## 2021 W-2 and EARNINGS SUMMARY

W—2 Wage and Tax Statement 2021

Statement Corp. Corp. Employer use only S148481 VSP

Wage and Tax 2021

Code Corp. Corp. Employer use only S 114321

Employee Reference Copy

Employer's name, address, and ZIP code
CHARTER COMM HOLDING CO, LLC
AS AGENT FOR CHARTER COMMUNICATI
7800 CRESCENT EXECUTIVE DRIVE
CHARLOTTE, NC 28217

ef Employee's name, address, and ZIP code LAKSHMI NARAYANA REDDY KUMATHI 4103 CHINABERRY LANE NAPERVILLE, IL 60564

b	Emplo	yer's FED ID number 43-1854210	a Emple	oyee's SSA number XXX-XX-6065		
1	Wage	s, tips, other comp.	2 Feder	al income tax withheld		
		100018.40		5620.76		
3	Socia	security wages	4 Socia	I security tax withheld		
		106463.22		6600.72		
5	Medic	are wages and tips	8 Medic	are tax withheld		
		106463.22		1543.72		
7	Socia	security tips	8 Alloca	ited tips		
9			10 Dependent care benefits			
11	Nonqu	alified plans	12a See in:	structions for box 12 313.02		
	Out		12b D	6444.82		
14	Other		12c DD	22310,28		
			12d W I	1999.92		
			13 Stat em	Pip. Ret. plan 3rd party sick pay		
15	State	Employer's state ID no	o. 16 State	wages, tips, etc.		
	MO	17527678		100018.40		
17	State	3866,00	18 Local	wages, tips, etc.		
19	Local	income tax	20 Locality name			

BASED ON YOUR ANNUAL EARNINGS, YOU MAY BE ELIGIBLE TO RECEIVE THE EARNED INCOME TAX CREDIT FROM THE FEDERAL GOVERNMENT. THE EARNED INCOME TAX CREDIT IS A REFUNDABLE FEDERAL INCOME TAX CREDIT FOR LOW-INCOME WORKING INDIVIDUALS AND FAMILIES. THE EARNED INCOME TAX CREDIT HAS NO EFFECT ON CERTAIN WELFARE BENEFITS. IN MOST CASES, EARNED INCOME TAX CREDIT PAYMENTS WILL NOT BE USED TO DETERMINE ELIGIBILITY FOR MEDICAID, SUPPLEMENTAL SOCIAL SECURITY INCOME, FOOD STAMPS, LOW-INCOME HOUSING OR MOST TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PAYMENTS. EVEN IF YOU DO NOT OWE FEDERAL TAXES, YOU MUST FILE A TAX RETURN TO RECEIVE THE EARNED INCOME TAX CREDIT. BE SURE TO FILL OUT THE EARNED INCOME TAX CREDIT FORM IN THE FEDERAL INCOME TAX RETURN BOOKLET. FOR INFORMATION REGARDING YOUR ELIGIBILITY TO RECEIVE THE EARNED INCOME TAX CREDIT OR TO OBTAIN NECESSARY FORMS AND INSTRUCTIONS, CONTACT THE INTERNAL REVENUE SERVICE AT 1-800-829-3676 OR THROUGH ITS WEB SITE AT WWW.IRS.GOV.

PAGE 01 OF 01

LAKSHMI NARAYANA REDDY KUMATHI 4103 CHINABERRY LANE NAPERVILLE, IL 60564 Social Security Number: XXX-XX-6065

1	Wages, tips, other comp. 100018 . 40	2 F	ederal income tax withheld 5620.76
3	Social security wages 106463.22	4 S	ocial security tax withheld 6600.72
5	Medicare wages and tips	6 N	ledicare tax withheld

Employer's name, address, and ZIP code
CHARTER COMM HOLDING CO, LLC
AS AGENT FOR CHARTER COMMUNICATI
7800 CRESCENT EXECUTIVE DRIVE
CHARLOTTE, NC 28217

b Employer's FED ID nur 43-1854210	ber a Employee's SSA number XXX - XX - 6065
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 313.02
14 Other	12b D   6444.82
	12c DD 22310.28
	12d W 1999.92
	13 Stat emp. Ret. pian 3rd party sick pr

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

LAKSHMI NARAYANA REDDY KUMATHI 4103 CHINABERRY LANE NAPERVILLE, IL 60564

15	State MO	Employer's state ID no. 17527678	16 State wages, tips, etc. 100018 . 40
17	State	3866.00	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

