

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-1293	1 Wages, tips, other comp. 222612.33	2 Federal income tax withheld 36867.39	b Employer ID number (EIN) 53-0088710	3 Social security wages 142800.00	4 Social security tax withheld 8853.60
	5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64		5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64
c Employer's name, address, and ZIP code Financial Industry Regulatory Authority, Inc. 9509 Key West Avenue Rockville, MD 20850					
d Control number					
e Employee's name, address, and ZIP code Geethalakshmi Ramachandran 18003 Foxworth Ct Germantown, MD 20874					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 366.24			
13 Statutory employee Retirement plan X Third-party sick pay	14 Other		12b Code D 19500.00		
			12c Code DD 31914.00		
			12d Code		
MD 02118402	222612.33	18042.31			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-1293	1 Wages, tips, other comp. 222612.33	2 Federal income tax withheld 36867.39	b Employer ID number (EIN) 53-0088710	3 Social security wages 142800.00	4 Social security tax withheld 8853.60
	5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64		5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64
c Employer's name, address, and ZIP code Financial Industry Regulatory Authority, Inc. 9509 Key West Avenue Rockville, MD 20850					
d Control number					
e Employee's name, address, and ZIP code Geethalakshmi Ramachandran 18003 Foxworth Ct Germantown, MD 20874					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code C 366.24			
13 Statutory employee Retirement plan X Third-party sick pay	14 Other		12b Code D 19500.00		
			12c Code DD 31914.00		
			12d Code		
MD 02118402	222612.33	18042.31			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-1293	1 Wages, tips, other comp. 222612.33	2 Federal income tax withheld 36867.39	b Employer ID number (EIN) 53-0088710	3 Social security wages 142800.00	4 Social security tax withheld 8853.60
	5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64		5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64
c Employer's name, address, and ZIP code Financial Industry Regulatory Authority, Inc. 9509 Key West Avenue Rockville, MD 20850					
d Control number					
e Employee's name, address, and ZIP code Geethalakshmi Ramachandran 18003 Foxworth Ct Germantown, MD 20874					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 366.24			
13 Statutory employee Retirement plan X Third-party sick pay	14 Other		12b Code D 19500.00		
			12c Code DD 31914.00		
			12d Code		
MD 02118402	222612.33	18042.31			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
This information is being furnished to the IRS. 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.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008		
a Employee's soc. sec. no. XXX-XX-1293	1 Wages, tips, other comp. 222612.33	2 Federal income tax withheld 36867.39	b Employer ID number (EIN) 53-0088710	3 Social security wages 142800.00	4 Social security tax withheld 8853.60
	5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64		5 Medicare wages and tips 242112.33	6 Medicare tax withheld 3889.64
c Employer's name, address, and ZIP code Financial Industry Regulatory Authority, Inc. 9509 Key West Avenue Rockville, MD 20850					
d Control number					
e Employee's name, address, and ZIP code Geethalakshmi Ramachandran 18003 Foxworth Ct Germantown, MD 20874					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code C 366.24			
13 Statutory employee Retirement plan X Third-party sick pay	14 Other		12b Code D 19500.00		
			12c Code DD 31914.00		
			12d Code		
MD 02118402	222612.33	18042.31			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement 2021 Dept. of the Treasury - IRS
BW24UP NTF 2584428 **1 BW24UP 4UPPERFI** * NTF 0492

MDG2022 00002969 01



GANESH MANGUDI DHARMARAJAN
18003 FOXWORTH CT
GERMANTOWN MD 20874-2267



**

This information is being furnished to the Internal Revenue Service.

Copy B — To Be Filed With Employee's FEDERAL Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 38929.95	2 Federal income tax withheld 5098.24	
a Employee's SSN 310-31-6595	3 Social security wages 40122.27	4 Social security tax withheld 2487.58		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 40122.27	6 Medicare tax withheld 581.77		
c Employer's name, address and ZIP code WEST PUBLISHING CORPORATION 610 OPPERMAN DRIVE EAGAN, MN 55123				
d Control number				
e — f Employee's name, address and ZIP code GANESH MANGUDI DHARMARAJAN 18003 FOXWORTH COURT GERMANTOWN, MD 20874				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code C	See instr. for box 12 14.55	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	12b code D	1192.32	
14 Other		12c code		
		12d code		
15 State MD	Employer's state ID no. 00640224	16 State wages, tips, etc. 38929.95	17 State income tax 3177.87	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 38929.95	2 Federal income tax withheld 5098.24	
a Employee's SSN 310-31-6595	3 Social security wages 40122.27	4 Social security tax withheld 2487.58		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 40122.27	6 Medicare tax withheld 581.77		
c Employer's name, address and ZIP code WEST PUBLISHING CORPORATION 610 OPPERMAN DRIVE EAGAN, MN 55123				
d Control number				
e — f Employee's name, address and ZIP code GANESH MANGUDI DHARMARAJAN 18003 FOXWORTH COURT GERMANTOWN, MD 20874				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code C	See instr. for box 12 14.55	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	12b code D	1192.32	
14 Other		12c code		
		12d code		
15 State MD	Employer's state ID no. 00640224	16 State wages, tips, etc. 38929.95	17 State income tax 3177.87	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department 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.

