631661 CL12/LRL Employee Reference Copy 2 Wage and Tax 202 Statement OMB No. 1545-000 employee's records. Dept. Corp. D 10435

includes instructions and other general information.

Information on the generation of your W-2 statement. The reverse side This blue section is your Earnings Summary which provides more detailed

2021 W-2

and

EARNINGS

SUMMARY

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

e/l Employee's name, address, and ZIP code Batch #02594

RAMESH KOMAKULA 15206 PLUMSTONE DR EDEN PRAIRIE MN 55347

152, 872. 18 256. 80 21, 497. 64 6, 556. 57

N/A

N/A

152,872.18 256.80 21,497.64 6,556.57 4,999.92

152, 872. 18 256.80

152,872.18 256.80

Employer's FED ID number 98-0429806
Wages, tips, other comp. 120074.85

Social security wages 141572.49 a Employee's SSA number XXX-XX-4466 2 Federal income tax withheld

> Reported W-2 Wages Less Cafe 125 HSA (W-Box 12) Less Other Cafe 125 Less 401(k) (D-Box 12) Plus GTL (C-Box 12)

120,074.85

141,572.49

6,556.57 4,999.92

6,556.57 4,999.92 **141,572.49**

120,074.85

4,999.92

Social security tips Medicare wages and tips 141572.49 10 Dependent care benefits 11682.75 Social security tax withheld 8777.49 2052.80

12a See instructions for box 12

MN State 11 Nonqualified plans 19 Local income tax 17 State income tax Other Wages, tips, other comp. 120074.85 Employer's state ID no. 16 State wages, tips. 7158934 5533.26 C1 256. 80 21497. 64 12b D1 21497. 64 12c W1 4999. 92 12d DD1 14991. 19 13 Statempl Ret plan 3rd party sick pay 20 Locality name 18 Local wages, tips, etc. Federal income ips, etc. 120074 . 85 11682.75

7

631661 CL12/LRL Control number Medicare wages and tips 141572.49 Employer's name, address, and ZIP code TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET EDISON NJ 08837 Dept 8 9 Corp. Medicare tax withheld 2052.80

Employer use only

631661 CL12/LRL

8

Employer's name, address, and ZIP code

TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET EDISON NJ 08837

Social security wages 141572.49 Wages, tips, other comp. 120074.85

2 Federal income tax withheld 11682.75 4 Social security tax withheld 8777.49

Medicare wages and tips 141572.49 Control number

Medicare tax withheld 2052.80

Employer use only

TATA CONSULTANCY SERVICES LIMITED 379 THORNALL STREET EDISON NJ 08837

Social security wages 141572.49

Social security tax withheld 8777.49

14 Other 11 Nonqualified plans Employer's FED ID number 98-0429806 Social security tips 120 12a See instructions for box 12 C 256.80 126 10 Dependent care benefits Employee's SSA number
XXX-XX-4466
B Allocated tips € 0 21497.64 4999.92

RAMESH KOMAKULA 15206 PLUMSTONE DF EDEN PRAIRIE MN 55: MN State e/f Employee's name, address and ZIP code 19 Local income tax Federal Filing Copy

W-2 Wage and Tax 2021

Statement
Statement own flied with employee's Federal Income Tax Refurn. 1545-0008 State income tax Employer's state ID no. 16 State wages, tips, etc. 7158934 120074.85 5533.26 MN 55347 밁 12d DD 13 Stat emp. Ret. plan 18 Local wages, tips, etc.

3rd party sick pay 14991.19

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

12d DD

12d DD

14991.19

13 Stat emp. Ret.

13 Stat emp

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

2. Employee Name and Address.

RAMESH KOMAKULA 15206 PLUMSTONE DR EDEN PRAIRIE MN 55347

631661 CL12/LRL Control number Employer's name, address, and ZIP code Medicare wages and tips 141572.49 Social security wages 141572.49 Wages, tips, other comp. 120074.85 © 2021 ADP, Inc Fold and Detach Here Dept 8 2 Federal income tax withheld 11682.75 Corp. Medicare tax withheld 2052 . 80 Social security tax withheld 8777.49 Employer use only

4 Nonqualified plans Social security tips Employer's FED ID number 98-0429806 Other 120 25 10 Dependent care benefits Employee's SSA number XXX-XX-4466 Allocated tips ≶ □ 21497.64 4999.92 14991.19

15 State Employer's state ID no. 16 State wages, tips, etc. 120074.85 RAMESH KOMAKULA 15206 PLUMSTONE DR EDEN PRAIRIE MN 55347 17 State income tax 18 Local wages, tips, etc.

FOLD AND DETACH HERE

19 Local income tax

5533.26

5533.26 Copy 2 to be f ed with MN. State Reference Copy

M-2 Wage and Tax 2021

Statement
Statement ONE No. 1545-000 20 Locality name

> Nonqualified plans Employer's FED ID number 98-0429806
> Social security tips a Employee's SSA number XXX-XX-4466 20 25 10 Dependent care benefits Allocated tips € 0 C 21497.64 4999.

