E 1095-C Department of the Treas	surv	Linploy			Health Insura th to your tax return. Keep orm1095C for instructions				rage	VOID	CTED	OMB No. 1545-2251	P00750
Part I Emplo		W-1-1			2 Social security number (SSN ***-**-B242)	pplicable Large E		ember (Employe	er)		8 Employer identificati	on number (FIN)
3 Street address (includ	IAR					7 Nan	ne of employer PHASIS CORE					95-4759720	
4 City or town	JT AVE APP	T T207				46	et address (including 50 PARK AVE	room or suite n	o.) TH STE 110	01		10 Contact telephone r 408-857-88	umber
FREMOUNT		CA	е	6 Coun 9 4 5	try and ZIP or foreign postal co 538	de 11 Cit	y or town EW YORK		12 State or provi			13 Country and ZIP or 10016	
Part II Emplo	yee Offer of Co	overage Jan			loyee's Age on January	1			Plan Start Mo	onth (enter 2-digi	it number):		
14 Offer of Coverage	The sales of the s	Jaii	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
(enter required code)		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$ \$		\$ \$		\$	S	S	s			2.1
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		20	2C	20	20	2C	20	20	2C	2C	2G	\$ 2A	\$ 2A
17 ZIP Code												2.4	ZA
For Privacy Act and Pa	perwork Reductio	n Act Notice, see	separate instruction	ons.		Cat. No	. 60705M					Form 1	095-C (2020)
												rom r	(2020)

-	orm 1095-C (2020)														0320 Page	
-	Covered Individuals – If Employer provided self-insured coverage, check the box a (a) Name of covered individual(s)	and enter the information fo	r each individual enroll	ed in coverage	ge, in	cludi	ng th	e em	ploy	ee.	×				. age	
-	First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered	_	1_	I			Month					_	
18	RAJESH KUMAR	***-**-8242		all 12 months	Jan	Feb	Mar	Apr	May		July		Sept		Nov	Dec
19	AYUSHMAN KUMAR	***-**-4520			×	×	×		×	×	-	-	×	×	\vdash	
20	AYUSHMAN KUMAR		2013-03-03		×	×	×			H	-			_		
21	ANIKA KUMARI	***-**-3772			×	×	×	×	×	×	×	×	~	×	\vdash	_
22	NEETU KUMARI		1989-03-01		×	×	-	-	-	^	^	^	^	^	\vdash	
23	NEETU KUMARI	***-**-4510	4303 03-01		×	×	×	×	×	×	V	×	~	×		
24						-	-	-	-	^	^	^	^	^	\vdash	
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Form 1095-C (2020)

Form 1095-C (2020)

