

2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2021

OMB No. 1545-0008
 Dept. Control number 000
 CL12/LRL 631661

Employer's name, address, and ZIP code
TATA CONSULTANCY SERVICES LIMITED
379 THORNALL STREET
EDISON NJ 08837

Batch #02594

Employer's name, address, and ZIP code
RAMESH KOMAKULA
15206 PLUMSTONE DR
EDEN PRAIRIE MN 55347

Employer's a FED ID number 98-0429806
 Employee's SSA number XXX-XX-4466
 1 Wages, tips, other comp. 120074.85
 2 Federal income tax withheld 11682.75
 3 Social security wages 141572.49
 4 Social security tax withheld 8777.49
 5 Medicare wages and tips 141572.49
 6 Medicare tax withheld 2052.80
 7 Social security tips
 8 Allocated tips
 9
 10 Dependent care benefits

11 Nonqualified plans
 12a See instructions for box 12
 12b C 256.80
 12c D 21497.64
 12e W 4999.92
 12d DD 14991.19
 13 Stat emp. Ret. plan 3rd party sick pay
 15 State Employer's state ID no. 18 State wages, tips, etc. MN 7158934 120074.85
 17 State income tax 5533.26
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

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 4 Social security tax withheld 8777.49
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 6 Medicare tax withheld 2052.80
 d Control number Dept. Corp. Employer use only
 631661 CL12/LRL 000 A 10435
 e Employer's name, address, and ZIP code
TATA CONSULTANCY SERVICES LIMITED
379 THORNALL STREET
EDISON NJ 08837

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Federal Filing Copy
W-2 Wage and Tax Statement 2021
 OMB No. 1545-0008
 Copy B to be filed with employee's Federal Income Tax Return.

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	MN, State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	152,872.18	152,872.18	152,872.18	152,872.18
Plus GTL (C-Box 12)	256.80	256.80	256.80	256.80
Less 401(k) (D-Box 12)	21,497.64	N/A	N/A	21,497.64
Less Other Cafeteria	6,556.57	6,556.57	6,556.57	6,556.57
Less Cafeteria 125	4,999.92	4,999.92	4,999.92	4,999.92
Less Cafeteria 125 HSA (W-Box 12)	120,074.85	141,572.49	141,572.49	120,074.85
Reported W-2 Wages				

2. Employee Name and Address.

RAMESH KOMAKULA
15206 PLUMSTONE DR
EDEN PRAIRIE MN 55347

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MN, State Reference Copy
W-2 Wage and Tax Statement 2021
 OMB No. 1545-0008
 Copy 2 to be filed with employee's State Income Tax Return.

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MN, State Reference Copy
W-2 Wage and Tax Statement 2021
 OMB No. 1545-0008
 Copy 2 to be filed with employee's State Income Tax Return.

CORRECTED (if checked)

Payer's name, Street address, City, State, and Zip code m MINNESOTA UNEMPLOYMENT INSURANCE Minnesota Department of Employment and Economic Development PO Box 4629, St. Paul, MN 55101-4629		1. Unemployment Compensation \$11,662.00	OMB No. 1545-0120 2021 FORM 1099-G	Certain Government Payments
PAYER'S Federal Identification Number 41-1681137		2. State or local Income tax refunds, credits, or offsets \$0.00	3. Box 2 amount is for tax year	
Recipient's Name, Street address, City, State, and Zip code KOMAKULA, SWAROOPA RANI 15206 PLUMSTONE DR EDEN PRAIRIE MN 55347-5070		5. RTAA Payments \$0.00	6. Taxable Grants \$0.00	COPY B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. 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.
10a. State MN		7. Agricultural payments \$0.00	8. Box 2 is trade or business income <input type="checkbox"/>	
10b. State identification no. 1406482		9. Market Gain \$0.00		
11. State income tax withheld \$155.00				
Account number (see instructions)				

Form 1099-G

(keep for your records)

Department of the Treasury- Internal Revenue Service

The amounts reported on this form are your Unemployment Insurance benefits paid in 2021.

Questions

Federal income tax related questions: contact the Internal Revenue Service at www.irs.gov or 1-800-829-1040.

State income tax related questions: contact the Minnesota Department of Revenue at www.revenue.state.mn.us or 651-296-3781.



