

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2020

Copy C for employee's records OMB No. 1545-0008

d Control number 0000001814 RZJ		Dept. PU15	Corp. S	Employer use only 33931
c Employer's name, address, and ZIP code GEORGIA-PACIFIC LLC 133 PEACHTREE STREET NE ATLANTA, GA 30303				
e/f Employee's name, address, and ZIP code KISHORE REDDY JAKKIDI 504 PRESTON WOODS TRL ATLANTA, GA 30338				
b Employer's FED ID number 93-0432081		a Employee's SSA number XXX-XX-6836		
1 Wages, tips, other comp. 91283.03	2 Federal income tax withheld 13348.68			
3 Social security wages 99494.52	4 Social security tax withheld 6168.66			
5 Medicare wages and tips 99494.52	6 Medicare tax withheld 1442.67			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C 72.00			
14 Other	12b D 8211.49			
	12c W 1700.00			
	12d DD 6072.00			
	13 Stat emp. Ret. plan 3rd party sick pay X			
15 State Employer's state ID no. GA 4386384-SL	16 State wages, tips, etc. 91283.03			
17 State income tax 4660.32	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

KISHORE REDDY JAKKIDI
504 PRESTON WOODS TRL
ATLANTA, GA 30338

Social Security Number: XXX-XX-6836



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Federal Filing Copy W-2 Wage and Tax Statement 2020

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

GA. State Filing Copy W-2 Wage and Tax Statement 2020

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy W-2 Wage and Tax Statement 2020

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BANK OF AMERICA, N.A.
C/O HEALTH ACCOUNT SERVICES
PO BOX 2203
FARGO ND 58108

TAX STATEMENT FOR YEAR 2020

THIS STATEMENT REPORTS 1099-SA (OMB No. 1545-1517),
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

BANK OF AMERICA  BANK# 07202

KISHORE REDDY JAKKIDI
504 PRESTON WOODS TRL
ATLANTA GA 30338

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-800-718-6710

TAXPAYER'S IDENTIFICATION NUMBER

***-**-6836

For Form 1099-SA: This information is being furnished to the IRS

2020 - 1099-SA, DISTRIBUTIONS FROM AN HSA, ARCHER MSA,
OR MEDICARE ADVANTAGE MSA

HSA ACCOUNT	ACCOUNT NUMBER	
BOX 1	000010000452203	
BOX 3	CROSS DISTRIBUTION	866.11
BOX 5	DISTRIBUTION CODE	1
KISHORE REDDY JAKKIDI	HSA	X

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE
NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER
LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-800-305-5109
THIS INFORMATION IS BEING FURNISHED TO THE 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

OMB No. 1545-0047 **600320**
2020

Part I Employee		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 93-0432081	
1 Name of employee (first name, middle initial, last name) KISHORE REDDY JAKKIDI		7 Name of employer GEORGIA-PACIFIC LLC			
2 Social security number (SSN) ***-**-6836		9 Street address (including room or suite no.) 133 PEACHTREE STREET, N.E.		10 Contact telephone number 877-344-5772	
3 Street address (including apartment no.) 504 PRESTON WOODS TRL		6 Country and ZIP or foreign postal code 30338		11 City or town ATLANTA	
4 City or town ATLANTA	5 State or province GA		12 State or province GA	13 Country and ZIP or foreign postal code 30303	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												15 Employee Required Contribution (see instructions)		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec	
		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1E	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	8.00
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	
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. <input checked="" type="checkbox"/>																
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	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	KISHORE REDDY JAKKIDI	***-**-6836			X	X	X	X	X	X	X	X	X	X	X	X
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