

OMB No. 1545-0008

d Control Number E455745	1 Wages, tips, other compensation 90805.05	2 Federal income tax withheld 15929.01
b Employer identification number (EIN) 31-0676865	3 Social security wages 90805.05	4 Social security tax withheld 5629.91
a Employee's social security number XXX-XX-4460	5 Medicare wages and tips 90805.05	6 Medicare tax withheld 1316.67

c Employer's name, address and ZIP code
FIFTH THIRD BANK, N.A.
38 FOUNTAIN SQUARE PLAZA
CINCINNATI OH 45263

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 20.93
12b Code DD 6233.90	12c Code W 3550.00	12d See instructions for box 12
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		

e Employee's name, address and ZIP code
MANEESH KONGARA
111 GARFIELD PL APT 407
CINCINNATI OH 45202

2020 Form W-2	15 State Employer's state I.D. no. OH 51-086128	16 State wages, tips, etc. 83479.04
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Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	17 State income tax 2453.42	18 Local wages, tips, etc. 90805.05
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.	19 Local income tax 1844.12	20 Locality name CINCI

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

d Control Number E455745	1 Wages, tips, other compensation 90805.05	2 Federal income tax withheld 15929.01
b Employer identification number (EIN) 31-0676865	3 Social security wages 90805.05	4 Social security tax withheld 5629.91
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12b Code DD 6233.90	12c Code W 3550.00	12d See instructions for box 12
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e Employee's name, address and ZIP code
MANEESH KONGARA
111 GARFIELD PL APT 407
CINCINNATI OH 45202

2020 Form W-2	15 State Employer's state I.D. no. OH 51-086128	16 State wages, tips, etc. 83479.04
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Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return	17 State income tax 2453.42	18 Local wages, tips, etc. 90805.05
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.	19 Local income tax 1844.12	20 Locality name CINCI

Department of the Treasury - Internal Revenue Service

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FIFTH THIRD BANK, N.A.
38 FOUNTAIN SQUARE PLAZA
CINCINNATI OH 45263

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13 Statutory employee	Retirement plan	Third-party sick pay
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MANEESH KONGARA
111 GARFIELD PL APT 407
CINCINNATI OH 45202

2020 Form W-2	15 State Employer's state I.D. no. OH 51-086128	16 State wages, tips, etc. 83479.04
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Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.	17 State income tax 2453.42	18 Local wages, tips, etc. 90805.05
This information is being furnished to the Internal Revenue Service.	19 Local income tax 1844.12	20 Locality name CINCI

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

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FIFTH THIRD BANK, N.A.
38 FOUNTAIN SQUARE PLAZA
CINCINNATI OH 45263

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MANEESH KONGARA
111 GARFIELD PL APT 407
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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. 1545-2251 600120
2020

Part I Employee

1 Name of employee (first name, middle initial, last name) MANEESH KONGARA		2 Social security number (SSN) ***-**-4460		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 31-0676865	
3 Street address (including apartment no.) 111 GARFIELD PL APT 407		6 Country and ZIP or foreign postal code 45202		7 Name of employer FIFTH THIRD BANK, N.A.		9 Street address (including room or suite no.) 38 FOUNTAIN SQUARE PLAZA	
4 City or town CINCINNATI	5 State or province OH	11 City or town CINCINNATI		12 State or province OH		10 Contact telephone number 877-534-7482	
		13 Country and ZIP or foreign postal code 45263					

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	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		
		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50	\$ 116.50
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

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.

	(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	MANEESH KONGARA	***-**-4460				X	X	X	X	X	X	X	X	X	X	X
19	HETALI KONGARA	***-**-3732														X X
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code and telephone no. FIFTH THIRD BANK C/O AST Equity Plan Solutions 55 Challenger Road Ridgefield Park, New Jersey 07660 Phone: 866-709-7705		OMB No. 1545-0110 2020 Form 1099-DIV		Dividends and Distributions Copy B For Recipient 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.
210120.0042.0000.04823.01.01 MANEESH KONGARA 111 GARFIELD PL APT 407 CINCINNATI, OH 45202		1a Total ordinary dividends \$ 160.25	2b Unrecap. Sec. 1250 gain \$	
		1b Qualified dividends \$ 160.25	2c Section 1202 gain \$	
Account number (optional): 316773100 455745		2a Total capital gain distr. \$	2d Collectibles (28%) gain \$	
FATCA filing requirement <input type="checkbox"/>		3 Nondividend distributions \$	4 Federal income tax withheld \$ 20.68	
		5 Section 199A dividends \$	6 Investment expenses \$	
		7 Foreign tax paid \$	8 Foreign country or U.S. possession \$	
		9 Cash liquidation distributions \$	10 Noncash liquidation distributions \$	
		11 Exempt-interest dividends \$	12 Specified private activity bond interest dividends \$	
PAYER'S federal identification number 310854434		13 State \$	14 State (separate pay) \$	
RECIPIENT'S identification number ****4460		15 State tax withheld \$		