If you have questions about this document go to www.uimn.org or call the Unemployment Insurance Customer Service Center at 651-296-3644. Available: Monday - Friday, 8:00 a.m. to 4:30 p.m.

MERCHANTS BANK N. A.
102 E 3RD ST
WINONA MN 55987
(800) 765-2194

RECIPIENTS
FEDERAL
IDENTIFICATION NO.
41-0632402

01-28-2022
PAGE 1

OMB NO. 1545-1380

RETURN SERVICE REQUESTED
Important Tax Information Enclosed

2021 MORTGAGE INTEREST STATEMENT FORM 1098

>006595 6869590 000 01 001
Ramesh Komakula
15206 Plumstone Dr
Eden Prairie MN 55347-5070

PAYERS SOCIAL SECURITY NUMBER
XXX-XX-4466

NOTE NUMBER	NOTE DATE	MATURITY DATE	CURRENT INT RATE	YEAR END BALANCE	INTEREST PAID	BEGINNING YEAR BALANCE	ORIGINATION DATE	INTEREST REFUNDED	MORTGAGE INSURANCE	MORTGAGE POINTS	
* 76009454	04-20-15	4-24-25	4.25000	45,462.19	2,114.31	45,894.33	4-20-15	.00	.00	.00	BOX 1 BOX 2 BOX 3 BOX 4 BOX 5 BOX 6

- BOX 7 - IS ADDRESS OF PROPERTY SECURING MORTGAGE SAME AS PAYER'S/BORROWER'S ADDRESS?
IF YES, BOX IS CHECKED X
IF NO, SEE BOX 8 BELOW
- BOX 8 - ADDRESS OF PROPERTY SECURING MORTGAGE
IF PROPERTY SECURING MORTGAGE HAS NO ADDRESS,
BELOW IS THE DESCRIPTION OF THE PROPERTY
- BOX 9 - NUMBER OF MORTGAGED PROPERTIES

PRINCIPAL PAID: 432.14

.00 BOX 10
BOX 11

06595 6869590 006596 013191 0001/0001

MERCHANTS BANK N. A.
102 E 3RD ST
WINONA MN 55987
(800) 765-2194

RECIPIENTS
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- * BOX 1 - MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWER(S) **
- BOX 2 - OUTSTANDING MORTGAGE PRINCIPAL
- BOX 3 - MORTGAGE ORIGINATION DATE
- BOX 4 - REFUND OF OVERPAID INTEREST
- BOX 5 - MORTGAGE INSURANCE PREMIUMS
- BOX 6 - POINTS PAID ON PURCHASE OF PRINCIPAL RESIDENCE
- BOX 10 - REAL ESTATE TAXES PAID
- BOX 11 - MORTGAGE ACQUISITION DATE

THE INFORMATION IN BOXES 1 THROUGH 9 AND 11 IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THE IRS DETERMINES THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVERSTATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS REPORTED IN BOXES 1 AND 6; OR BECAUSE YOU DID NOT REPORT THE REFUND OF INTEREST (BOX 4); OR BECAUSE YOU CLAIMED A NON-DEDUCTIBLE ITEM.

** CAUTION: THE AMOUNT SHOWN MAY NOT BE FULLY DEDUCTIBLE BY YOU. LIMITS BASED ON THE LOAN AMOUNT AND THE COST AND VALUE OF THE SECURED PROPERTY MAY APPLY. ALSO, YOU MAY ONLY DEDUCT INTEREST TO THE EXTENT IT WAS INCURRED BY YOU, ACTUALLY PAID BY YOU, AND NOT REIMBURSED BY ANOTHER PERSON.

** AS MORTGAGOR(S), YOU MUST MAINTAIN ADEQUATE HOMEOWNERS INSURANCE COVERAGE ON THE MORTGAGED PROPERTY DURING THE ENTIRE PERIOD IN WHICH ANY MORTGAGE IS OUTSTANDING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE LOAN SERVICING DEPARTMENT. THIS STATEMENT SERVES AS YOUR MORTGAGE INTEREST STATEMENT (FORM 1098), COPY B, FOR PAYER *** KEEP FOR YOUR RECORDS ***
DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Computershare Holdings, Inc. d/b/a
Specialized Loan Servicing LLC
P.O. Box 636005
Littleton, CO 80163-6005

1098 Mortgage Interest Statement
TAX YEAR - 2021

Loan Number: 1015714968

Customer Care Number:
1-800-315-4757

Hours: Monday through Friday
6:00am - 6:00pm (MT)

We accept calls from relay services.

