

CORRECTED

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

OTTAWA UNIVERSITY

1001 S. CEDAR, #20

OTTAWA KS 66067

1-785-229-1098

1 Payments received for qualified tuition and related expenses

\$ 9720.00

2

OMB No. 1545-1574

2019

Form 1098-T

Tuition Statement

Copy B For Student

This is important tax information and is being furnished to the IRS. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

FILER'S employer identification no.

48-0543772

STUDENT'S TIN

XXX-XX-5213

STUDENT'S name

SUDHIR VAMAN HOLLA

Street address (including apt. no.)

1035 ASTER AVE APT 2235

City or town, state or province, country, and ZIP or foreign postal code

SUNNYVALE CA 94086-2225

Service Provider/Acct. No. (see instr.)

319056

8 Check if at least half-time student

9 Checked if a graduate student

10 Ins. contract reimb./refund

\$

4 Adjustments made for a prior year

\$ 2000.00

6 Adjustments to scholarships or grants for a prior year

\$ 0.00

7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2020

Form 1098-T

(keep for your records)

www.irs.gov/Form1098T

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
HEALTH EQUITY CORPORATE
15 WEST SCENIC POINTE DRIVE SUITE 400
DRAPER, UT 84020

1 Employee or self-employed person's Archer MSA contributions made in 2019 and 2020 for 2019
\$0.00

OMB No. 1545-1518
2019

HSA, Archer MSA, or Medicare Advantage MSA Information

TRUSTEE'S TIN
52-2383166

2 Total contributions made in 2019
\$650.00

Form **5498-SA**
3 Total HSA or Archer MSA contributions made in 2020 for 2019
\$0.00

Copy B
For Participant

PARTICIPANT'S name
SUDHIR HOLLA

Street address (including apt. no.)
1035 ASTER AVE, APT 2235

City or town, state or province, country, and ZIP or foreign postal code
SUNNYVALE, CA 94086

Account number (see instructions)
4634772

4 Rollover contributions
\$0.00

6 HSA
 Archer MSA
 MA MSA

5 Fair market value of HSA, Archer MSA, or MA MSA
\$1,170.53

This information is being furnished to the IRS.

OMB No. 1545-0008

a Employee's social security number 835-48-5213	1 Wages, tips, other compensation 96965.25	2 Federal income tax withheld 16354.73
b Employer identification number (EIN) 710794409	3 Social security wages	4 Social security tax withheld
d Control Number	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
WAL-MART ASSOCIATES, INC.
702 S.W. 8TH ST
BENTONVILLE, AR 72716-0135

7 Social security tips	8 Allocated tips	9
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10 Dependent care benefits	11 Nonqualified plans	12a DD 3015.40
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14 Other CASDI 1033.00	12b D 5677.85
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	12c W 650.00
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e Employee's name, address, and ZIP code SUDHIR HOLLA 1035 ASTER AVE, APT 2235 SUNNYVALE, CA 94086	12d
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	12e
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Import Code: 7UZ3JTQR	13 Statutory employee	Retirement plan	Third party sick pay
		X	

2019	15 State CA	Employer's state I.D. no. 427 5978 7	16 State wages, tips, etc. 97615.25
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Form W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 6384.62	18 Local wages, tips, etc.
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19 Local income tax	20 Locality name
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1000765931

Department of the Treasury-
Internal Revenue Service

OMB No. 1545-0008

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SUDHIR HOLLA
1035 ASTER AVE, APT 2235
SUNNYVALE, CA 94086
Import Code: 7UZ3JTQR

12d
12e
13 Statutory employee Retirement plan Third party sick pay X

2019

15 State CA	Employer's state I.D. no. 427 5978 7	16 State wages, tips, etc. 97615.25
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Form **W-2** Wage and Tax Statement
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

17 State income tax 6384.62	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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Department of the Treasury-
Internal Revenue Service

OMB No. 1545-0008

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 SUDDHIR HOLLA
 1035 ASTER AVE, APT 2235
 SUNNYVALE, CA 94086

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W-2 Wage and Tax Statement
 Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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.

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W-2 Wage and Tax Statement
 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

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Internal Revenue Service