Copy C — For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 38929.95	2 Federal income tax withheld 5098.24	
a Employee's SSN 310-31-6595	3 Social security wages 40122.27	4 Social security tax withheld 2487.58		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 40122.27	6 Medicare tax withheld 581.77		
c Employer's name, address and ZIP code WEST PUBLISHING CORPORATION 610 OPPERMAN DRIVE EAGAN, MN 55123				
d Control number				
e — f Employee's name, address and ZIP code GANESH MANGUDI DHARMARAJAN				

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2021		1 Wages, tips, other comp. 38929.95	2 Federal income tax withheld 5098.24	
a Employee's SSN 310-31-6595	3 Social security wages 40122.27	4 Social security tax withheld 2487.58		
b Employer ID No. (EIN) 41-1426973	5 Medicare wages and tips 40122.27	6 Medicare tax withheld 581.77		
c Employer's name, address and ZIP code WEST PUBLISHING CORPORATION 610 OPPERMAN DRIVE EAGAN, MN 55123				
d Control number				
e — f Employee's name, address and ZIP code				

000000 01 01 002969 003305 P

Form 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.

VOID
 CORRECTED

OMB No. 1545-2251

2021

Part I Employee

1 Name of employee (first name, middle initial, last name)
Geethalakshmi Ramachandran

2 Social security number (SSN)
***-**-1293

3 Street address (including apartment no.)
18003 Foxworth Ct

4 City or town
Germantown

5 State or province
MD

6 Country and ZIP or foreign postal code
US 20874

7 Name of employer
Financial Industry Regulatory Authority, Inc.

8 Employer identification number (EIN)
53-0088710

9 Street address (including room or suite no.)
9509 Key West Avenue

10 Contact telephone number
240-386-6801

11 City or town
Rockville

12 State or province
MD

13 Country and ZIP or foreign postal code
US 20850

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

All 12 Months	Employee's Age on January 1												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$130.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													

Plan Start Month (enter 2-digit number): 01

17 ZIP Code

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

Cat. No. 60705M

Form **1095-C** (2021)

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.

	(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	Geethalakshmi Ramachandrar	***-**-1293		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Ganesh Dharmarajan	***-**-6595		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Gautam Ganesh	***-**-2703		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Grishha Ganesh	***-**-3327		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

VOID
 CORRECTED

Part I Employee		2 Social security number (SSN) ***-**-6595		Applicable Large Employer Member (Employer)				8 Employer identification number (EIN) 41-1426973																
1 Name of employee (first name, middle initial, last name) GANESH MANGUDI DHARMARAJAN				7 Name of employer WEST PUBLISHING CORPORATION				10 Contact telephone number 866-443-6947																
3 Street address (including apartment no.) 18003 FOXWORTH COURT				9 Street address (including room or suite no.) 610 OPPERMAN DRIVE				13 Country and ZIP or foreign postal code 55123																
4 City or town GERMANTOWN		5 State or province MD		6 Country and ZIP or foreign postal code 20874		11 City or town EAGAN		12 State or province MN		13 Country and ZIP or foreign postal code 55123														
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): 01																
												All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)												1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1A	1A	
15 Employee Required Contribution (see instructions)												\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)												2A	2A	2A	2A	2A	2A	2A	2A	2A	2D	2G	2G	
17 ZIP Code																								

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2021)

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 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																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						
27																						
28																						
29																						
30																						

BANK OF AMERICA, N.A.
TAX REPORTING
PO BOX 15293
WILMINGTON, DE 19850-5293

TAX STATEMENT FOR YEAR 2021

THIS STATEMENT REPORTS 1099-INT (OMB No. 1545-0112),
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

BANK OF AMERICA  BANK# 00358

MANGUDI D GANESH
18003 FOXWORTH CT
GERMANTOWN MD 20874-2267

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

***-**-6595

For Form 1099-A, B, C, DIV, INT, K, MISC, OID, Q, S, and SA: This 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 this income is taxable and the IRS determines that it has not been reported.

2021 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
ADVANTAGE SVGS BOX 1 MANGUDI D GANESH	0044-6860-7931	INTEREST INCOME 107.65
ADV REL BANKING BOX 1 MANGUDI D GANESH	4460-0609-4658	INTEREST INCOME 40.61
TOTAL INTEREST		148.26

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

BANKOFAMERICA.COM
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE

