## 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 turnished 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	2021	OMB NO. 1545 - 0	0008	MAGES, TIPS, OTHER, COMPENSATION 11	1585.01	2 FEDERAL I	NCOME TAX WITHHELD	19498.73	
B. EMPLOYER IDENTIFIC 38-18896	CATION NUMBER	482-95	SOCIAL SECURITY NUMBER	3.0	SOCIAL SECURITY WAGES	8484.12		CURITY TAX WITHHELD	7346.02	
C. EMPLOYER'S NAME. A	ADDRESS, AND ZIP CODE THOMAS CORPORATIO	ON .		8.A	MEDICARE WAGES AND TIPS  11	8484.12	0.5315.57.00	TAX WITHHELD	1718.02	
&	& 20225 N SCOTTSDALE ROAD		Retirement Third- Plan Sick	Perty	SOCIAL SECURITY TIPS		8 ALLOCATED TIPS			
SCOTTSDALE, AZ 85255			$\boxtimes$	9	0			10 DEPENDENT CARE BENEFITS		
E EMPLOYEE'S FIRST NO HARI VENI		Calden 1		SUFF. II.	NONQUALIFIED PLANS		12 a-d	D	6899.11	
ANNAPAREI 21320 N UNIT 219	DDY 56TH ST 8			14	OTHER			DD	6587.36	
		AGES, TIPS, ETC.	17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME	TAX	20 LOCALITY NAME		
AZ 038	1889682	111585.0	1 38	26.55						

D. CONTROL	1100	nation is being furnished to the	ОМВ	NO. 1545 - 0008	1 WAGES, TIPS, OTHER, COMPENSATION 111585.01			2 FEDERAL	INCOME TAX WITHHELD 19498.73			
B. EMPLOYER IDENTIFICATION NUMBER  38-1889682  C. EMPLOYER'S SOCIAL SECURITY NUMBER  482-95-4570  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  REINALT-THOMAS CORPORATION &					3. SOCI	AL SECURITY WAGES	18484.12		CURITY TAX WITHHELD	7346.02		
					5. MEDICARE WAGES AND TIPS 118484.12			6 MEDICARE TAX WITHHELD 1718.0				
20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255						7. SOCIAL SECURITY TIPS			8 ALLOCATED TIPS			
SCOTTSDAIL, AL 03233				•			10. DEPENDENT CARE BENEFITS					
E EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME HARI VENKATA RE ANNAPAREDDY					11. NON	11. NONQUALIFIED PLANS		12 a-d	D DD	6899.11 6587.36		
21320 N 56TH ST UNIT 2198						ER						
PHOENIX, AZ 85054								13. Statutory Employee	Retirement Plan	X Third-Party Sick Pey		
15. STATE	EMPLOYER'S STATE ID NO.	16. STATE WAGES, TIPS.	етс. .585.01	17. STATE INCOME TAX	66	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME	TAX	20. LOCALITY NAME			

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

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FOLD AND TEAR ALONG PERFORATION

D. CONTROL NUM	BER This information is Internal Revenue 5	being furnished to the	OMB NO. 1545 - 0008	1. WAG	es, tips, other, compensation 1	11585.01		L INCOME TAX WITHHELD	19498.73	
					AL SECURITY WAGES	18484.12	4. SOCIAL SECURITY TAX WITHHELD 7346.0			
C. EMPLOYER'S N.	AME, ADDRESS, AND ZIP CODE T-THOMAS CORPO	ORATION &	.0	5. MEDI	CARE WAGES AND TIPS	18484.12	6. MEDICA	RE TAX WITHHELD	1718.02	
20225	N SCOTTSDALE DALE, AZ 8525	ROAD		7. SOCI	AL SECURITY TIPS		8. ALLOCA	TED TIPS		
300113	DANE, AB 0020	0.			10. DEPENDENT CARE BENEFITS					
E EMPLOYEE'S FIF	RST NAME AND INITIAL ENKATA RE ANN	APAREDDY	SUFF.	11. NON	QUALIFIED PLANS		12 a-d	D	6899.11	
21320 UNIT 2	N 56TH ST 198			14. OTH	ER			DD	6587.36	
	X, AZ 85054						13. Statutory Employee		X Third-Party Sick Pay	
S. STATE EN	APLOYER'S STATE ID. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX 3.01 382	5.55	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOMET	AX	20, LOCALITY NAME		

FORM W-2 Wage and Tax Statement

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D. CONTROL NUMBER	This information is being for	umished to the OM	B NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION 111585.01			2. FEDERAL II	RAL INCOME TAX WITHHELD 19498.73		
B. EMPLOYER IDENTIFICATION NUMBER 38-1889682				3. SOCIAL	SECURITY WAGES	18484.12	4. SOCIAL SECURITY TAX WITHHELD 7346.02			
C. EMPLOYER'S NAME,	DORESS, AND ZIP CODE	ATION &	1.00	5. MEDICA	RE WAGES AND TIPS	18484.12	6. MEDICARE	TAX WITHHELD	1718.02	
REINALT-THOMAS CORPORATION & 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255				7. SOCIAL SECURITY TIPS 8. /			8. ALLOCATED	8. ALLOCATED TIPS		
SCOTTSDALE, AZ 05255					•			10. DEPENDENT CARE BENEFITS		
EMPLOYEE'S FIRST N	des Canada annia de	NAME	SUFF.	11. NONQ	UALIFIED PLANS	1	12 e-d	D	6899.11	
HARI VEN 21320 N UNIT 219	6TH ST	KEDDI		14. OTHER				DD	6587.36	
PHOENIX,	AZ 85054			2 1/4			13. Statutory Employee	Retirement Plan	X Third-Party Sick Pay	
EMPLOYEE'S ADDRESS		STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	5.55	8. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME	TAX	20. LOCALITY NAME		

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

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FOLD AND TEAR ALONG PERFORATION Visit www.irs.gov/efile for e-file details.

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1095-C 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 15 Employee
Required
Contribution (see
instructions) 14 Offer of Coverage (enter required code) Department of the Treasury Internal Revenue Service 4 City or town Phoenix For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 3 Street address (including apartment no.) 17 ZIP Code 21320 N 56th St, Unit 2198 Part II Employee Offer of Coverage Part II Employee \$100.45 All 12 Months 5 State or province AZ Jan Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1085C for instructions and the latest information. Feb 2 Social security number (SSN)
\*\*\*\_\*\*\_4570 6 Country and ZIP or foreign postal code US 85054 Mar Employee's Age on January 1 ð May Scottsdale 9 Street address (including room or suite no.) 7 Name of employer 20225 N Scottsdale Rd The Reinalt Thomas Corporation June Applicable Large Employer Member (Employer) 29 July Cat. No. 60705M 12 State or province Plan Start Month (enter 2-digit number): 01 Aug Sept CORRECTED DION S S 8 Employer Identification number (EIN) 38-1889682 13 Country and ZIP or foreign postal code US 85255 480-606-6000 10 Contact telephone number OMB No. 1545-2251 Vov Form 1095-C (2021) Dec printed by

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