Frequently Asked Questions Visit
www.sls.net

Date Printed: 01/14/2022

Property Located:
15206 PLUMSTONE DR
EDEN PRAIRIE, MN 55347

IMPORTANT TAX RETURN DOCUMENT ENCLOSED



9
0
6
9
6
0
0
RAMESH KOMAKULA
15206 PLUMSTONE DR
EDEN PRAIRIE, MN 55347
UNITED STATES

The Form 1098 year-end Mortgage Interest Statement summarizes the payments you paid to your mortgage servicer(s). If no payments were received during the calendar year of 2021 (or during the time we serviced the account during the calendar year of 2021), IRS Form 1098 will reflect a zero in box 1 (no interest paid). We send this form and the accompanying notices to ensure compliance with applicable state and federal disclosure requirements.

VOID CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Computershare Holdings, Inc. d/b/a Specialized Loan Servicing LLC P.O. Box 636005 Littleton, CO 80163-6005 Customer Care Number: 1-800-315-4757		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 2021 Form 1098	Mortgage Interest Statement
RECIPIENT'S/LENDER'S TIN 35-2429917		1 Mortgage interest received from payer(s)/borrower(s)* \$ 19324.89		
PAYER'S/BORROWER'S name, Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code RAMESH KOMAKULA 15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347 UNITED STATES		2 Outstanding mortgage principal as of 1/1/2021 \$ 392195.95	3 Mortgage origination date 04/20/15	Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
PAYER'S/BORROWER'S TIN XXX-XX-4466		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
9 Number of properties securing the mortgage 1		6 Points paid on purchase of principal residence \$ 0.00		
10 Other Prop Tax - \$5,978.10 Ins Paid - \$1,775.63		7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
Account number (see instructions) 1015714968		8 Address or description of property securing mortgage (see instructions)		11 Mortgage acquisition date

Form 1098

(Keep for your records)

www.irs.gov/form1098

Department of the Treasury - Internal Revenue Service

Computershare Holdings, Inc. d/b/a
 Specialized Loan Servicing LLC
 P.O. Box 636005
 Littleton, CO 80163-6005

1098 Mortgage Interest Statement
 TAX YEAR - 2021

Loan Number: 1015714968

Customer Care Number:
 1-800-315-4757

Hours: Monday through Friday
 6:00am – 6:00pm (MT)

We accept calls from relay services.

Frequently Asked Questions Visit
www.sls.net

Date Printed: 01/18/2022

Property Located:
 15206 PLUMSTONE DR
 EDEN PRAIRIE, MN 55347

IMPORTANT TAX RETURN DOCUMENT ENCLOSED



002505
 RAMESH KOMAKULA
 15206 PLUMSTONE DR
 EDEN PRAIRIE, MN 55347
 UNITED STATES

VOID CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Computershare Holdings, Inc. d/b/a Specialized Loan Servicing LLC P.O. Box 636005 Littleton, CO 80163-6005 Customer Care Number: 1-800-315-4757		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 2021 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
RECIPIENT'S/LENDER'S TIN 35-2429917		PAYER'S/BORROWER'S TIN XXX-XX-4466	1 Mortgage interest received from payer(s)/borrower(s)* \$ 20695.06	
PAYER'S/BORROWER'S name, Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code RAMESH KOMAKULA 15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347 UNITED STATES		2 Outstanding mortgage principal as of 1/1/2021 \$ 392195.95	3 Mortgage origination date 04/20/15	
9 Number of properties securing the mortgage 1		4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
Account number (see instructions) 1015714968		6 Points paid on purchase of principal residence \$ 0.00		
10 Other		7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
8 Address or description of property securing mortgage (see instructions)				
11 Mortgage acquisition date				

Form 1098

(Keep for your records)

www.irs.gov/form1098

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number HSA Bank, a division of Webster Bank, N.A. 605 N 8th Street, Ste. 320 Sheboygan, WI 53081		1 Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021 \$	OMB No. 1545-1518 2021 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information Copy B For Participant This information is being furnished to the IRS.
TRUSTEE'S TIN 06-0273620	PARTICIPANT'S TIN XXX-XX-4466	2 Total contributions made in 2021 \$	3 Total HSA or Archer MSA contributions made in 2022 for 2021 \$	
PARTICIPANT'S name Ramesh Komakula		4 Rollover contributions \$	5 Fair market value of HSA, Archer MSA, or MA MSA \$ 26.93	
Street address (including apt. no.) 15206 Plumstone Dr City or town, state or province, country, and ZIP or foreign postal code Eden Prairie MN 55347		6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions) 80014533				

Form **5498-SA** (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

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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.

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) RAMESH KOMAKULA		2 Social security number (SSN) ****-**-4466		7 Name of employer TATA AMERICA INTERNATIONAL CORP		8 Employer identification number (EIN) 13-2805758	
3 Street address (including apartment no.) 15206 PLUMSTONE DR				9 Street address (including room or suite no.) 379 THORNAIL STREET 4TH FLOOR		10 Contact telephone number (732) 852-0793	
4 City or town EDEN PRAIRIE		5 State or province MN		6 Country and ZIP or foreign postal code 55347-5070		11 City or town EDISON	
						12 State or province NJ	
						13 Country and ZIP or foreign postal code 08837	

14 Offer of Coverage (enter required code)	15 Employee's Age on January 1						16 Plan Start Month (enter 2-digit number): 01						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00	\$ 143.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		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. <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	RAMESH	KOMAKULA	****-**-4466		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
19	SWAROOPA RANI	KOMAKULA	****-**-9189		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
20	ALEKYA	KOMAKULA	****-**-2506		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	AKHILA	KOMAKULA	****-**-4191		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	
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"/>	



November 23, 2021

ID: XXX-XX-4466

Letter ID: L0040729888

Notice Date: November 23, 2021

#BWBBMRR
#0000 0004 0729 8884#

RAMESH KOMAKULA
SWAROOPA RANI KOMAKULA
15206 PLUMSTONE DR
EDEN PRAIRIE MN 55347-5070

**Notice of Change to your Individual Income Tax
Order of the Commissioner of Revenue**

For tax year 12/31/2020

We have adjusted your Minnesota Income Tax Return for the tax year shown above. The corrected figures are listed below. If you owe no other debt, any refund due will be mailed separately or deposited into your bank account. For a detailed explanation of the adjustments to your return, please see page 2.

Federal adjusted gross income	\$119,919.00
Other additions to income	\$2,443.00
Subtotal	\$122,362.00
Itemized deductions or your standard deduction	\$24,800.00
Exemptions	\$8,600.00
Other subtractions	\$0.00
Minnesota taxable income	\$88,962.00
Tax	\$5,477.00
Less credits against tax	\$0.00
Plus nongame wildlife contribution	\$0.00
Total tax	\$5,477.00
Minnesota income tax withheld	\$6,641.00
Minnesota estimated tax	\$0.00
Individual refundable credits	\$0.00
Total credits	(\$6,641.00)
Tax minus credits	(\$1,164.00)
Previously refunded	\$716.00
Refund	(\$448.00)

If you have any questions about this notice, you may call us at 651-296-3781 or toll-free at 1-800-652-9094.

Health Savings Account Year-End Status Report 2021

This information is being furnished to you as a summary of your account for tax filing purposes. The following report reflects your HSA activity with **HSA Bank** during 2021. If you transferred or rolled over funds from another institution, any prior transactions will not be reflected in this report.

Accountholder	Ramesh Komakula
HSA Account #:	80014533
Social Security #:	XXX-XX-4466

1. Account Balance at the beginning of 2021 tax year	\$95.93
2. Total Contributions during 2021 attributable to 2020*	\$0.00
3. Total Contributions during 2021 attributable to 2021*	\$0.00
4. Transfer Contributions during 2021	\$0.00
5. Rollover Contributions during 2021	\$0.00
6. Distributions from the account during 2021	\$0.00
7. Transfer Distributions from the account during 2021	\$0.00
8. Excess Contributions plus earnings for the 2020 tax year that were withdrawn in 2021	\$0.00
9. Excess Contributions plus earnings for the 2021 tax year that were withdrawn in 2021	\$0.00
10. Fees charged to the account during 2021	\$69.00
11. Earnings on the account during 2021	\$0.00
12. Fair Market Value of HSA as of December 31, 2021	\$26.93

* Line 2 and 3 represent a total contribution to the account. Your employer will report all pre-tax contributions to you on your W-2. For information purposes, HSA Bank provides a breakdown of employer and employee contributions through HSA Bank's Internet Banking site.