W-2 Wage and Tax Statement

| 1 Wages, tips, other comp. 100018 . 40 | 2 Federal income tax withheld 5620 . 76 | 3 Social security wages 106463 . 22 | 4 Social security tax withheld 6600 . 72 | 5 Medicare wages and tips 106463 . 22 | 6 Medicare tax withheld 1543 . 72 | d Control number 6148481 VSP | Dept. | Corp. | Employer use only 114321 | Employer use only 114321 | Corp. | Corp. | Employer use only 114321 | Corp. | Corp. | Corp. | Corp. | Corp. | Corp. | Co

c Employer's name, address, and ZIP code

CHARTER COMM HOLDING CO, LLC AS AGENT FOR CHARTER COMMUNICATI 7800 CRESCENT EXECUTIVE DRIVE CHARLOTTE, NC 28217

b	Employer's FED ID number 43-1854210	a Employee's SSA number XXX-XX-606			
7	Social security tips	8 Allocated tips			
9		10 Dependent	t care benefita		
11	Nonqualified plans	12a	313.02		
14	Other	12b D	6444.82		
		12c DD	22310.28		
		12d W	1999.92		
		13 Stat emp. Ret	plan 3rd party sick par		

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

LAKSHMI NARAYANA REDDY KUMATHI 4103 CHINABERRY LANE NAPERVILLE, IL 60564

15	State	Employer's state ID no. 17527678	16 State wages, tips, etc. 100018.40
17	State	3866.00	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

MO. State Filing Copy
Wage and Tax 2021
Statement

106463.22   6600.72   5   Medicare wages and tips   106463.22   1543.72   d   Control number   Dept   Corp.   Employer use only	1 Wages, tips, other 1000	comp. 18.40	2 Federal income tax withheld 5620.76			
106463 . 22 1543 . 72 d Control number   Dept.   Corp.   Employer use on			4 Social security tax withheld 6600.72			
			6 Medic			
		Dept	Corp.	Employer use only 114321		

Employer's name, address, and ZIP code

CHARTER COMM HOLDING CO, LLC AS AGENT FOR CHARTER COMMUNICATI 7800 CRESCENT EXECUTIVE DRIVE CHARLOTTE, NC 28217

b	Employer's FED ID number 43-1854210	a Employee's SSA number XXX - XX - 6065				
7	Social security tips	8 Allocated tips				
9		10 Dependent	t care benefits			
11	Nonqualified plans	12a C	313.02			
14	Other	12b D	6444.82			
		12c DD	22310.28			
		12d W	1999.92			
		13 Stat emp. Re	t. plan 3rd party sick par			

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

LAKSHMI NARAYANA REDDY KUMATHI 4103 CHINABERRY LANE NAPERVILLE, IL 60564

15	State	Employer's state ID no. 17527678	16	State wages, tips, etc. 100018 . 40			
17	State	3866.00	18 Local wages, tips, etc.				
19	Local	income tax	20	Locality name			

City or Local Filing Copy

1-2 Wage and Tax 2021

Statement

55555	a Em	ployee's social securit 610-53-6065	ty number	For Official Use Only OMB No. 1545-0008		Se-file. Visit the IRS website at irs.gov/efile			
<b>b</b> Employer identificati	on number (EIN)	74-2782655	12a See	instructions for box 12	1 Wages, tips, other compensation	2 Federal income tax withheld			
c Employer's name, add	iress, and ZIP code		0 d	\$	9102.53	2002.56			
AT&T SERVICES, INC.			12b		3 Social security wages	4 Social security tax withheld			
1010 PINE STREET, 7E-K ST. LOUIS MO 63101-20			6 d	\$	9102.53	564.36			
			12c		5 Medicare wages and tips	6 Medicare tax withheld			
d Control number	200	- 60 5 10 5 10	C d	\$	9102 53	131.99			
e Employee's first name and initial Last Name Suff.				De Salter State	7 Social security tips	8 Allocated tips			
LAKSHMI NARAYANA REDDY KUMATHI 4103 CHINABERRY LANE				\$					
				nation is being furnished to the evenue Service	9 Verification Code	10 Dependent care benefits			
NAPERVILLE IL 60564			Сору	B - To Be Filed	S. M. V. S. S.				
f Employee's address	and ZIP Code		With Employee's FEDERAL Tax Return		11 Nonqualified plans	13 Statutory Retirement Third-party plan sick pay			
	State ID Number	<b>16</b> State wages, t 9102.53	ps, etc	17 State income tax 450.57	14 Other				
18 Local wages, tips, etc	19 Local income to	ax 20 Locality name							
					The second secon				
Form W-2 Copy B - To Be Filed W This information is bei	With Employee's F	e Internal Revenue Ser	vice.	nent 20	For Privacy Act Notice,	asuryInternal Revenue Service Act and Paparwork Reduction see the separate instructions.			

