

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. 1545-2251 600120

2020

Part I Employee		2 Social security number (SSN) ***-**-8242	Applicable Large Employer Member (Employer)	8 Employer identification number (EIN) 95-4759720
1 Name of employee (first name, middle initial, last name) RAJESH KUMAR		7 Name of employer MPHASIS CORPORATION		
3 Street address (including apartment no.) 2000 WALNUT AVE APPT T207		9 Street address (including room or suite no.) 460 PARK AVENUE SOUTH STE 1101		10 Contact telephone number 408-857-8853
4 City or town FREMOUNT	5 State or province CA	6 Country and ZIP or foreign postal code 94538	11 City or town NEW YORK	12 State or province NY
Part II Employee Offer of Coverage		13 Country and ZIP or foreign postal code 10016		
		Employee's Age on January 1		
		Plan Start Month (enter 2-digit number): 01		

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	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	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2G	2A	2A
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"/>																
(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 RAJESH KUMAR	***-**-8242			X	X	X	X	X	X	X	X	X	X	X		
19 AYUSHMAN KUMAR	***-**-4520			X	X	X	X	X	X	X	X	X	X	X		
20 AYUSHMAN KUMAR		2013-03-03		X	X	X										
21 ANIKA KUMARI	***-**-3772			X	X	X	X	X	X	X	X	X	X	X		
22 NEETU KUMARI		1989-03-01		X	X	X										
23 NEETU KUMARI	***-**-4510			X	X	X	X	X	X	X	X	X	X	X		
24																
25																
26																
27																
28																
29																
30																

CORRECTED (if checked)

1-800-359-5593

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. MASSACHUSETTS MUTUAL LIFE INSURANCE CO MASSMUTUAL RETIREMENT SERVICES PO BOX 219062 KANSAS CITY, MO 64121-9062			1 Gross distribution \$27,975.88	OMB No. 1545-0119 2020 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN 04-1590850			2a Taxable amount \$0.00		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code M227 RAJESH KUMAR 4450 S RIDGE RD APT 8307 MCKINNEY, TX 75070			2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S TIN ***-**-8242			3 Capital gain (included in box 2a)	4 Federal income tax withheld	
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld
Account number (see instructions) FL 51273 035003			0510	13 Date of payment	18 Name of locality TX/041590850
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service

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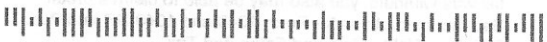


Citicorp Credit Services, Inc. USA
3800 Citigroup Center Drive
Tampa, FL 33610

Control number
0000001

Employer identification number (EIN) 51-0413661	Employee's social security number 019-85-8242
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00000506 BB 1OZ 021 XSS7AP01 AM1



10300 B/ F/ Z/ 500054998 08371

Rajesh Kumar
4450 South Ridge Road #8307
Mckinney TX 75070

UPBR
00015580

1 Wages, tips, other compensation 14574.85	2 Federal income tax withheld 583.08
3 Social security wages 15413.91	4 Social security tax withheld 955.66
5 Medicare wages and tips 15413.91	6 Medicare tax withheld 223.50
9 Verification code	10 Dependent care benefits
11 Nonqualified plans	12a See Instructions for box 12 C 9.36
13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b Code D 839.06
14 Other	12c Code DD 3908.42
	12d Code
	12e Code
	12f Code
2020 W-2 Wage and Tax Statement COPY B TO BE FILED WITH EMPLOYEE'S FEDERAL TAX RETURN	

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

OMB No. 1545-0008

This Information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service



Citicorp Credit Services, Inc. USA
3800 Citigroup Center Drive
Tampa, FL 33610

Control number
0000001

Employer identification number (EIN) 51-0413661	Employee's social security number 019-85-8242
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10300 B/ F/ Z/ 500054998 08371

Rajesh Kumar
4450 South Ridge Road #8307
Mckinney TX 75070

This information is being furnished to the Internal Revenue Service. 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.

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2020 W-2 Wage and Tax Statement COPY 2 TO BE FILED WITH EMPLOYEE'S STATE, CITY, OR LOCAL INCOME TAX RETURN	

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OMB No. 1545-0008

This Information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service



Employee Reference Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0008

Copy C for employer's records.
d Control number Dept. Corp. Employer use only
230560 CLIF/XJ9 T 939

c Employer's name, address, and ZIP code
MPHASIS CORPORATION
460 PARK AVE SOUTH STE
NEW YORK NY 10016

Batch #04081

e/f Employee's name, address, and ZIP code
RAJESH KUMAR
2000 WALNUT AVE
APPT # T207
FREMOUNT CA 94538

b Employer's FED ID number 95-4759720	a Employee's SSA number XXX-XX-8242
1 Wages, tips, other comp. 102423.22	2 Federal income tax withheld 10127.36
3 Social security wages 102423.22	4 Social security tax withheld 6348.53
5 Medicare wages and tips 102423.22	6 Medicare tax withheld 1484.74
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 27.50
14 Other 1023.96 SDI	12b M 1.71
	12c N .40
	12d DD 11464.42
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. CA 454-6473 2	16 State wages, tips, etc. 102423.22
17 State income tax 3822.54	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	108,487.32	108,487.32	108,487.32	108,487.32
Plus GTL (C-Box 12)	27.50	27.50	27.50	27.50
Less Other Cafe 125	6,091.60	6,091.60	6,091.60	6,091.60
Reported W-2 Wages	102,423.22	102,423.22	102,423.22	102,423.22

2. Employee Name and Address.

RAJESH KUMAR
2000 WALNUT AVE
APPT # T207
FREMOUNT CA 94538

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Fold and Detach Here

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Federal Filing Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

CA. State Reference Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

CA. State Filing Copy
W-2 Wage and Tax Statement 2020
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.