	ce		► Go to www	w.irs.gov/Form	1095C for instructions	for your records. and the latest inform	and Cover	-90	CORRI		OMB No. 1545-2251	320 120
Part Employee (first name, middle i-	itial test		2 30	cial security number (SSN)		rge Employer Mem	per (Employer		8	Employer identific	cation number (EIN
RAJESH KUM 3 Street address (inclu	AK	itial, last name)				7 Name of employer CITIBANK		(,		13-364039	0
4450 SOUTH	RIDGE RO	AD #8307				9 Street address (inc	duding room or suits 1			141	O Contact to Last	
4 City or town MCKINNEY		5 State or province TX	ce	6 Country ar	nd ZIP or foreign postal cod	e 11 City or town	GROUP CENTER	DR A-3		"	0 Contact telephon 800-881-3	ne number 3938
Part II Emplo	yee Offer of Co			73070		TAMPA		12 State or provin	ce	13	3 Country and ZIP 33610	or foreign postal c
	All 12 Months	Jan	Feb	Mar	ee's Age on January			Plan Start Mo	nth (enter 2-di	git number): 01		
14 Offer of Coverage (enter required code)				Iviai	Apr	May June	July	Aug	Sept	Oct	Nov	Dec
(enter required code)		1H	1н	1H	1H :	LH 1H	1н	1H	1н	4		
15 Employee Required Contribution (see instructions)								-1.1	III	1H	1н	1E
	2	\$	\$	\$	\$ \$	s	\$		•			202000 000
16 Section 4980H Safe Harbor and Other									Φ	2	\$	\$217.46
Relief (enter code, f applicable)		2A	2A	2A	22	_						
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								58 50				
7 ZIP Code or Privacy Act and Pa												
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						,						600320
	1 Individuals – I	f Employer pro	vided self-insur	red coverage, (check the box and ent	or the information to						600320 Page 3
	1 Individuals — I	f Employer pro	ovided self-insur	red coverage, (check the box and ent	er the information for	or each individual enr		ge, including	the employee.	X	
Part III Covered		f Employer pro (a) Name of co First name, mid	ovided self-insur overed individual(s iddle initial, last nan	red coverage, ((b) SSN or other TIN	or each individual enr (e) DOB (if SSN or oth TIN is not available)	or Idi County		(e) Mo	nths of coverage	Page 3
Part III Covered	IAR	if Employer pro (a) Name of co First name, mid	ivided self-insur overed individual(e iddle initial, last nam	red coverage, () ne		er the information for (b) SSN or other TIN ***-**-8242	(c) DOB (if SSN or oth	or Idi County		(e) Mo	nths of coverage	Page 3
Part III Covered RAJESH KUN AYUSHMAN P	MAR	f Employer pro (a) Name of co First name, mid	ivided self-insuu overed individual(s iddle initial, last nan	red coverage, () ne	,	(b) SSN or other TIN	(c) DOB (if SSN or oth	or Idi County		(e) Mo	nths of coverage	Page 3
Part III Covered RAJESH KUN AYUSHMAN P	MAR	f Employer pro (a) Name of co First name, mid	ivided self-insuud overed individual(s ddle initial, last nan	red coverage, ()) ne		***-**-8242	(c) DOB (if SSN or oth	or Idi County		(e) Mo	nths of coverage	ept Oct Nov De
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Part III Covered RAJESH KUM AYUSHMAN F	MAR CUMAR ARI	f Employer pro (a) Name of co First name, mid	ivided self-insur overed individual(s ddle Initial, last nan	red coverage, (***-**-8242	(c) DOB (if SSN or oth	or Idi County		(e) Mo	nths of coverage	ept Oct Nov De
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Form 1095-C (2020)

