

DIGITAL FEDERAL CREDIT UNION
 220 DONALD LYNCH BLVD
 MARLBOROUGH MA 01752



ANIL KUMAR KUMAR KOLUSU
 1921 OAK CREEK ROAD APT#337
 RIVER RIDGE LA 70123-5870

6324



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DIGITAL FEDERAL CREDIT UNION 220 DONALD LYNCH BLVD MARLBOROUGH MA 01752		Payer's RTN (optional)	OMB No. 1545-0112 2020 Form 1099-INT		Interest Income
PAYER'S TIN 04-2683316		RECIPIENT'S TIN XXX-XX-3476	1 Interest income \$ 38.04		
RECIPIENT'S name ANIL KUMAR KUMAR KOLUSU 1921 OAK CREEK ROAD APT#337 RIVER RIDGE LA 70123		2 Early withdrawal penalty \$		Copy B For Recipient	
FATCA filing requirement <input type="checkbox"/>		3 Interest on U.S. Savings Bonds and Treas. obligations \$			
Account number (see instructions) 5868388		4 Federal income tax withheld \$	5 Investment expenses \$	This 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 this income is taxable and the IRS determines that it has not been reported.	
		6 Foreign tax paid \$	7 Foreign country or U.S. possession		
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$		
		10 Market discount \$	11 Bond premium \$		
		12 Bond premium on Treasury obligations \$	13 Bond premium on tax-exempt bond \$		
		14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld \$

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

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

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

Part I Employee		2 Social security number (SSN) ***-**-3476	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 82-2287119
1 Name of employee (first name, middle initial, last name) ANIL KUMAR KOLUSU			7 Name of employer DXC TECHNOLOGY SERVICES LLC		
3 Street address (including apartment no.) 1921 OAK CREEK ROAD 337			9 Street address (including room or suite no.) 1775 TYSONS BLVD SUITE 900		10 Contact telephone number 877-627-4015
4 City or town RIVER RIDGE	5 State or province LA	6 Country and ZIP or foreign postal code 70123	11 City or town MCLEAN	12 State or province VA	13 Country and ZIP or foreign postal code 22102

14 Offer of Coverage (enter required code)	15 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)	\$	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88	\$ 149.88
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	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 type="checkbox"/>															
(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															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2020	
<small>Copy C for employer's records.</small>			
d Control number	Dept.	Corp.	Employer use only
0000016088 RH4		Y800	S 19843
c Employer's name, address, and ZIP code			
DXC TECHNOLOGY SERVICES LLC 15555 CUTTEN RD EC#2400-06 HOUSTON, TX 77070			
e/f Employee's name, address, and ZIP code			
ANIL KUMAR KOLUSU 1921 OAK CREEK ROAD 337 RIVER RIDGE, LA 70123			
b Employer's FED ID number	a Employee's SSA number		
82-2287119	XXX-XX-3476		
1 Wages, tips, other comp.	2 Federal income tax withheld		
93973.51	15747.62		
3 Social security wages	4 Social security tax withheld		
96723.51	5996.86		
5 Medicare wages and tips	6 Medicare tax withheld		
96723.51	1402.49		
7 Social security tips	8 Allocated tips		
9			
10 Dependent care benefits			
11 Nonqualified plans			
12a See instructions for box 12			
C 39.60			
12b D 6300.00			
12c W 1935.00			
12d DD 9013.98			
13 Stat emp./Ret. plan/3rd party sick pay			
X			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
LA	2051697001	93973.51	
17 State income tax	18 Local wages, tips, etc.		
4070.94			
19 Local income tax	20 Locality name		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	108,589.60	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	5,996.86
FED. INCOME TAX WITHHELD BOX 02 OF W-2	15,747.62	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,402.49
STATE INCOME TAX BOX 17 OF W-2	4,070.94	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information
file a new W-4 with your payroll department

ANIL KUMAR KOLUSU
1921 OAK CREEK ROAD
337
RIVER RIDGE, LA 70123

Social Security Number: XXX-XX-3476



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PAGE 01 OF 01

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

LA. State Filing Copy
W-2 Wage and Tax Statement **2020**
Copy 2 to be filed with employer's State Income Tax Return.

City or Local Filing Copy
W-2 Wage and Tax Statement **2020**
Copy 2 to be filed with employer's City or Local Income Tax Return.

UMB Bank, n.a.
P.O. Box 419226
Kansas City, MO 64141-6226

UMB reports annual distributions from your UMB HSA to the IRS and you on IRS Form 1099-SA. This information, along with your contributions found online on your HSA tax summary screen, should be used to complete your personal income tax return, Form 8889. Contact UMB at 888-486-2448 with questions about this tax form.

MB 01 087171 27434 H 171 A

ANIL K KOLUSU
1921 OAK CREEK RD APT 337
RIVER RIDGE, LA 70123-5870

Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

Recipient'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 identification number to the IRS.

Spouse beneficiary. If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

Estate beneficiary. If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includable in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax

return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

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

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Box 3. These codes identify the distribution you received: 1 - Normal distribution; 2 - Excess contributions; 3 - Disability; 4 - Death distribution other than code 6; 5 - Prohibited transaction; 6 - Death distribution after year of death to a nonspouse beneficiary.

Box 4. If the account holder died, shows the FMV of the account on the date of death.

Box 5. Shows the type of account that is reported on this Form 1099-SA.

Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099SA.

Taxable State: LA CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number UMB Bank, n.a. P.O. Box 419226 Kansas City, MO 64141-6226		OMB No. 1545-1517 2020 Form 1099-SA		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 44-0194180	RECIPIENT'S TIN XXX-XX-3476	1 Gross distribution \$ 108.71	2 Earnings on excess cont. \$	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ANIL K KOLUSU 1921 OAK CREEK RD APT 337 RIVER RIDGE, LA 70123-5870		3 Distribution code 1	4 FMV on date of death \$	
Account number (see instructions) 000009807381719		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>		