15 State Employer's state ID no. 16 State wages, tips, etc. 120074.85 15206 PLUMSTONE DR EDEN PRAIRIE MN 55347 RAMESH KOMAKULA 17 State income tax e/f Employee's name, address and ZIP code 18 Local wages, tips, etc. et plan 3rd party sick pay

MN.State Filing Copy

M — 2 Wage and Tax 2021

Statement Statement OMB No 1545-0008
Stopy 2 to be filled with employee's State income Tax Return.

	CORREC	CTED (if checked)			
Payer's name, Street address, City, State, and MINNESOTA UNEMPLOTMENT INSURANCE		1. Unemployment Compensation \$11,662.00	OMB No. 1545-0120		Certain
and Econom	ment of Employment ic Development Paul, MN 55101-4629	State or local Income tax refunds, credits, or offsets \$0.00	2021 FORM 1099-G	G	overnment Payments
PAYER'S Federal Identification Number 41-1681137	RECIPIENT'S Identification Number XXX-XX-9189	3. Box 2 amount is for tax year	4. Federal To Withheld \$337.0		COPY B For
Recipient's Name, Street address, City, State	, and Zip code	5. RTAA Payments \$0.00	6. Taxable Gr \$0.00		Recipient This is important tax
KOMAKULA, SWAROOPA 15206 PLUMSTONE DR EDEN PRAIRIE MN 55347		7. Agricultural payments \$0.00	8. Box 2 is tra business inco	777	information and is being furnished to the Internal Revenue
		9. Market Gain \$0.00			Service. If you are required to file a return, a negligence penalty or
10a. State MN	10b. State identification no. 1406482				other sanction may be
11. State income tax withheld \$155.00	and the second state of the second state of the second second second second second second second second second				on you if this income

Form 1099-G

Account number (see instructions)

(keep for your records)

Department of the Treasury-Internal Revenue Service

is taxable and the IRS determines that it has not been reported.

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.

0

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

>006595 6869590 000 01 001 Ramesh Komakula 15206 Plumstone Dr Eden Prairie MN 55347-5070 2021 MORTGAGE INTEREST STATEMENT FORM 1098

PAYERS SOCIAL SECURITY NUMBER
XXX-XX-4466

X

NOTE NOTE MATURITY CURRENT YEAR END BALANCE
NUMBER DATE DATE INT RATE 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 BOX 1

45,894.33 BOX 2 4-20-15 BOX 3

4-20-15 BOX 3 .00 BOX 4

.00 BOX 5

.00 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

.00 BOX 10 BOX 11

432.14

PRINCIPAL PAID:

MERCHANTS BANK N. A. 102 E 3RD ST WINONA MN 55987

(800) 765-2194

RECIPIENTS FEDERAL IDENTIFICATION NO. 41-0632402

01-28-2022 PAGE

RETURN SERVICE REQUESTED Important Tax Information Enclosed OMB NO. 1545-1380

2021 MORTGAGE INTEREST STATEMENT FORM 1098

Ramesh Komakula 15206 Plumstone Dr Eden Prairie MN 55347-5070

PAYERS SOCIAL SECURITY NUMBER XXX-XX-4466

NOTE NOTE MATURITY CURRENT NUMBER DATE DATE INT RATE

YEAR END BALANCE INTEREST PAID **BEGINNING YEAR BALANCE** ORIGINATION DATE INTEREST REFUNDED MORTGAGE INSURANCE MORTGAGE POINTS

- 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

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Որորաքնիդերկումներին փոխիսիկունիա

RAMESH KOMAKULA 968 15206 PLUMSTONE DR **EDEN PRAIRIE, MN 55347** UNITED STATES

1098 Mortgage Interest Statement **TAX YEAR - 2021**

Loan Number: 1015714968

Customer Care Number:

1-800-315-4757

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

We accept calls from relay services.

Frequently Asked Questions Visit

www.sls.net

Hours:

Date Printed: 01/14/2022

Property Located: 15206 PLUMSTONE DR **EDEN PRAIRIE, MN 55347**

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.