DAVEDIO			L	CORRECTED (if	checked)		1-800-359	-5593
PAYER'S name, street address, city country, ZIP or foreign postal code,	or town, state or province,			1 Gross distribution		OMB No. 1545-0119		
MASSACHUSETTS MUTU MASSMUTUAL RETIREM PO BOX 219062	JAL LIFE INSURANCENT SERVICES	CE CO		2a Taxable amount	\$27,975.88	2020	Annuities	ons From Pensions s, Retirement or aring Plans, IRAs,
KANSAS CITY, MO 64121	-9062				\$0.00	Form 1099-R	Insurance	Contracts, etc.
				2b Taxable amount not determined	t 🔲	Total distribution	on X	Сору В
PAYER'S TIN	l georgie			3 Capital gain (included	in box 2a)	4 Federal income tax withheld		Report this income on your federal tax
04-1590850	***-**-82	12		5 Employee contribution	ns/Designated	6 Not uproalized appropriation in		return. If this form shows federal income
RECIPIENT'S name, street address country, and ZIP or foreign postal co	(including apt. no.), city or to	own, state or province,		Roth contributions or premiums	insurance	6 Net unrealized appreciation in securities	i employer's	tax withheld in box 4, attach this
RAJESH KUMAR				7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other	%	copy to your return.
4450 S RIDGE RD APT 83 MCKINNEY, TX 75070	307			9a Your percentage of t		9b Total employee contribution:		This information is being furnished to the
				14 State tax withheld	%	15 State/Payer's state no.		IRS.
						To otate, rayer's state no.		16 State distribution
10 Amount allocable to IRR within						TX/041590850		
5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	П	17 Local tax withheld		18 Name of locality		19 Local distribution
Account number (see instructions) FL 51273 035003	0510	13 Date of payme	nt					
Form 1099-R	0510		140	unu iro cou/Fa40	2000			
			VV	ww.irs.gov/Form10	199K	Department of the Treas	ury-Internal I	Revenue Service
DAVEDIG				CORRECTED (if	checked)		1-800-359-	5593
PAYER'S name, street address, city country, ZIP or foreign postal code, a	nd phone no			1 Gross distribution		OMB No. 1545-0119	7	
MASSACHUSETTS MUTU MASSMUTUAL RETIREME	AL LIFE INSURANCE	E CO		2a Taxable amount	\$27,975.88	2020	Distribution	ns From Pensions Retirement or
PO BOX 219062				za raxable amount	\$0.00		Profit-Sha	ring Plans IRAs
KANSAS CITY, MO 64121-	9062			2b Taxable amount not		Form 1099-R		Contracts, etc.
				determined		Total distribution	X	Copy C For Recipient's
PAYER'S TIN	RECIPIENT'S	S TIN	-	3 Capital gain (included	in box 2a)	4 Federal income tax withheld		Records
04-1590850	***-**-824	2		5 Employee contributions Roth contributions or in	s/Designated	6 Net unrealized appreciation in	employer's	
RECIPIENT'S name, street address (country, and ZIP or foreign postal coo	including apt. no.), city or to	wn, state or province,		premiums	nsurance	securities		
M227 RAJESH KUMAR				7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other		This information is
4450 S RIDGE RD APT 830 MCKINNEY, TX 75070	07			9a Your percentage of to		9b Total employee contributions	%	being furnished to the IRS.
WICKINNEY, TX 75070				44.01	%			life ino.
				14 State tax withheld		15 State/Payer's state no.		16 State distribution
						TX/041590850		
Amount allocable to IRR within years	11 1st year of desig. Roth contrib.	12 FATCA filing		17 Local tax withheld	The state of the s	18 Name of locality		19 Local distribution
Account number (see instructions)	Hotti contrib.	requirement 13 Date of payment						19 Local distribution
FL 51273 035003	0510	13 Date of paymen						
orm 1099-R	(keep for your reco	rds)	WW	vw.irs.gov/Form109	99R	Department of the Treasi	ury-Internal F	Revenue Service
		Adequation of the second		CORRECTED (if o	checked)		1-800-359-5	5593
PAYER'S name, street address, city of country, ZIP or foreign postal code, ar	id phone no.			1 Gross distribution		OMB No. 1545-0119]	
MASSACHUSETTS MUTUA MASSMUTUAL RETIREME	ALLIFE INSURANCE	E CO		2a Taxable amount	\$27,975.88	2020	Distributio	ns From Pensions, Retirement or
O BOX 219062				za raxable amount	\$0.00		Profit-Shar	ing Plans, IRAs,
(ANSAS CITY, MO 64121-	9062			2b Taxable amount not	\$0.00	Form 1099-R		Contracts, etc.
				determined		Total distribution	X	Copy 2 File this copy
'AYER'S TIN	RECIPIENT'S	TIN	_	3 Capital gain (included in	n box 2a)	4 Federal income tax withheld		with your state, city, or local
94-1590850	***-**-8242	2		5 Employee contributions	/Designated	6 Net unrealized appreciation in e	emplover's	income tax
ECIPIENT'S name, street address (in country, and ZIP or foreign postal code	ncluding apt. no.), city or tow	n, state or province,		Roth contributions or in premiums	surance	securities		return, when required.
M227 RAJESH KUMAR			Ī	7 Distribution code(s)	IRA/SEP/ SIMPLE	8 Other		
450 S RIDGE RD APT 830	7		-	G 9a Your percentage of tot		9b Total employee contributions	%	
ACKINNEY, TX 75070					%			
				14 State tax withheld		15 State/Payer's state no.		16 State distribution
						TV/041500050		
O Amount allocable to IRR within	11 1st year of desig.	12 FATCA filing	_	17 Local tax withheld		TX/041590850 18 Name of locality		19 Local distribution
years ccount number (see instructions)	Roth contrib.	requirement						19 LOCAL DISTRIBUTION
L 51273 035003	0510	13 Date of payment	Otto		200.00			
orm 1099-R			10/10/	w irs gov/Form100	OD	Donortmont of the Trees.		



