

**2020  
W2 & EARNINGS  
SUMMARY**

CHILD DEVELOPMENT COUNCIL OF FRANK  
999 CRUPPER AVENUE  
COLUMBUS, OH 43229

AZRA J KHAN

Filing Status Exemptions

FITWH M 1  
OH M 5

OTHER  
Description Amount Box  
403B 350.00 12  
WAGES  
TOTAL GROSS WAGES 25483.22



IT'S FAST. IT'S SAFE. IT'S FREE.

Description	Amount	Box
Soc. Security Wages	20908.49	3
Medicare Wages	20908.49	5
Fed. Taxable Wages	20558.49	1
OH Taxable Wages	20558.49	16
Hilliard Wages	20908.49	18
<b>WITHHOLDINGS</b>		
Description	Amount	Box
Fed. Income Tax	815.67	2
Soc. Security Tax	1296.30	4
Medicare Tax	303.22	6
OH Income Tax	321.43	17
Hilliard W/H	418.16	19
<b>DEDUCTIONS</b>		
Description	Amount	Box
403(b) Annuity	350.00	12
Health ER Premium	12450.92	12
Health 125 Deduction	4574.73	12

a Employee's social security number 301-11-3575		1 Wages, tips, other compensation 20558.49		2 Federal income tax 815.67	
c Employer's name, address, and ZIP code CHILD DEVELOPMENT COUNCIL OF FRANKLIN CO 999 CRUPPER AVENUE COLUMBUS, OH 43229		3 Social security wages 20908.49		4 Social security tax 1296.30	
b Employer's identification number 31-1138997		d Control Number 25020-100781		5 Medicare wages and tips 20908.49	
e Employee's name and address AZRA J KHAN 5063 VININGS BLVD DUBLIN, OH 43016		7 Social security tips		6 Medicare tax withheld 303.22	
		9		10 Dependent care benefits	
		11 Nonqualified plans		12 See instrs. for box 12 E 350.00 DD 17025.65	
		13 Stat emp. Ret. Plan 3 Party Sick X		14 Other	
15 State & Employer's state ID OH   51-800650		16 State wages, tips, etc 20558.49		17 State income tax 321.43	
		18 Local wages, tips, etc. 20908.49		19 Local income tax 418.16	
				20 Locality name Hilliard	

Federal Filing Copy 2020  
W2 Wage and Tax Statement  
OMB No. 1545-0008  
Copy B to be filed with Employee's Federal Income Tax Return.

a Employee's social security number 301-11-3575		1 Wages, tips, other compensation 20558.49		2 Federal income tax 815.67	
c Employer's name, address, and ZIP code CHILD DEVELOPMENT COUNCIL OF FRANKLIN CO 999 CRUPPER AVENUE COLUMBUS, OH 43229		3 Social security wages 20908.49		4 Social security tax 1296.30	
b Employer's identification number 31-1138997		d Control Number 25020-100781		5 Medicare wages and tips 20908.49	
e Employee's name and address AZRA J KHAN 5063 VININGS BLVD DUBLIN, OH 43016		7 Social security tips		6 Medicare tax withheld 303.22	
		9		10 Dependent care benefits	
		11 Nonqualified plans		12 See instrs. for box 12 E 350.00 DD 17025.65	
		13 Stat emp. Ret. Plan 3 Party Sick X		14 Other	
15 State & Employer's state ID OH   51-800650		16 State wages, tips, etc 20558.49		17 State income tax 321.43	
		18 Local wages, tips, etc. 20908.49		19 Local income tax 418.16	
				20 Locality name Hilliard	

State Filing Copy 2020  
W2 Wage and Tax Statement  
OMB No. 1545-0008  
Copy 2 to be filed with Employee's State Income Tax Return.

a Employee's social security number 301-11-3575		1 Wages, tips, other compensation 20558.49		2 Federal income tax 815.67	
c Employer's name, address, and ZIP code CHILD DEVELOPMENT COUNCIL OF FRANKLIN CO 999 CRUPPER AVENUE COLUMBUS, OH 43229		3 Social security wages 20908.49		4 Social security tax 1296.30	
b Employer's identification number 31-1138997		d Control Number 25020-100781		5 Medicare wages and tips 20908.49	
e Employee's name and address AZRA J KHAN 5063 VININGS BLVD DUBLIN, OH 43016		7 Social security tips		6 Medicare tax withheld 303.22	
		9		10 Dependent care benefits	
		11 Nonqualified plans		12 See instrs. for box 12 E 350.00 DD 17025.65	
		13 Stat emp. Ret. Plan 3 Party Sick X		14 Other	
15 State & Employer's state ID OH   51-800650		16 State wages, tips, etc 20558.49		17 State income tax 321.43	
		18 Local wages, tips, etc. 20908.49		19 Local income tax 418.16	
				20 Locality name Hilliard	

City or Local Filing Copy 2020  
W2 Wage and Tax Statement  
OMB No. 1545-0008  
Copy 2 for Employee's City/Local Income Tax Return.