RECIPIENT'S/LENDER'S name, stree province, country, ZIP or foreign post Computershare Holdings, Inc. d/b/a Specialized Loan Servicing LLC P.O. Box 636005 Littleton, CO 80163-6005 Customer Care Number: 1-800-315-	tal code, and telephone no.	*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.	Form 1098	Mortgage Interest Statement
		1 Mortgage interest received fr	rom payer(s)/borrower(s)*	Сору В
		\$ 19324.89		For Payer/
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal as of 1/1/2021	3 Mortgage origination date	Borrower
	VVV VV 4466	\$ 392195.95	04/20/15	The information in boxes 1 through 9 and 11 is important
35-2429917	XXX-XX-4466	4 Refund of overpaid interest	5 Mortgage insurance premiums	tax information and is being furnished to the IRS. If you
DAYEDIS/DODDOWER'S name Str	eet address (including apt. no.)	\$ 0.00	\$ 0.00	are required to file a return, a
PAYER'S/BORROWER'S name, Stre City or town, state or province, coun	try, and ZIP or foreign postal code	6 Points paid on purchase of	principal residence	negligence penalty or other sanction may be imposed or
RAMESH KOMAKULA		\$ 0.00		you if the IRS determines
15206 PLUMSTONE DR EDEN PRAIRIE, MN 5534 UNITED STATES	17	7 X If address of property s as PAYER'S/BORROWER'S a the address or description is	ecuring mortgage is the same address, the box is checked, or entered in box 8.	this mortgage interest or for
		8 Address or description of prinstructions)	roperty securing mortgage (see	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
9 Number of properties securing the mortgage	10 Other Prop Tax - \$5,978.10			nondeductible item.
1	Ins Paid - \$1,775.63			11 Mortgage acquisition date
Account number (see instructions)	1			
1015714968	No. of the second		Department of the Treasury	

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

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

յկլոլիիի կերևիրը կերբույթ և ընդույի և ընդույի և ընդույթ RAMESH KOMAKULA

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

Form 1098

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

RECIPIENT'S/LENDER'S name, str province, country, ZIP or foreign pr Computershare Holdings, Inc. d/b/s Specialized Loan Servicing LLC P.O. Box 636005 Littleton, CO 80163-6005 Customer Care Number: 1-800-319	estal code, and telephone no.	*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
		1 Mortgage interest received f \$ 20695.06	rom payer(s)/borrower(s)*	Copy B For Payer/
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal as of 1/1/2021	3 Mortgage origination date	Borrower
25 2420017	XXX-XX-4466	\$ 392195.95	04/20/15	The information in boxes 1 through 9 and 11 is important
35-2429917	7000700 4400	4 Refund of overpaid interest	5 Mortgage insurance premiums	tax information and is being furnished to the IRS. If you
PAYER'S/BORROWER'S name, S	treet address (including apt. no.) ntry, and ZIP or foreign postal code	\$ 0.00	\$ 0.00	are required to file a return, a
RAMESH KOMAKULA		6 Points paid on purchase of \$ 0.00	principal residence	negligence penalty or other sanction may be imposed on you if the IRS determines
15206 PLUMSTONE DR EDEN PRAIRIE, MN 553 UNITED STATES	47		securing mortgage is the same address, the box is checked, or entered in box 8.	that an underpayment of tax results because you overstated a deduction for this mortgage interest or for
		8 Address or description of p instructions)	roperty securing mortgage (see	these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or
9 Number of properties securing the mortgage	e 10 Other			because you claimed a nondeductible item.
1				11 Mortgage acquisition date
Account number (see instructions)				* U. 10°C (1000)
1015714968				

www.irs.gov/form1098

(Keep for your records)

Department of the Treasury - Internal Revenue Service

	☐ CORR	ECTED (if checked)			
TRUSTEE'S name, street address, ZIP or foreign postal code, and tele HSA Bank, a division of \ 605 N 8th Street, Ste. 32 Sheboygan, WI 53081	Webster Bank, N.A.	1 Employee or self-employ person's Archer MSA contributions made in 20 and 2022 for 2021 2 Total contributions made in 2	2021	Med	, Archer MSA, or licare Advantage MSA Information
,,,		\$	Form 5498-SA		
TRUSTEE'S TIN 06-0273620	PARTICIPANT'S TIN XXX-XX-4466	3 Total HSA or Archer MSA	contributions made in 2022	for 2021	Сору В
PARTICIPANT'S name Ramesh Komakula		4 Rollover contributions	5 Fair market value of Archer MSA, or MA \$ 26.93	MSA	For Participant
Street address (including apt. no.) 15206 Plumstone Dr City or town, state or province, cou Eden Prairie MN 55347	ntry, and ZIP or foreign postal code	6 HSA X Archer MSA MA MSA			This information is being furnished to the IRS
Account number (see instructions)	80014533				
Form 5498-SA	0	All The American Company of the Comp	Section 1991 Control of the section		

This space intentionally left blank.

This space intentionally left blank.



1095-C 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.