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

Control number 0000001

Employer identification number (EIN)

Employee's social security number

019-85-8242

00000506 BB 10Z 021 XSS7AP01 AM1

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10300 B/ F/ Z/ 500054998 08371 Rajesh Kumar

4450 South Ridge Road #8307 Mckinney TX 75070

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1 Wages, tip	s, other compensation.	2. Fed	leral income tax withheld			
	14574.85	583.08				
3 Social sec	and the second of the second	4 Soc	ial security tax withheld			
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5 Medicare	wages and tips	6 Ме	dicare tax withheld			
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11 Nonqualif	ied plans	12a S	ee Instructions for box 12			
			C 9.36			
13 Statutory employee	Retirement Third-party sick pay	12b C	ode D 839.06			
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COPY B	W-2 Wage and T	ax S	tatement EMPLOYEE'S			
FEDEKA	L TAX RETURN					
tips, etc.	19 Local income tax		20 Locality name			

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
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O) (D) II	***					100

OMB No. 1545-0008

This Information is being furnished to the internal Revenue Service

Department of the Treasury - Internal Revenue Service

citi

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

Control number 0000001

Employer identification number (EIN)	Employee's social security number
51-0413661	019-85-8242

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.

Wages, tips, other compensation.	2. Federal income tax withheld			
14574.85	583.08			
3 Social security wages 15413.91	4 Social security tax withheld 955.66			
5 Medicare wages and tips 15413.91	223,50			
9 Verification code	10 Dependent care benefits			
11 Nonqualified plans	12a See Instructions for box 12			
13 Statutory Retirement Third-party employee plan sick pay	12b Code D 839.06			
14 Other	DD 3908.42			
	12d Code			
	12e Code			
	mania traditions.			

2020 W-2 Wage and Tax Statement COPY C FOR EMPLOYEE'S RECORDS (SEE NOTICE ON BACK OF COPY B.)

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



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

0000001

Employer identification number (EIN) Employee's social security number 019-85-8242

10300 B/ F/ Z/ 500054998 08371 Rajesh Kumar 4450 South Ridge Road #8307 Mckinney TX 75070

1 Wages, tips, other compensation.	2. Federal income tax withheld
14574.85	583.08
3 Social security wages 15413.91	4 Social security tax withhold 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 Retirement Third-party employee plan sick pay	12b Code D 839.06
14 Other	12c Code D D 3908.42
	12d Code
	12e Code
	12f Code

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
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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



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

> Control number 0000001

Employer identification number (EIN)	Employee's social security number	
51-0413661	019-85-8242	

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.

Wages, tips, other compensation.	2. Federal income tax withheld			
14574.85	583.08			
3 Social security wages	4 Social security tax withheld			
15413.91	955.66			
5 Medicare wages and tips	6 Medicare tax withheld			
15413.91	223.50			
9 Verification code	10 Dependent care benefits			
11 Nonqualified plans	12a See Instructions for box 12			
	C 9.36			
13 Statutory Retirement Third-party employee plan sick pay	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 2 TO BE FILED WITH EMPLOYEE'S STATE, CITY, OR LOCAL INCOME TAX RETURN

		Y				
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
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		I				

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Dept.

230560 CLIF/XJ9

Corp.

Employer use only

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 1 Wages, tips, other comp. a Employee's SSA number XXX - XX - 8242

102423.22 10127.36 3 Social security wages 4 Social security tax withheld 6348.53 102423.22 Medicare wages and tips 6 Medicare tax withheld 1484.74 102423.22

Social security tips 8 Allocated tips 10 Dependent care benefits

12a See instructions for box 12 11 Nonqualified plans 14 Other 12c N | 1023.96 SDI

13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc.

CA 454-6473 2 102423.22 18 Local wages, tips, etc. 17 State income tax 3822.54 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
108,487.32	108,487.32	108,487.32	108,487.32
27.50	27.50	27.50	27.50
6,091.60	6,091.60	6,091.60	6,091.60
102,423.22	102,423.22	102,423.22	102,423.22
	Compensation Box 1 of W-2 108,487.32 27.50 6,091.60	Compensation Box 1 of W-2 Box 3 of W-2 108,487.32 108,487.32 27.50 27.50 6,091.60 6,091.60	Compensation Box 1 of W-2 Wages Box 3 of W-2 Wages Box 5 of W-2 108,487.32 108,487.32 108,487.32 27.50 27.50 27.50 6,091.60 6,091.60 6,091.60

2. Employee Name and Address.

RAJESH KUMAR 2000 WALNUT AVE APPT # T207 FREMOUNT CA 94538

© 2020 ADP, Inc.

1 Wages, tips, other of 1024	2 Federal income tax withheld 10127.36			
3 Social security wag 1024	4 Social security tax withheld 6348.53			
5 Medicare wages and tips 102423.22		6 Medica	re tax withheld 1484	.74
d Control number 230560 CL1F/XJ9	Dept.	Corp.	Employer use	only 939

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

b Emp	oloyer's FED ID number 95 - 4759720		's SSA number X-XX-8242		
7 Soc	ial security tips	8 Allocated tips			
9		10 Dependen	t care benefits		
11 Nor	qualified plans	12a See instr	uctions for box 12 27.50		
14 Other 1023.96 SDI		12b M	1.71		
		12c N	.40		
		12d DD	11464.42		
		13 Stat emp. Re	t. plan 3rd party sick pa		

e/f Employee's name, address and ZIP code

RAJESH KUMAR 2000 WALNUT AVE **APPT # T207** FREMOUNT CA 94538

15 State CA Employer's state ID no. 16 State wages, tips, etc. 102423.22 17 State income tax 18 Local wages, tips, etc. 3822.54 19 Local income tax 20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.

1	Wages, tips, other co	2 Federal income tax withheld 10127.36 4 Social security tax withheld 6348.53			
3	Social security wage 10242				
5	Medicare wages and tips 102423.22		6 Med	icare tax wi	thheld 1484.74
d	Control number	Dept.	Corp	. Emplo	yer use only
23	80560 CLIF/XJ9			T	939
c	Employer's name, ac	idress, a	nd ZIP o	ode	

Fold and Detach Here

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

Employer's FED ID number 95-4759720 a Employee's SSA number XXX-XX-8242 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans C 27.50 12b M 1.71 12c N 40 1023.96 CA SDI 12d DD 11464.42 13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

RAJESH KUMAR 2000 WALNUT AVE **APPT # T207** FREMOUNT CA 94538

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

CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other comp. 102423.22			Federa		tax withheld 10127 . 36
3	Social security wage 10242		4	Social	security t	ax withheld 6348.53
5	Medicare wages and tips 102423.22			Medica	re tax wit	thheld 1484.74
d	Control number	Dept.		Corp.	Emplo	yer use only
23	80560 CLIF/XJ9				T	939

Employer's name, address, and ZIP code

MPHASIS CORPORATION 460 PARK AVE SOUTH STE NEW YORK NY 10016

b	Employer's FED ID number 95-4759720		ee's SSA number (XX-XX-8242
7	Social security tips	8 Allocat	ed tips
9		10 Depend	lent care benefits
11	Nonqualified plans	12a C	27.50
14	Other	12b M	1.71
	1023.96 CA SDI	12c N	.40
		12d DD	11464.42
		13 Stat em	Ret, plan 3rd party sick pa

e/f Employee's name, address and ZIP code

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CA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.