a Employee's social security number 301-11-3575		1 Wages, tips, other compensation 20558.49		2 Federal income tax 815.67	
c Employer's name, address, and ZIP code CHILD DEVELOPMENT COUNCIL OF FRANKLIN CO 999 CRUPPER AVENUE COLUMBUS, OH 43229		3 Social security wages 20908.49		4 Social security tax 1296.30	
b Employer's identification number 31-1138997		d Control Number 25020-100781		5 Medicare wages and tips 20908.49	
e Employee's name and address AZRA J KHAN 5063 VININGS BLVD DUBLIN, OH 43016		7 Social security tips		6 Medicare tax withheld 303.22	
		9		10 Dependent care benefits	
		11 Nonqualified plans		12 See instrs. for box 12 E 350.00 DD 17025.65	
		13 Stat emp. Ret. Plan 3 Party Sick X		14 Other	
15 State & Employer's state ID OH   51-800650		16 State wages, tips, etc 20558.49		17 State income tax 321.43	
		18 Local wages, tips, etc. 20908.49		19 Local income tax 418.16	
				20 Locality name Hilliard	

Employee Reference Copy 2020  
W2 Wage and Tax Statement  
OMB No. 1545-0008  
Copy C for Employee's records.





**Employer-Provided Health  
Insurance Offer and Coverage**

VOID  
 CORRECTED

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information

February 12, 2021

Child Development Council Of  
999 Crupper Avenue  
Columbus, OH 43229

PART I Employee				Applicable Large Employer Member (Employer)			
1 Name of Employee Azra J Khan		2 Social security number (SSN) ***-**-3575		7 Name of employer Child Development Council Of Franklin County, Inc.		8 Employer identification number (EIN) 31-1138997	
3 Street Address (including apartment no.) 5063 Vinings Blvd				9 Street address (including room or suite no.) 999 Crupper Avenue		10 Contact Telephone number 614-431-2107	
4 City or town Dublin	5 State or province OH	6 Country and Zip or foreign postal code 43016		11 City or town Columbus	12 State or province OH	13 Country and ZIP or foreign postal code 43229	

PART II Employee Offer and Coverage	Employee's Age on January 1: 52								Plan Start Month(enter 2-digit number): 01				
	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06	\$ 77.06
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Azra J Khan  
5063 Vinings Blvd  
Dublin, OH 43016

**PART III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each covered individual

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is Not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

Cat No. 60705M

Form 1095-C (2020)





PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number.

**AMERICAN FUNDS**  
**CAPITAL GROUP**  
 American Funds  
 PO Box 6007  
 Indianapolis IN 46206-6007  
 (800) 421-4225

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code.  
**AZRA J KHAN**  
 OH/TOD  
 5063 VININGS BLVD  
 DUBLIN OH 43016-7140

**Copy B For Recipient**

Department of the Treasury-Internal Revenue Service

**RECIPIENT'S TIN**

**XXX-XX-3575**

(keep for your records)

**TAX YEAR 2020**

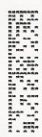
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Corrected (if checked)  (OMB No. 1545-0110)

**FORM 1099-DIV** • **DIVIDENDS AND DISTRIBUTIONS** • **2020**

(1a) Total ordinary dividends	(1b) Qualified dividends	(2a) Total capital gain distributions	(2b) Unrecap. Sec. 1250 gain	(2d) Collectibles (28%) gain	(3) Nondividend distributions	(4) Federal income tax withheld	(5) Section 199A dividends	(7) Foreign tax paid*	(9) Cash liquidation distributions	(10) Noncash liquidation distributions	(11) Exempt-interest dividends	(12) Specified private activity bond interest dividends
Fund: <b>AF MODERATE GROWTH AND INCOME-A</b>				Fund-Acct no.: 50-4000528533		PAYER'S TIN: 45-4345756						
102.25	79.40	65.09	0.00	0.00	0.00	0.00	0.00	0.81	0.00	0.00	0.00	0.00

Form 1099-DIV \*Please see instructions for additional details.







