Copy B To Be Filed With Employee's FEDERAL Tax Return — **2020** OMB No. 1545-0008

a Employee's social security number: 099-47-4159	1 Wages, tips, other comp.: 38087.31	2 Federal income tax withheld: 3319.38
b Employer ID number: 43-1496422	3 Social security wages: 38087.31	4 Social security tax withheld: 2361.42
	5 Medicare wages and tips: 38087.31	6 Medicare tax withheld: 552.25

c Employer's name, address, and ZIP code

Midwest Veterans' Biomedical Research Founda
4801 E Linwood Blvd
VA Medical Center Suite F1-125
Kansas City, MO 64128

d Control Number: N9694 7336

e Employee's name, address, and ZIP code

Varun chandra Boinpelly
3530 Rainbow Blvd., Apt #513
Kansas City, KS 66103

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 1949.67
13 Statutory employee / Retirement plan / 3rd party sick pay	14 Other	12b Code / 12c Code / 12d Code

MO 13654608	38087.31	455.00
15 State Emplr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.: 38087.31	19 Local income tax: 380.84	20 Locality name: Kansas City, MO

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

This information is being furnished to the Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) — **2020** OMB No. 1545-0008

a Employee's social security number: 099-47-4159	1 Wages, tips, other comp.: 38087.31	2 Federal income tax withheld: 3319.38
b Employer ID number: 43-1496422	3 Social security wages: 38087.31	4 Social security tax withheld: 2361.42
	5 Medicare wages and tips: 38087.31	6 Medicare tax withheld: 552.25

c Employer's name, address, and ZIP code

Midwest Veterans' Biomedical Research Founda
4801 E Linwood Blvd
VA Medical Center Suite F1-125
Kansas City, MO 64128

d Control Number: N9694 7336

e Employee's name, address, and ZIP code

Varun chandra Boinpelly
3530 Rainbow Blvd., Apt #513
Kansas City, KS 66103

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 1949.67
13 Statutory employee / Retirement plan / 3rd party sick pay	14 Other	12b Code / 12c Code / 12d Code

MO 13654608	38087.31	455.00
15 State Emplr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.: 38087.31	19 Local income tax: 380.84	20 Locality name: Kansas City, MO

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

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

Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return — **2020** OMB No. 1545-0008

a Employee's social security number: 099-47-4159	1 Wages, tips, other comp.: 38087.31	2 Federal income tax withheld: 3319.38
b Employer ID number: 43-1496422	3 Social security wages: 38087.31	4 Social security tax withheld: 2361.42
	5 Medicare wages and tips: 38087.31	6 Medicare tax withheld: 552.25

c Employer's name, address, and ZIP code

Midwest Veterans' Biomedical Research Founda
4801 E Linwood Blvd
VA Medical Center Suite F1-125
Kansas City, MO 64128

d Control Number: N9694 7336

e Employee's name, address, and ZIP code

Varun chandra Boinpelly
3530 Rainbow Blvd., Apt #513
Kansas City, KS 66103

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 1949.67
13 Statutory employee / Retirement plan / 3rd party sick pay	14 Other	12b Code / 12c Code / 12d Code

MO 13654608	38087.31	455.00
15 State Emplr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.: 38087.31	19 Local income tax: 380.84	20 Locality name: Kansas City, MO

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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return — **2020** OMB No. 1545-0008

a Employee's social security number: 099-47-4159	1 Wages, tips, other comp.: 38087.31	2 Federal income tax withheld: 3319.38
b Employer ID number: 43-1496422	3 Social security wages: 38087.31	4 Social security tax withheld: 2361.42
	5 Medicare wages and tips: 38087.31	6 Medicare tax withheld: 552.25

c Employer's name, address, and ZIP code

Midwest Veterans' Biomedical Research Founda
4801 E Linwood Blvd
VA Medical Center Suite F1-125
Kansas City, MO 64128

d Control Number: N9694 7336

e Employee's name, address, and ZIP code

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Kansas City, KS 66103

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 1949.67
13 Statutory employee / Retirement plan / 3rd party sick pay	14 Other	12b Code / 12c Code / 12d Code

MO 13654608	38087.31	455.00
15 State Emplr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.: 38087.31	19 Local income tax: 380.84	20 Locality name: Kansas City, MO

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

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Information about Form 1095-C and its separate instructions is at *www.irs.gov/form1095c*

☐ VOID
☐ CORRECTED

600120
OMB No. 1545-2251
2020

Part I Employee

1 Name of employee (first name, middle initial, last name)			2 Social security number (SSN)
Varun chandra		Boinpelly	099-47-4159
3 Street address (including apartment no.)			
3530 Rainbow Blvd., Apt #513			
4 City or town	5 State or province		6 Country and ZIP or foreign postal code
Kansas City	KS		66103

Applicable Large Employer Member (Employer)

7 Name of employer			8 Employer Identification Number (EIN)
Midwest Veterans' Biomedical Research Foundation			43-1496422
9 Street address (including room or suite no.)			10 Contact Telephone Number
4801 E Linwood Blvd, VA Medical Center Suite F1-125			(816) 921-8311
11 City or town	12 State or province		13 Country and ZIP or foreign postal code
Kansas City	MO		64128

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month: 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	$212.00												
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

Part III Covered Individuals If Employer Provided self-insured coverage

check the box and enter the information for each covered individual ☐

	(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN	(c) DOB (if SSN 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						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1095-C** (2020)