OMB No. 1545-2251 2021

Form 1095-C (2021)

Applicable Large Employer Member (Employer) Part I Employee 8 Employer identification number (EIN) 2 Social security number (SSN) 7 Name of employer 1 Name of employee (first name, middle initial, last name) 13-2805758 ****-**-4466 TATA AMERICA INTERNATIONAL CORP RAMESH KOMAKULA 10 Contact telephone number 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 15206 PLUMSTONE DR (732) 852-0793 379 THORNAIL STREET 4TH FLOOR 13 Country and ZIP or foreign postal code 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 12 State or province 11 City or town 08837 **EDEN PRAIRIE** NJ MN 55347-5070 **EDISON** Plan Start Month (enter 2-digit number): 01 Part II **Employee Offer of Coverage** Employee's Age on January 1 Dec All 12 Months Oct Nov Feb Mar Jan Apr May July Aug Sept June 14 Offer of 1E 1E Coverage (enter 1E 1E 1E 1E 1E 1F 1E 1E 1E 1E required code) 15 Employee Required Contribution (see 143.00 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ 143.00 \$ instructions) 16 Section 4980H Safe Harbor and 2C Other Relief (enter code, if applicable) 17 ZIP Code Part III Covered Individuals X If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. (e) Months of coverage (c) DOB (if SSN or other (d) Covered (a) Name of covered individual(s) (b) SSN or other TIN First name, middle initial, last name TIN is not available) all 12 months Jan Feb Mar Apr May Sept June July Aug Oct Nov Dec ****-**-4466 X X X X X X RAMESH X X KOMAKULA X X X X 18 **SWAROOPA** ****-**-9189 X X X X X X X X X KOMAKULA X X X RANI 19 X X X Х ****-**-2506 **ALEKYA** KOMAKULA 20 ****-**-4191 X X X X X AKHILA KOMAKULA X X X X X X X 21 22 23 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.





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

\$716.00

(\$448.00)

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)

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

Previously refunded

Refund



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

11.	Earnings on the account during 2021	\$69.00 \$0.00
10.	Fees charged to the account during 2021	\$0.00
9.	Excess Contributions plus earnings for the 2021 tax year that were withdrawn in 2021	Makanga biozar unit managa sepakkhana serang
8.	Excess Contributions plus earnings for the 2020 tax year that were withdrawn in 2021	\$0.00
7.	Transfer Distributions from the account during 2021	\$0.00
6.	Distributions from the account during 2021	\$0.00
5.	Rollover Contributions during 2021	\$0.00
4.	Transfer Contributions during 2021	\$0.00
3.	Total Contributions during 2021 attributable to 2021*	\$0.00
2.	Total Contributions during 2021 attributable to 2020*	\$0.00
1.	Account Balance at the beginning of 2021 tax year	\$95.93

^{*} 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.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.

- 2. **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.
- 3. **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.
- 4. Verify the Information Provided: If any of the above information does not agree with your records, please contact HSA Bank at (800) 357-6246.
- 5. 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 filling 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:

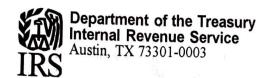
Online contributions*: April 15, 2022 (Must be submitted by 2:00 p.m., CT)
Wire contributions: April 15, 2022 (Must be received by 12:00 p.m., CT)
Mailed contributions: Received by April 15, 2022

*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.





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

15026 PLUMSTONE DR

EDEN PRAIRIE, MN 55347-5070

Date. February 14, 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.

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, or call the IRS Economic Impact Payment hotline at 800-919-9835.



Swaroopa 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.

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**, or call the IRS Economic Impact Payment hotline at 800-919-9835.