What you need to know for filing your taxes

- Filing your Taxes:** When filing your taxes, you will need to complete *IRS Form 8889*. *IRS Form 8889* and *IRS Form 8889 Instructions* can be downloaded from our website www.hsabank.com/taxes, or by visiting the IRS site: www.irs.gov/formspubs/

To complete IRS Form 8889, you may need the W-2 provided by your employer. The W-2 will provide the total pre-tax contributions made to your HSA. The pre-tax contributions will include any employer contributions and employee pre-tax contributions.

- Find the Enclosed 5498-SA Forms:** Enclosed you will find 5498-SA forms for contribution activity during 2021. The total of the 5498-SA forms should equal the amounts provided in lines 2, 3 and 5. **Please note that Box 2 of the 5498SA shows all contributions made in the calendar year 2021, including contributions for 2020 made in 2021.** If you make additional 2021 contributions in 2022 an updated 5498-SA form will be sent to you in May. *5498-SA forms are not included if you did not have contribution activity in 2021.*
- Find the Enclosed 1099-SA Forms:** Enclosed you will find 1099-SA forms for distribution activity which occurred throughout 2021. The total of the 1099-SA forms should equal the amounts provided in lines 6, 8 and 9. *1099-SA forms are not included if you did not have distribution activity in 2021.*
- Verify the Information Provided:** If any of the above information does not agree with your records, please contact **HSA Bank** at (800) 357-6246.
- Contributions made in 2022 for 2021:** The above status report reflects all activity from January 1, 2021 through December 31, 2021. Under IRS guidelines, you can make 2021 contributions at any time prior to the deadline, without extensions, for filing your federal income tax return for 2021. For calendar year taxpayers, this deadline for contributions is generally April 15th. Contributions made for 2021 between January 1, 2022 and April 15, 2022 are not reflected on this report. An updated form 5498-SA will be sent to you and the IRS between April 15, 2022 and May 31, 2022 as a confirmation of your total contributions attributable to tax year 2021. To view an up-to-date contribution listing, please log in to our internet banking site at www.hsabank.com/internetbanking.
- Contribution Deadlines for 2021**
All contributions made in 2022 for 2021 must indicate the contribution year and be received by the following dates:
 Online contributions*: April 15, 2022 (Must be submitted by 2:00 p.m., CT)
 Wire contributions: April 15, 2022 (Must be received by 12:00 p.m., CT)
 Mailed contributions: Received by April 15, 2022

*Note: First time users of the Online Transfer System in Internet Banking will need to complete the set-up process, which may take three to four business days to complete.

This Year-end Status Report and other tax documents are available for download from HSA Bank's Internet Banking site www.hsabank.com/internetbanking. Tip: To access these documents you must have Pop-up Blockers turned off and you must have the latest version of Adobe.

For questions, please contact HSA Bank at (800) 357-6246.





Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0003

Date:
February 14, 2022
For assistance, call:
800-919-9835
Or visit:
[IRS.gov/eip](https://www.irs.gov/eip)



T9934 P144 4767292 1 AV 0.426 45529-1-1-36 4767292



RAMESH KOMAKULA
15026 PLUMSTONE DR
EDEN PRAIRIE, MN 55347-5070

Your 2021 Economic Impact Payment(s)
Keep this information with your tax records.

Why you received this letter.

Under the American Rescue Plan, the Internal Revenue Service (IRS) issued you 2021 Economic Impact Payment(s) for the following total amount:

Total 2021 Economic Impact Payment(s): \$2,800.00

What do you need to do?

This Economic Impact Payment isn't considered taxable income, and you shouldn't report it as income on your 2021 federal income tax return. However, you'll need the total payment amount shown above to determine whether you're eligible to claim the Recovery Rebate Credit on your 2021 federal income tax return.

