAINVILLE						tal code 1		town ERSIDE	ce		13 Country and ZIP or foreign postal code US 02915					
Part II Emplo	yee Offer of Co	overage		Emplo	yee's Age	on January	y 1		F	Plan Start Mor	nth (enter 2-digit no	umber): 01				
	All 12 Months	Jan	Feb	Ma		Apr	Me	ау	June	July	Aug	Sept	Oct		Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	11	3	1E		E	1E	1E	1E	1E	1E		1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 1 17.50	\$ 117.50 s	117	.50 \$ 1	17.50	\$ 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 Pa	perwork Reducti	ion Act Notice, se	e separate instruc	ions.					Cat. No. 6070	5M					Form 1	095-C (2020)

LDD320 Page 3

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