

**FORM W-2 Wage and Tax Statement**  
 Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns.  
 If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION 111585.01	2. FEDERAL INCOME TAX WITHHELD 19498.73
B. EMPLOYER IDENTIFICATION NUMBER 38-1889682		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 482-95-4570		3. SOCIAL SECURITY WAGES 118484.12	4. SOCIAL SECURITY TAX WITHHELD 7346.02
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE REINALT-THOMAS CORPORATION & 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255				5. MEDICARE WAGES AND TIPS 118484.12	6. MEDICARE TAX WITHHELD 1718.02
				7. SOCIAL SECURITY TIPS	8. ALLOCATED TIPS
				9.	10. DEPENDENT CARE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL HARI VENKATA RE ANNAPAREDDY 21320 N 56TH ST UNIT 2198 PHOENIX, AZ 85054				11. NONQUALIFIED PLANS	12. a-d D 6899.11 DD 6587.36
F. EMPLOYEE'S ADDRESS AND ZIP CODE				13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
15. STATE AZ	EMPLOYER'S STATE I.D. NO. 0381889682	16. STATE WAGES, TIPS, ETC. 111585.01	17. STATE INCOME TAX 3826.55	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX
20. LOCALITY NAME					

FOLD AND TEAR ALONG PERFORATION

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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return

2021

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Copy B To be filed with Employee's FEDERAL tax return

2021

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**FORM W-2 Wage and Tax Statement**

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Visit [www.irs.gov/efile](http://www.irs.gov/efile) for e-file details.

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**W-2 AND WAGE SUMMARY**

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

VOID  
 CORRECTED

OMB No. 1545-2251  
**2021**

▶ 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.

**Applicable Large Employer Member (Employee)**

<b>1</b> Name of employee (first name, middle initial, last name) Hari Venkata Reddy	<b>2</b> Social security number (SSN) ***-**-4570	<b>7</b> Name of employer The Reinalt Thomas Corporation	<b>8</b> Employer identification number (EIN) 38-1889682
<b>3</b> Street address (including apartment no.) 21320 N 56th St, Unit 2198	<b>6</b> Country and ZIP or foreign postal code US 85054	<b>9</b> Street address (including room or suite no.) 20225 N Scottsdale Rd Scottsdale	<b>10</b> Contact telephone number 480-606-6000
<b>4</b> City or town Phoenix	<b>5</b> State or province AZ	<b>11</b> City or town Scottsdale	<b>12</b> State or province AZ
<b>13</b> Country and ZIP or foreign postal code US 85255			

<b>Part II</b> Employee Offer of Coverage	All 12 Months	Employee's Age on January 1 29														
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
<b>14</b> Offer of Coverage (enter required code) 1E																
<b>15</b> Employee Required Contribution (see instructions) \$100.45	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>16</b> Section 4980H Self-Harbor and Other Relief (enter code, if applicable) 2C																
<b>17</b> ZIP Code																

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

Cat. No. 60705M

Form 1095-C (2021)