If you think you didn't receive the full amount of the third Economic Impact Payment you were entitled to, you must file a 2021 federal income tax return to claim the Recovery Rebate Credit, even if you aren't otherwise required to file a tax return.

How can you get more information?

For more information about Economic Impact Payments, visit [IRS.gov/eip](https://www.irs.gov/eip), or call the IRS Economic Impact Payment hotline at 800-919-9835.



Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0003

Swaroop Rani Komakula
15026 Plumstone Dr
Eden Prairie, MN 55347

Date:
January 21, 2022

For assistance, call:
800-919-9835

Or visit:
IRS.gov/eip

Your 2021 Economic Impact Payment(s)
Keep this information with your tax records.

Why you received this letter.

Under the American Rescue Plan, the Internal Revenue Service (IRS) issued you 2021 Economic Impact Payment(s) for the following total amount:

Total 2021 Economic Impact Payment(s): \$2,800.00

What do you need to do?

This Economic Impact Payment isn't considered taxable income, and you shouldn't report it as income on your 2021 federal income tax return. However, you'll need the total payment amount shown above to determine whether you're eligible to claim the Recovery Rebate Credit on your 2021 federal income tax return.

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How can you get more information?

For more information about Economic Impact Payments, visit **IRS.gov/eip**, or call the IRS Economic Impact Payment hotline at 800-919-9835.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499			1 Gross distribution \$43,106.97		OMB No. 1545-0119 2021 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
FOR QUESTIONS CALL 888-976-4905			2a Taxable amount \$0.00		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.
PAYER'S TIN 13-3689044		RECIPIENT'S TIN ***-**-4466		3 Capital gain (Included in box 2a)		4 Federal income tax withheld		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code KOMAKULA RAMESH 15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347			5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		16 State distribution	
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) 65157600001			13 Date of payment		14 State tax withheld		15 State/Payer's state no. MN/1506071	
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service			18 Name of locality
19 Local distribution			19 Local distribution		19 Local distribution		19 Local distribution	

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499			1 Gross distribution \$43,106.97		OMB No. 1545-0119 2021 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
FOR QUESTIONS CALL 888-976-4905			2a Taxable amount \$0.00		Total distribution <input checked="" type="checkbox"/>			Copy C For Recipient's Records
PAYER'S TIN 13-3689044		RECIPIENT'S TIN ***-**-4466		3 Capital gain (Included in box 2a)		4 Federal income tax withheld		
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Form 1099-R			(keep for your records)		www.irs.gov/Form1099R			Department of the Treasury-Internal Revenue Service
19 Local distribution			19 Local distribution		19 Local distribution		19 Local distribution	

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FOR QUESTIONS CALL 888-976-4905			2a Taxable amount \$0.00		Total distribution <input checked="" type="checkbox"/>			Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S TIN 13-3689044		RECIPIENT'S TIN ***-**-4466		3 Capital gain (Included in box 2a)		4 Federal income tax withheld		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code KOMAKULA RAMESH 15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347			5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		16 State distribution	
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) 65157600001			13 Date of payment		14 State tax withheld		15 State/Payer's state no. MN/1506071	
Form 1099-R			www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service			18 Name of locality
19 Local distribution			19 Local distribution		19 Local distribution		19 Local distribution	

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499			1 Gross distribution \$329.58	OMB No. 1545-0119 2021 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FOR QUESTIONS CALL 888-976-4905			2a Taxable amount \$329.58	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
PAYER'S TIN 13-3689044	RECIPIENT'S TIN ***-**-4466		3 Capital gain (included in box 2a)	4 Federal income tax withheld \$65.92		This information is being furnished to the IRS.
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code KOMAKULA RAMESH 15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347			5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
10 Amount allocable to IRR within 5 years			7 Distribution code(s) 1 IRA / SEP / SIMPLE <input type="checkbox"/>	8 Other %		16 State distribution
11 1st year of desig. Roth contrib.			9a Your percentage of total distribution %	9b Total employee contributions		
12 FATCA filing requirement <input type="checkbox"/>			14 State tax withheld	15 State/Payer's state no. MN/1506071		19 Local distribution
Account number (see instructions) 65157600001			17 Local tax withheld	18 Name of locality		
13 Date of payment			Form 1099-R			

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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13 Date of payment			Form 1099-R			

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www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

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Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service