			[CORRECTED (if	checked)			
PAYER'S name, street address, city country, ZIP or foreign postal code,				1 Gross distribution	A 40 400 00	OMB No. 1545-0119	Distributi	ana Fram Dansions
TRANSAMERICA RETIRE 6400 C STREET SW				2a Taxable amount	\$43,106.97	2021	Annuities	ons From Pensions , Retirement or aring Plans, IRAs,
CEDAR RAPIDS, IA 52499	E				\$0.00	Form 1099-R	Insurance	Contracts, etc.
				2b Taxable amount not determined		Total distribution	n X	Copy B Report this income
FOR QUESTIONS CALL 8	88-976-49			3 Capital gain (Included	in box 2a)	4 Federal income tax withheld		on your federal tax return. If this form
PAYER'S TIN 13-3689044		***-**-4466		5 Employee contribution Roth contributions or	ns/Designated	6 Net unrealized appreciation in securities	employer's	shows federal income tax withheld in
RECIPIENT'S name, street address country, and ZIP or foreign postal co	(including ap	t. no.), city or to	own, state or province, 450DCE	premiums	ilisurance			box 4, attach this copy to your return.
KOMAKULA RAMESH 15206 PLUMSTONE DR				7 Distribution code(s)	IRA / SEP / SIMPLE	8 Other	%	This information
EDEN PRAIRIE, MN 55347	•			9a Your percentage of t	otal distribution %	9b Total employee contributions	j.	is being furnished to the IRS.
				14 State tax withheld		15 State/Payer's state no.		16 State distribution
				3		MN/1506071		*
10 Amount allocable to IRR within	11 1st year		12 FATCA filing	17 Local tax withheld		18 Name of locality		19 Local distribution
5 years Account number (see instructions)	Roth contri	b.	requirement 13 Date of payment	2 4/4/		j ,		
65157600001 Form 1099-R				www.irs.gov/Form10	100P	Department of the Treas	urv-Internal	Revenue Service
rom 1099-K		and and the same of the same o		www.irs.gov/Form to	eser estimate	Department of the ricus	ary intoma	The vertice of the
PAYER'S name, street address, city	or town state	e or province		CORRECTED (if o	checked)	OMB No. 1545-0119	7	
country, ZIP or foreign postal code,	and telephone	e no.		1 Closs distribution	\$43,106.97		Distribution	ons From Pensions , Retirement or
TRANSAMERICA RETIRE 6400 C STREET SW		·		2a Taxable amount		2021	Profit-Sha	aring Plans, IRAs, Contracts, etc.
CEDAR RAPIDS, IA 52499				2b Taxable amount not	\$0.00	Form 1099-R Total distribution		Copy C
FOR QUESTIONS CALL 8	88-976-49	905		determined 3 Capital gain (included	a (Asse)	4 Federal income tax withheld		For Recipient's Records
PAYER'S TIN	00 010 40	RECIPIENTS	S TIN	S Capital gain (included	III box 2a)	4 i oddia modnie ask mamora		al arealess of sales
13-3689044	1	***-**-446		5 Employee contribution Roth contributions or i	ns/Designated insurance	6 Net unrealized appreciation in securities	employer's	0
RECIPIENT'S name, street address country, and ZIP or foreign postal or KOMAKULA RAMESH		ot. no.), city or t	own, state or province, 450DCE	premiums	In. (050 / 57	8 Other		This information is
KOMAKULA RAMESH 15206 PLUMSTONE DR				7 Distribution code(s)	IRA / SEP / SIMPLE		%	being furnished to
EDEN PRAIRIE, MN 5534	7			9a Your percentage of to	otal distribution %	9b Total employee contributions		the IRS.
				14 State tax withheld	- 20	15 State/Payer's state no.		16 State distribution
Tarr.						MN/1506071		
10 Amount allocable to IRR within	11 1st yea Roth contr	r of desig.	12 FATCA filing	17 Local tax withheld		18 Name of locality		19 Local distribution
5 years Account number (see instructions)	Roth contr	ib.	requirement 13 Date of payment	4		g on the makes		
65157600001				iro gov/Form10	100D	Department of the Treasu	uny Internal [Povenue Senice
Form 1099-R	(keep fo	r your recor	ds)	www.irs.gov/Form10	ISSK	Department of the Treast	iry-internal i	Revenue Service
				Surger be			and p	
			,	CORRECTED (if	checked)		1.1	
PAYER'S name, street address, city				1 Gross distribution	4	OMB No. 1545-0119		From Donolono
country, ZIP or foreign postal code, TRANSAMERICA RETIRE				2a Taxable amount	\$43,106.97	2021	Annuities,	ons From Pensions , Retirement or
6400 C STREET SW CEDAR RAPIDS, IA 52499	i e			zu razasio amosin	\$0.00	Form 1099-R		ring Plans, IRAs, Contracts, etc.
				2b Taxable amount not determined		Total distribution	X	Copy 2 File this copy
FOR QUESTIONS CALL 8	88-976-49	905		3 Capital gain (included	in box 2a)	4 Federal income tax withheld		with your state, city, or local
PAYER'S TIN	and the	RECIPIENTS		5 Complexes sentribution	as/Decignated	6 Net unrealized appreciation in	employer's	Income tax
13-3689044 RECIPIENT'S name, street address	(including ar	***-**-4460 ot. no.), city or to		5 Employee contribution Roth contributions or i	insurance	6 Net unrealized appreciation in securities	Sp. 5	return, when required.
country, and ZIP or foreign postal or KOMAKULA RAMESH	ode		450DCE	7 Distribution code(s)	IRA/SEP/	8 Other	%	,
15206 PLUMSTONE DR	7			G 9a Your percentage of to	SIMPLE otal distribution	9b Total employee contributions	The second second	
EDEN PRAIRIE, MN 5534	e.			14 State tax withheld	%	15 State/Payer's state no.		16 State distribution
				14 State tax withheld		Sidion dyor s sidio no.		.o cate distribution
						MN/1506071		
10 Amount allocable to IRR within	11 1st yea		12 FATCA filing requirement	17 Local tax withheld	control according	18 Name of locality	-	19 Local distribution
5 years Account number (see instructions)	1.3 00/10	1000	13 Date of payment	=				
65157600001			1	10 March 10	and the second second	TENANT METERSON OF THE TENANT OF		7

FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN 13-3689044 RECIPIENTS TIN 45-2**-4466 RECIPIENTS 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 Distribution code(s) 14 State lax withheld 15 State/Payer's state no. MN/1506071 16 Amount allocable to IRR within 11 1st year of desig. Roth contrib. 13 Date of payment 25 FATCA filing requirement 26 FATCA filing requirement 27 FORM COUNTY, 2IP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499 28 Taxable amount not 10 Arability amount allocable to IRR within 11 Gross distribution 30 Capital gain (included in box 2a) 4 Federal income tax withheld 4 Federal income tax withheld 5 Not unrealized appreciation in employer's securities 4 Souther 4 Souther 7 Distribution code(s) 18 A Souther 9 Distribution code(s) 18 Name of locality 18 Name of locality 19 The contributions of insurance of the transport of the Treasury-Internal Reserved of the country, 2IP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6 ACOUNT RAPIDS, IA 52499 Distribution 10 Arability of the contributions of the Suppreciation in employer's securities 10 Authority of the unrealized appreciation in employer's securities 11 State Insurance of the unrealized appreciation in employer's securities 12 Acount in unrealized appreciation in employer's securities 13 Acount in unrealized appreciation in employer's securities 14 State Lax withheld 15 State/Payer's state no. 16 Nother 16 Acount number (see instructions) 18 Name of locality 18 Name of locality 19 Acount number (see instructions) 19 Total distribution 19 Acount number (see instructions) 19 Total employee contributions or insurance of the transported for the unrealized appreciation in employer's securities 16 Nother 17 Acount number (see instructions) 18 Nother 18 Acount number (see instructions) 19 Total employee ontributions ore	rement or Plans, IRAs, tracts, etc. by B ort this income our federal tax or. If this form was federal income withheld in 4, attach this y to your return. is information eing furnished to the income furnished to the in
Total distribution Total d	ort this income our federal tax in. If this form was federal income withheld in 4, attach this y to your return. Is information eing furnished to the income with the information eing furnished to the information eing furnished to the information wenue Service Serom Pension Retirement or ing Plans, IRAs, contracts, etc. Copy Correction or Recipient's Records This information is being furnished to
FOR QUESTIONS CALL 888-976-4905 A Federal income tax withheld SCOPIEST TIN 13-3689044 ***********4466 ******************	cour federal tax If this form ws federal income withheld in 4, attach this y to your return. s information eing fumished to the State distribution Local distribution Local distribution venue Service s From Pension tetirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being fumished to
PAYER'S TIN 13-3689044 RECIPIENT'S TIN 13-3689044 RECIPIENT'S TIN 13-3689044 RECIPIENT'S mame, street address (including apt. no.), city or lown, state or province, outliny, and ziP or foreign postal codes ROMAKULA RAMESH 15 State Itax withheld 15 State Payer's state no. 16 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 17 Local tax withheld 18 Name of locality 19 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 19 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 19 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 19 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 19 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 10 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 10 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 11 State of payment 12 FATCA filing requirement 13 Date of payment 14 State tax withheld 15 State Payer's state no. 16 MN/1506071 17 Local tax withheld 18 Name of locality 18 Name of locality 19 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 19 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 10 Amount allocable to IRR within Int stylear of deelg. Roth contrib. 11 State tax withheld 12 FATCA filing requirement 13 Capital gain (included in box 2a) 14 Federal income tax withheld 15 Employee contribution of insurance of the Treasury-Internal Records and telephone no. 15 Taxable amount not State of the Capital	withheld In 4, attach this y to your return. s information eing fumished to the . State distribution Local distribution Local distribution venue Service s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being fumished to
Ta-3ebs0444	4, attach this y to your return. s information eing furnished to the s. State distribution Local distribution Local distribution venue Service s From Pension Retirement or ng Plans, IRAs, Contracts, etc. Copy C For Recipient's Records This information is being furnished to
CORRECTED (if checked) Apartment of the Treasury-Internal Resembly, 2Partment of the Treasury-Internal Resembl	s information eing fumished to the s. State distribution Local distribution Local distribution venue Service s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being fumished to
Pa Your percentage of total distribution Second Parameter P	eing fumished to the State distribution Local distribution Local distribution venue Service s From Pension Retirement or ng Plans, IRAs, Contracts, etc. Copy C For Recipient's Records This information is being fumished to