		r (EIN)		OMB No. 1545-0008					
		Employer identification number (EIN) 74–2782655			instructions for box 12	1 Wages, tips, other compensation	2 Federal income tax withheld		
AT&T SERVICES	Employer's name, address, and ZIP code			\$		9102.53	2002.56		
	S, INC.			12b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 Social security wages	4 Social security tax withheld		
	010 PINE STREET, 7E-K-08 T. LOUIS MO 63101-2015			S		9102.53	564.36		
				12c		5 Medicare wages and tips	6 Medicare tax withheld		
d Control number			\$		9102.53	131.9			
e Employee's first name and initial Last Name Suff.			12d		7 Social security tip	8 Allocated tips			
LAKSHMI NARAYANA REDDY KUMATHI			e d	\$					
4103 CHINABER	RRY LANE			This Infor	mation is being furnished to the evenue Service	9 Verification Code	10 Dependent care benefits		
NAPERVILLE IL	60564			Copy 2-To Be Filed With Employee's State, City, or Local Tax Return					
						11 Nonqualified plans	13 Statutory Retirement Third-pa		
f Employee's a	ddress and ZIP Co	de							
	ployee's State ID N 2782655	lumber	16 State wages, t 9102.53	ips, etc	17 State income tax 450.57	14 Other			
18 Local wages, tips, etc 19 Local income tax 20 Locality name									

Do Not Cut, Fold, or Staple Forms on This Page

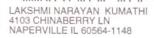
Copy 2 - To Be Filed With Employee's State, City, or Local Tax Return

MDG2022 00053182 01

This information is being furnished to the Internal Revenue Service.

Copy B — To Be Filled With Employee's Form W-2

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Copy B — To Be Filed W FEDERAL Tax Return	th Employee's		orm W-2 and Tax Statement	OMB No. 1545-0008		- To Be Filed Wit		
2021	1 Wages, tips, other			me tax withheld		2021		es, tips, other co
a Employee's SSN 610-53-6065	3 Social security wa		4 Social securi	ty tax withheld		yee's SSN 53-6065	3 Socia	i security wages
b Employer ID No (EIN) 20-2387942	5 Medicare wages a		6 Medicare tax	withheld	b Emplo	yer ID No. (EIN) 387942	5 Medic	care wages and
a Employer's name, address ALIGHT SOLUTIONS AT&T BENEFIT CEN PO BOX 1405 LINCOLNSHIRE, IL 6	BPS TER-IMP INC				ALI ATE PO	yer's name, address a GHT SOLUTIONS &T BENEFIT CENT BOX 1405 COLNSHIRE, IL 60	BPS TER-IMP IN	
d Cantrol number 012HW005-123					d Contro	number 2HW 005-123		
<ul> <li>f Employee's name, add LAKSHMI NARAYAN 4103 CHINABERRY L NAPERVILLE, IL 6056</li> </ul>	KUMATHI ANE				e-1 Er LAF 410	nployee's name, addr (SHMI NARAYAN 13 CHINABERRY L PERVILLE, IL 6056	KUMATHI ANE	code
Social security tips	8 Allocated tips		9		7 Social	security tips	8 Alloc	ated tips
Dependent care benefits	11 Nonqualified plans	5	12a code See ii	nstr. for box 12 29.10	10 Depe	indent care benefits	11 Nor	nqualified plans
Statutory employee Reti	rement plan Third-part	ty sick pay	12b code M	1.80	13 Statu	tory employee Re	tirement pla	in Third-part
Other			12c code N 12d code	0.42	14 Othe			
State Employer's state ID n	o. 16 State wages,	tips, etc.	17 State income	e tax	15 State	Employer's state ID r	10. 16	State wages, to
IL 20-2387942		29.10			IL	20-2387942		
Local wages, tips, etc.	19 Local income	tax	20 Locality nam	16	18 Local	wages, tips, etc.	19	Local income to
his information is being furnish eturn, a negligence penalty or o all to report it.	other sanction may be impo	osed on you	if this income is to	o file a tax axable and you	-			
Copy C — For EMPLOYE Notice to Employee on the			orm W-2 and Tax Statement	OMB No. 1545-0008	Copy 2 - State, C	<ul> <li>To Be Filed Wit ity, or Local Incor</li> </ul>	th Employ ne Tax Re	ee's turn
2021	1 Wages tips other	comp 29.10	2 Federal incor	ne tax withheld		2021		es, tips, other or
a Employee's SSN 610-53-6065	3 Social security was	ges 29.10		ty tax withheld	610-	yee's SSN 53-6065	3 Socia	al security wage
b Employer ID No (EIN) 20-2387942	5 Medicare wages a	29.10	6 Medicare tax	withheld	20-2	yer ID No. (EIN) 387942		care wages and
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d Control number 012HW005-123					d Control number 012HW005-123			
e—f Employee's name, add LAKSHMI NARAYAN 4103 CHINABERRY I NAPERVILLE, IL 6056	KUMATHI				e-f Er LAF 410	npioyee's name, addn (SHMI NARAYAN 3 CHINABERRY L PERVILLE, IL 6056	KUMATHI ANE	code
7 Social security tips	8 Allocated tips		9		7 Social	security tips	8 Alloc	ated tips
10 Dependent care benefits	11 Nonqualified plan	19	12a code See	instr for box 12	10 Depe	ndent care benefits	11 Nor	nqualified plans
13 Statutory employee Re	stirement plan Third-pa	rty sick pay		29.10	13 Statu	tory amployee Re	tirement plan	n Third-party
14 Other			12c code N 12d code	0.42	14 Otne			
15 State   Employer's state ID	no. 16 State wages,	tips, etc. 29.10	17 State incom	e tax	15 State	Employer's state ID r 20-2387942	10. 16	State wages, tij