Form 1099-DIV

(keep for your records)

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

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

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040 or 1040-SR. Also, report it on Schedule B (Form 1040 or 1040-SR), if required.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Instructions for Forms 1040 and 1040-SR for how to determine this amount and where to report.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 or 1040-SR but treat it as a plan distribution, not as investment income, for any other purpose.

Box 2a. Shows total capital gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See *How To Report* in the Instructions for Schedule D (Form 1040 or 1040-SR). But, if no amount is shown in boxes 2c and 2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 or 1040-SR rather than Schedule D. See the Instructions for Forms 1040 and 1040-SR.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040 or 1040-SR) instructions.

Box 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the Instructions for Schedule D (Form 1040 or 1040-SR).

Box 3. Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, *Request for Taxpayer Identification Number and Certification*, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 8995 and Form 8995-A.

Box 6. Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a.

Box 7. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

Box 8. This box should be left blank if a RIC reported the foreign tax shown in box 7.

Boxes 9 and 10. Show cash and noncash liquidation distributions.

Box 11. Shows exempt-interest dividends from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Forms 1040 and 1040-SR for where to report. This amount may be subject to backup withholding. See *Box 4* above.

Box 12. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 11. See the Instructions for Form 6251.

Boxes 13-15. State income tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1096) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the 2020 General Instructions for Certain Information Returns.

Future developments. For the latest information about developments related to Form 1099-DIV and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099DIV.

0000.4823.01.01.00.1



b Employer identification number (EIN) 11-3418133		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code NORTHWELL HEALTH INC. 300 COMMUNITY DRIVE MANHASSET NY 11030		\$		23974.25		2311.74	
		12b		3 Social security wages		4 Social security tax withheld	
		\$		23974.25		1486.40	
		12c		5 Medicare wages and tips		6 Medicare tax withheld	
		\$		23974.25		347.63	
		12d		7 Social security tips		8 Allocated tips	
		\$					
e Employee's first name and initial Last name Suff		12e		9		10 Dependent care benefits	
HETALI SHAH		\$					
445 DIVISION AVE		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay	
HICKSVILLE NY 11801							
		Copy B To Be Filed With Employee's FEDERAL Tax Return		14 Other NY PFL		64.73	
		a Employee's social security number XXX-XX-3732					
f Employee's address and ZIP code		15 State NY		16 State wages, tips, etc. 23974.25		17 State income tax 855.45	
1134181335		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return.	

b Employer identification number (EIN) 11-3418133		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code NORTHWELL HEALTH INC. 300 COMMUNITY DRIVE MANHASSET NY 11030		\$		23974.25		2311.74	
		12b		3 Social security wages		4 Social security tax withheld	
		\$		23974.25		1486.40	
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HETALI SHAH		\$					
445 DIVISION AVE		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay	
HICKSVILLE NY 11801							
		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		14 Other NY PFL		64.73	
		a Employee's social security number XXX-XX-3732					
f Employee's address and ZIP code		15 State NY		16 State wages, tips, etc. 23974.25		17 State income tax 855.45	
1134181335		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	

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		\$		23974.25		1486.40	
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		\$					
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HETALI SHAH		\$					
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Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	

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		\$		23974.25		1486.40	
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		\$		23974.25		347.63	
		12d		7 Social security tips		8 Allocated tips	
		\$					
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HETALI SHAH		\$					
445 DIVISION AVE		This information is being furnished to the Internal Revenue Service		11 Nonqualified plans		13 Statutory employee Retirement plan Third party sick pay	
HICKSVILLE NY 11801							
		Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)		14 Other NY PFL		64.73	
		a Employee's social security number XXX-XX-3732					
f Employee's address and ZIP code		15 State NY		16 State wages, tips, etc. 23974.25		17 State income tax 855.45	
1134181335		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB# 1545-0008		Copy C for EMPLOYEE'S RECORDS. (See Notice to Employee on back.)	