14 State tax withheld	State distribution Local distribution venue Service s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
MN/1506071 19 19 19 19 19 19 19	s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
10 Amount allocable to IRR within 5 years Roth contrib. 11 1st year of desig. Roth contrib. 12 FATCA filing requirement 17 Local tax withheld 18 Name of locality 19 Sol tax withheld 19 Name of locality 19 Nam	s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
10 Amount allocable to IRR within 11 st year of desig. Roth contrib. 13 Date of payment 14 Decal tax withheld 15 State Payers 15 State Payers 16 Name of locality 17 Local tax withheld 18 Name of locality 18 Name of local tax withheld 18 Name of	s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
Account number (see instructions) \$5157600001 Form 1099-R WWW.irs.gov/Form1099R Department of the Treasury-Internal Re CORRECTED (if checked) CORRECTED (if checked) 1 Gross distribution \$329.58 QUESTIONS CALL 888-976-4905 FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN 13-3689044 ***-**-4466 RECIPIENT'S TIN 13-3689044 ***-**-4466 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and 2P or foreign postal code KOMÁKULA RAMESH 15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347 10 Amount allocable to IRR within 11 1st year of desig. Roth contributions 13 Date of payment WWW.irs.gov/Form1099R Department of the Treasury-Internal Re OMB No. 1545-0119 Distribution \$329.58 2a Taxable amount \$329.58 Form 1099-R Payers TiN \$4500 Sapital gain (included in box 2a) 4 Federal income tax withheld \$65.92 5 Employee contributions/Designated Roth contributions or insurance premiums 7 Distribution code(s) 1 SIMPLE 9a Your percentage of total distribution 9b Total employee contributions 14 State tax withheld 15 State/Payer's state no. MN/1506071 18 Name of locality 18 Name of locality	s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being fumished to
CORRECTED (if checked) CORRECTED (if checked) CORRECTED (if checked) 1 Gross distribution \$329.58 2021 From 1099-R Distribution Sa29.58 2021 From 1099-R Profit-Shari Insurance County and zive foreign postal code (and distribution \$329.58 From 109-R 2021 From 1099-R 2021 From 109-R 2021 From 1099-R 2021 From 109-R 2021 From 109-R	s From Pension Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being fumished to
CORRECTED (if checked) PAYER'S name, street address, city or town, state or province, 20 pountry, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499 FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN 13-3689044 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, 20 pountry, ziP or foreign postal code (SOMAKULA RAMESH) 15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347 Total distribution RECIPIENT'S name, street address (including apt. no.), city or town, state or province, 450DCB Total distribution Total distribution of determined Total distribution of the cetermined Total distribution of the cetermined Total distribution of the cetermined Total distribution of the cetermined of	Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
CORRECTED (if checked) CORRECTED (if checked) 1 Gross distribution \$329.58 2021 Form 1099-R Distribution Annuities, R PAYER'S name, street address, city or town, state or province, sountry, ZiP or foreign postal code, and telephone no. RANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499 FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN RECIPIENT'S TIN 3-3-6899044 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 CORRECTED (if checked) 1 Gross distribution \$329.58 2a Taxable amount Corrections \$329.58 2b Taxable amount Corrections Total distribution Total distribution X 5 Employee contributions/Designated Roth contributions or insurance premiums 7 Distribution code(s) RA/SEP/ SIMPLE 9a Your percentage of total distribution 9b Total employee contributions 15 State/Payer's state no. MNV/1506071 16 Amount allocable to IRR within 11 1st year of desig. Roth contrib. 13 Date of payment Account number (see instructions) 13 Date of payment	Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
PAYER'S name, street address, city or town, state or province, country, 2IP or foreign postal code, and telephone no. \$329.58 1 Gross distribution \$329.58 2021 \$2021 \$7018 No. 1545-0119 2022 \$329.58 Form 1099-R PAYER'S TIN \$329.58 FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN \$3-3689044 ****_***_4466 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code **KOMAKULA RAMESH \$329.58 FOR 1099-R ***_***_4466 ***_***_4466 ***_**_**_4466 ***_**_**_*_*_*_*_*_*_*_*_*_*_*_*_*_	Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
Distribution Annuities, f FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN RECIPIENT'S TIN 13-3689044 RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code KOMAKULA RAMESH EDEN PRAIRIE, MN 55347 Distribution Annuities, f Form 1099-R 2a Taxable amount \$329.58 2021 Form 1099-R Distribution Annuities, f Form 1099-R Distribution Annuities, f Form 1099-R 2a Taxable amount not determined 3 Capital gain (included in box 2a) 5 Employee contributions/Designated Roth contributions or insurance premiums 7 Distribution code(s) 1 RA/SEP/ 1 SIMPLE 9a Your percentage of total distribution 9b Total employee contributions MN/1506071 10 Amount allocable to IRR within 5 years Account number (see instructions) 13 Date of payment	Retirement or ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