KEMBA FINANCIAL CREDIT UNION  
555 OFFICENTER PL.  
GAHANNA OH 43230

# IMPORTANT TAX RETURN INFORMATION BELOW

RETURN SERVICE REQUESTED

481068 7990 1/1 C21 01-14-21 CLT  
100487215 1 AV 0.389



KHAN AZRA  
5063 VININGS BLVD  
DUBLIN OH 43016-7140

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>KEMBA FINANCIAL CREDIT UNION</b> <b>555 OFFICENTER PL.</b> <b>GAHANNA OH 43230</b>  (614) 235-2395		Payer's RTN (optional)	OMB No. 1545-0112  <h1>2020</h1> Form <b>1099-INT</b>	<b>Interest Income</b>
PAYER'S TIN <b>31-6034826</b>		1 Interest income <b>\$104.56</b>	<b>Copy B</b>	
RECIPIENT'S TIN <b>xxx-xx-3575</b>		2 Early withdrawal penalty <b>\$0.00</b>		<b>For Recipient</b>
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>KHAN AZRA</b> <b>5063 VININGS BLVD</b> <b>DUBLIN OH 43016</b>		3 Interest on U.S. Savings Bonds and Treas. obligations <b>\$0.00</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.	
FATCA filing requirement <input type="checkbox"/>		4 Federal income tax withheld <b>\$0.00</b>		5 Investment expenses <b>\$</b>
		6 Foreign tax paid <b>\$</b>		7 Foreign country or U.S. possession
		8 Tax-exempt interest <b>\$</b>		9 Specified private activity bond interest <b>\$</b>
		10 Market discount <b>\$</b>		11 Bond premium <b>\$</b>
		12 Bond premium on Treasury obligations <b>\$</b>		13 Bond premium on tax-exempt bond <b>\$</b>
Account number (see instructions) <b>xxxxxx9849</b>		14 Tax-exempt and tax credit bond CUSIP no.	15 State    16 State identification no.	17 State tax withheld <b>\$</b> <b>\$</b>

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service



**Copy B For Recipient**

Department of the Treasury-Internal Revenue Service

**RECIPIENT'S TIN**

**XXX-XX-3575**

(keep for your records)

**TAX YEAR 2020**

This is important tax information and is being furnished to the IRS (except as indicated). 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. You are ultimately responsible for the accuracy of your tax return.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number:  
**AF**  
**AMERICAN CAPITAL GROUP\***  
**AMERICAN FUNDS\***  
 P.O. Box 6007  
 Indianapolis IN 46206-6007  
 (800) 421-4225

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code:  
**AZRA J KHAN**  
**OH/TOD**  
**5063 VININGS BLVD**  
**DUBLIN OH 43016-7140**

Corrected (if checked)  (OMB No. 1545-0715)

**FORM 1099-B**

**• PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS •**

**2020**

Short-term transactions for which basis is reported to the IRS: report on Form 8949, Part I with Box A checked.

(1a) Description of property	Share Price**	Quantity Sold**	(1b) Date acquired	(1c) Date sold or disposed	(1d) Net proceeds	(1e) Cost or other basis	(1g) Wash sale loss disallowed	(3) Proceeds from QOF	(4) Federal income tax withheld	(5) Non-covered security	Gain/(Loss)**
Fund: AF MODERATE GROWTH AND INCOME-A			Fund-Acct. no.: 50-4000528533			PAYER'S TIN: 45-4345756		CUSIP no.: 02630Y265		Cost Basis Method**: ACST	
EXCHANGE TO NEF-A	16.970	199.868		12/28/20	3,391.78	3,242.10	0.00		0.00		149.68
EXCHANGE TO GFA-A	16.970	294.638		12/28/20	5,000.00	4,779.38	0.00		0.00		220.62
<b>FUND TOTAL:</b>					<b>8,391.78</b>	<b>8,021.48</b>	<b>0.00</b>		<b>0.00</b>		<b>370.30</b>

Long-term transactions for which basis is reported to the IRS: report on Form 8949, Part II with Box D checked.

(1a) Description of property	Share Price**	Quantity Sold**	(1b) Date acquired	(1c) Date sold or disposed	(1d) Net proceeds	(1e) Cost or other basis	(1g) Wash sale loss disallowed	(3) Proceeds from QOF	(4) Federal income tax withheld	(5) Non-covered security	Gain/(Loss)**
Fund: AF MODERATE GROWTH AND INCOME-A			Fund-Acct. no.: 50-4000528533			PAYER'S TIN: 45-4345756		CUSIP no.: 02630Y265		Cost Basis Method**: ACST	
EXCHANGE TO NEF-A	16.970	94.770		12/28/20	1,608.22	1,537.31	0.00		0.00		70.91
<b>FUND TOTAL:</b>					<b>1,608.22</b>	<b>1,537.31</b>	<b>0.00</b>		<b>0.00</b>		<b>70.91</b>

**Form 1099-B**

\*\* This information is not being reported to the IRS.  
 † Sales load basis deferral adjustment applies, please see instructions (applies to box 1e only).





CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  THE HUNTINGTON NATIONAL BANK 41 SOUTH HIGH ST. COLUMBUS, OH 43215 1-800-480-2265		Payer's RTN (optional)	OMB No. 1545-0112  <b>2020</b>  Form <b>1099-INT</b>		<b>Interest Income</b>
PAYER'S TIN 30-0537225		RECIPIENT'S TIN XXX-XX-3575	1 Interest income \$ 200.17		
RECIPIENT'S name and address  AZRA KHAN 5063 VININGS BLVD DUBLIN OH 43016-7140		2 Early withdrawal penalty \$		<b>Copy B</b>  <b>For Recipient</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.	
FATCA filing requirement <input type="checkbox"/>		3 Interest on U.S. Savings Bonds and Treas. obligations \$			
Account number (see instructions) See Page 3 for Account Detail		4 Federal income tax withheld \$			5 Investment expenses \$
		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](http://www.irs.gov/Form1099INT)

Department of the Treasury - Internal Revenue Service