FLUSHING BANK
 220 RXR Plaza
 Uniondale NY 11556
 (800)581-2889

25

Return Service Requested

003207 M3029 1099INT 003207-001 FSB 0 0R 0 0114



HETALI S SHAH
 445 DIVISION AVE
 HICKSVILLE NY 11801-6338

FLUSHING BANK 220 RXR Plaza Uniondale NY 11556 (800)581-2889			IMPORTANT: <small>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.</small>				Recipient Copy Interest Income Copy B / Form 1099-INT <small>Department of the Treasury - Internal Revenue Service</small>			
CODE	ACCOUNT NUMBER <small>(see instructions)</small>	DESCRIPTION	1. INTEREST INCOME NOT INCLUDED IN BOX 3	2. EARLY WITHDRAWAL PENALTY	3. INTEREST ON U.S. SAVINGS BOND & TREASURY OBLIGATIONS	4. FEDERAL INCOME TAX WITHHELD	15. STATE	16. STATE IDENTIFICATION NO.	17. STATE TAX WITHHELD	
10	8900303279	CHECKING	175.00				NY			
The amount of interest paid has been listed under one Social Security number. Please keep this form for your records. Do not attach it to your income tax return. See instructions for recipients printed on the back of this form.			1.	2.	3.	4.			17.	
TOTALS			175.00							
PAYER'S TIN 41-2231564		RECIPIENT'S TIN ***-**-3732		5. INVESTMENT EXPENSES		6. FOREIGN TAX PAID		7. FOREIGN COUNTRY OR U.S. POSSESSION		
<input type="checkbox"/> VOID <input type="checkbox"/> Corrected (if checked) <input type="checkbox"/> 2nd TIN Notice		PAYER'S RTN (optional)		8. TAX EXEMPT INTEREST		9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST		10. MARKET DISCOUNT		
FAT CA FILING REQUIREMENT <input type="checkbox"/>		11. BOND PREMIUM		12. BOND PREMIUM TREASURY OBLIGATIONS		13. BOND PREMIUM TAX EXEMPT BOND		14. TAX-EXEMPT & TAX CREDIT BOND CUSIP NO.		
C O D E PAGE 1 OF 1 STATEMENT FOR RECIPIENTS OF INTEREST INCOME				1099 INT - 2020 HETALI S SHAH 445 DIVISION AVE HICKSVILLE NY 11801-6338						2020



Tuition Statement

**Copy B
For Student**

This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number State University of New York Stony Brook University P.O. Box 619 Stony Brook NY 11790 Contact: ECSI: 866-428-1098		1 Payments received for qualified tuition and related expenses \$9,571.56	OMB No. 1545-1574 2020 Form 1098-T
FILER'S federal identification no. 16-1514621	STUDENT'S TIN *****3732	2	3
STUDENT'S name, street address, city, state, and ZIP code SHAH, HETALI 445 DIVISION AVE HICKSVILLE NY 11801-6338		4 Adjustments made for a prior year	5 Scholarships or grants
		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 []
Service Provider/Acct No. (see instr.) 113169179	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund

Form **1098-T** (keep for your records) www.irs.gov/1098t Department of the Treasury-Internal Revenue Service

Please Note: If your SSN is incorrect on this form, you did not provide it to your institution. To request that your SSN be corrected, please contact your institution's campus contact listed below.

Campus Contact Information

<http://www.stonybrook.edu/bursar>
 Contact: Office of Student Accounts
 Phone Number: (631) 632-2455
 E-Mail: StudentBilling@stonybrook.edu

The University cannot provide you with tax advice or assistance related to the credit or how to claim the credit. For assistance, please contact a tax professional or refer to IRS Publication 970 (Tax Benefits for Higher Education). For detailed charges and payment information, please access the Stony Brook University SOLAR system at: www.stonybrook.edu/solarsystem Student login information is required.

Access your electronic tax document at <https://heartland.ecsi.net>.
 Create a profile and connect your Heartland key (01449-35374938E148) to view your tax profile.

Form W-2 Wage and Tax Statement		COPY C For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Employee Earnings Statement.)		2020
a Control number 8519	1 Wages, tips, other comp. 16847.00	2 Federal income tax withheld 1694.82		
b Employer's EIN 47-2622978	3 Social security wages 16847.00	4 Social security tax withheld 1044.51		
d Employee's SSN 746-53-3732	5 Medicare wages and tips 16847.00	6 Medicare tax withheld 244.27		
c Employer's name, address and ZIP code TRI-MED STAFFING INC 49 PIERMONT AVE HEWLETT NY 11557				
13 Statutory employee	Retirement plan	Third-party sick pay		
e Employee's name, address and ZIP code HETALI S SHAH 445 DIVISION AVE HICKSVILLE NY 11801				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans			
12 See instructions for box 12		14 Other UI/DB 61.15		
15 State NY	Employer's state ID no. 472622978	16 State wages, tips, etc. 16847.00	17 State income tax 671.75	
18 Local wages, tips, etc. 16847.00		19 Local income tax 469.74	20 Locality name NYLOC	

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.