\$200 C STREET SW CEDAR RAPIDS, IA 52499 \$329.58 Form 1099-R Profit-Shari Insurance C 2b Taxable amount not determined	ng Plans, IRAs, contracts, etc. Copy C For Recipient's Records This information is being furnished to
FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN 13-3689044 RECIPIENT'S TIN 13-3689044 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 PAYOUR percentage of total distribution 11 1st year of desig. Roth contrib. 12 FATCA filing requirement 13 Date of payment PACCOUNT number (see instructions) 14 Federal income tax withheld Federal income tax withheld 6 Net unrealized appreciation in employer's securities Formour total distribution of insurance premiums 7 Distribution code(s) SIRA / SEP / SIMPLE 9a Your percentage of total distribution 9b Total employee contributions MN/1506071 17 Local tax withheld 18 Name of locality	Copy C For Recipient's Records This information is being furnished to
FOR QUESTIONS CALL 888-976-4905 PAYER'S TIN 13-3689044 RECIPIENT'S TIN ***-**-4466 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 FOR QUESTIONS CALL 888-976-4905 3 Capital gain (included in box 2a) 4 Federal income tax withheld 5 Employee contributions/Designated Roth contributions or insurance premiums 7 Distribution code(s) 1 RA / SEP / SIMPLE 9a Your percentage of total distribution 9b Total employee contributions 450DCB 14 State tax withheld 15 State/Payer's state no. MN/1506071 10 Amount allocable to IRR within 5 years Roth contrib. 13 Date of payment 17 Local tax withheld 18 Name of locality	For Recipient's Records This information is being furnished to
RECIPIENT'S TIN 13-3689044 ***-**-4466 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 ***-**-4466 5 Employee contributions/Designated Roth contributions or insurance premiums 7 Distribution code(s) 1 RA / SEP / SIMPLE 9a Your percentage of total distribution 9b Total employee contributions 14 State tax withheld 15 State/Payer's state no. MN/1506071 10 Amount allocable to IRR within 5 years Account number (see instructions) 13 Date of payment	This information is being furnished to
13-3689044 ***_**_4466 ***_**_4466 ***_**_4466 ***_**_4466 ***_**_4466 ***_**_4466 ***_**_*_4466 ***_**_*_4466 ***_**_*_*_4466 ***_**_*_*_*_4466 ***_**_*_*_*_*_*_*	being fumished to
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 9a Your percentage of total distribution % 14 State tax withheld 15 State/Payer's state no. MN/1506071 10 Amount allocable to IRR within 5 years Roth contrib. 11 1st year of desig. Roth contrib. 12 FATCA filing requirement countributions 13 Date of payment 17 Local tax withheld 18 Name of locality	being fumished to
15206 PLUMSTONE DR EDEN PRAIRIE, MN 55347 9a Your percentage of total distribution % 14 State tax withheld 15 State/Payer's state no. MN/1506071 10 Amount allocable to IRR within 5 years Account number (see instructions) 13 Date of payment	being fumished to
9a Your percentage of total distribution 9b Total employee contributions 14 State tax withheld 15 State/Payer's state no. MN/1506071 10 Amount allocable to IRR within 5 years Account number (see instructions) 13 Date of payment 9a Your percentage of total distribution 9b Total employee contributions 15 State/Payer's state no. MN/1506071 17 Local tax withheld 18 Name of locality	•
14 State tax withheld 15 State/Payer's state no. MN/1506071 10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. 12 FATCA filing requirement requirement 13 Date of payment 13 Date of payment	
MN/1506071 10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. 12 FATCA filing requirement Contrib. 13 Date of payment 17 Local tax withheld 18 Name of locality	40 01-4
10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib. 12 FATCA filing requirement 13 Date of payment 17 Local tax withheld 18 Name of locality 18 Name of locality 19 Name of locality	16 State distribution
5 years Roth contrib. Requirement requirement 13 Date of payment 13 Date of payment	
Account number (see instructions) 13 Date of payment	19 Local distribution
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal	Revenue Service
CORRECTED (if checked)	1.20
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 1 Gross distribution OMB No. 1545-0119 Distribution	ons From Pensi
TRANSAMERICA RETIREMENT SOLUTIONS 2. Tarable annual 2021 Annuities	Retirement or
	aring Plans, IRA e Contracts, etc
2b Taxable amount not Total distribution Y	Copy 2
FOR QUESTIONS CALL 888-976-4905 determined 3 Capital gain (included in box 2a) 4 Federal income tax withheld	File this copy with your state,
PAYER'S TIN RECIPIENT'S TIN \$65.9	city, or local
13-3689044 ***-**-4466 5 Employee contributions/Designated Roth contributions or insurance 6 Net unrealized appreciation in employer's securities	income tax return, when
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code	required.
KOMAKULA RAMESH 15206 PLUMSTONE DR 7 Distribution code(s) 1 IRA / SEP / SIMPLE %	- equired.
EDEN PRAIRIE, MN 55347 9a Your percentage of total distribution 9b Total employee contributions	- required.
% 14 State tax withheld 15 State/Payer's state no.	
To Glate/F ayer 5 State flo.	
i ii	16 State distribu
MN/1506071	
10 Amount allocable to IRR within 11 1st year of desig. 12 FATCA filing 17 Local tax withheld 18 Name of locality	16 State distribu
AC A THE STATE OF	