Dept. of the Treasury - IRS

2020 EMPLOYEE EARNINGS STATEMENT

This Earnings Statement provides you with more information pertaining to your W-2 and tax status. Also see the reverse side for IRS instructions.

1. W-4 information reflects data submitted to employer on Form W-4

Soc. Sec. No.: 746-53-3732 **Exemptions**
 Marital Status: Single

Federal: 0
 State: 0
 Local: 0

2. Taxable W-2 Wages

	Wages, Tips Other Comp. Box 1	Soc. Sec. Wages Box 3	Medicare Wages Box 5	State Wages Box 16
Gross Pay	16847.00	16847.00	16847.00	16847.00
Reported on W2	16847.00	16847.00	16847.00	16847.00

Form W-2 Wage and Tax Statement		Federal Filing Copy — COPY B To Be Filed With Employee's FEDERAL Tax Return.		2020
a Control number 8519	1 Wages, tips, other comp. 16847.00	2 Federal income tax withheld 1694.82		
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7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans			
12 See instructions for box 12		14 Other UI/DB 61.15		
15 State NY	Employer's state ID no. 472622978	16 State wages, tips, etc. 16847.00	17 State income tax 671.75	
18 Local wages, tips, etc. 16847.00		19 Local income tax 469.74	20 Locality name NYLOC	

This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement		State or Local Copy — COPY 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2020
a Control number 8519	1 Wages, tips, other comp. 16847.00	2 Federal income tax withheld 1694.82		
b Employer's EIN 47-2622978	3 Social security wages 16847.00	4 Social security tax withheld 1044.51		
d Employee's SSN 746-53-3732	5 Medicare wages and tips 16847.00	6 Medicare tax withheld 244.27		
c Employer's name, address and ZIP code TRI-MED STAFFING INC 49 PIERMONT AVE HEWLETT NY 11557				
13 Statutory employee	Retirement plan	Third-party sick pay		
e Employee's name, address and ZIP code HETALI S SHAH 445 DIVISION AVE HICKSVILLE NY 11801				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans			
12 See instructions for box 12		14 Other UI/DB 61.15		
15 State NY	Employer's state ID no. 472622978	16 State wages, tips, etc. 16847.00	17 State income tax 671.75	
18 Local wages, tips, etc. 16847.00		19 Local income tax 469.74	20 Locality name NYLOC	

Dept. of the Treasury - IRS



P.O. BOX 182051
COLUMBUS OH 43218-2051

**Tax Year 2020 Form 1099-INT
Interest Income (Copy B)**

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.

Recipient's Information



0026441 108 NSP0TAS0 1Z8 000000000000 0802 NY

HETALI S SHAH
111 GARFIELD PL APT 407
CINCINNATI OH 45202-1928

Payer's Information

Federal ID Number: 13-4994650
JPMORGAN CHASE BANK, N.A.

COPIES OF YOUR 2020 FORM 1099 STATEMENTS
ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935



011401700110826441000100000000

Recipient's ID Number: XXX-XX-3732

Original

Summary of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Box	Description	Amount	Box	Description	Amount
1.	Interest income	\$100.00	9.	Specified private activity bond interest	\$0.00
2.	Early withdrawal penalty	\$0.00	10.	Market discount	\$0.00
3.	Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00	11.	Bond premium	\$0.00
4.	Federal income tax withheld	\$0.00	12.	Bond premium on Treasury obligations	\$0.00
5.	Investment expenses	\$0.00	13.	Bond premium on tax-exempt bond	\$0.00
6.	Foreign tax paid	\$0.00	14.	Tax-exempt and tax credit bond CUSIP no.	(See Details)
7.	Foreign country or U.S. possession	(See Details)	15.	State	(See Details)
8.	Tax exempt interest	\$0.00	16.	State identification no.	(See Details)
			17.	State tax withheld	(See Details)
				FATCA Filing requirement	(See Details)

Details of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Account Number	Box #1 Interest income	Box #2 Early withdrawal penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes	
595875797	\$100.00	\$0.00	\$0.00	#15 State	OH
CHECKING				FATCA Filing requirement	NO
INCLUDES CASH BONUS(ES) OF \$100.00					