20 Locality name

19 Local income tax

18 Local wages, tips, etc.

otate, c	<ul> <li>To Be Filed With tity, or Local Incom</li> </ul>			orm W-2 and Tax Statement	OMB No. 1545-0008
	2021	1 Wages, tips, oth	er comp. 29.10	2 Federal incom	ne tax withheld
	byee's SSN -53-6065	3 Social security w	29.10	4 Social security	y tax withheld
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	ol number 2HW 005-123				
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NA	03 CHINABERRY LA PERVILLE, IL 60564	4			
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7 Social 10 Depi	PERVILLE, IL 6056- I security tips endent care benefits utory employee Ret	Allocated tips     Nonqualified p	olans	12a code See C by 12b code M	instr for box 129.1
7 Socia	PERVILLE, IL 6056- I security tips endent care benefits utory employee Ret	Allocated tips     Nonqualified p		12a code See C	29.1
7 Social 10 Depi	PERVILLE, IL 6056- I security tips endent care benefits utory employee Ret	Allocated tips     Nonqualified p		12a code See C 12b code M 12c code	29.1
7 Social 10 Depril 13 Statu 14 Other	PERVILLE, IL 6056- I security tips endent care benefits utory employee Ret	8 Allocated tips 11 Nonqualified p irement plan Third		12a code See C 19 12b code M 12c code N 12d code 17 State incor	29.1 1.8 0.4

Form W.2

		vvage a	and Tax Statement 1545-00		
	2021	1 Wages, tips, other	29.10	2 Federal incon	ne tax withheld
	53-6065	3 Social security wa	ages 29.10	4 Social securit	y tax withheld
	oyer ID No. (EIN) 387942	6 Medicare wages a	and tips 29.10	6 Medicare tax	withheid
AL AT PO	oyer's name, address at GHT SOLUTIONS I &T BENEFIT CENT BOX 1405 ICOLNSHIRE, IL 60	BPS ER-IMP INC			
	ol number 2HW 005-123				
0-1 E	mployee's name, addre KSHMI NARAYAN I				
e-f E LA 410 NA	mployee's name, addre	KUMATHI ANE		9	
e — f E LAI 410 NA	mpioyee's name, addre KSHMI NARAYAN I 03 CHINABERRY L/ PERVILLE, IL 6056	KUMATHI ANE 4	ns	12a code See i	nstr for box 12
O-f E LAI 410 NA 7 Socia	mployee's name, addre KSHMI NARAYAN I 30 CHINABERRY L/ PERVILLE, IL 6056- I security tips andent care benefits	KUMATHI ANE 4  8 Allocated tips 11 Nonqualified pla	ins arty sick pay	12a code See ii C   12b code	29.10
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HEALTHEQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020

<u> Կոլիվորը ժգիդինագրով կննվներին կ</u> LAKSHMI N KUMATHI \*\*N0199743 4103 CHINABERRY LANE NAPERVILLE, IL 60564

		JIED (If checked)	CORRE	
Distribution From an HSA Archer MSA, of Medicare Advantag MSA	OMB No. 1545-1517  Form <b>1099-SA</b> (Rev. November 2019)  For calendar year		RATE	TRUSTEE'S/PAYER'S name, street accountry, ZIP or foreign postal code, at HEALTHEQUITY CORPORATE TO THE STREET SCENIC POINT DRAPER, UT 84020
t. Copy I	2021 2 Earnings on excess of	1 Gross distribution	RECIPIENT'S TIN	PAYER'S TIN
Fo	\$0.00	\$ 964.59	***-**-6065	52-2383166
Recipier	4 FMV on date of death \$0.00	3 Distribution code 1		RECIPIENT'S name  LAKSHMI N KUMATHI
This information		5 HSA X		Street address (including apt. no.) 4103 CHINABERRY LANE
is being furnished to the IRS		MSA  MSA	ry, and ZIP or foreign postal code	City or town, state or province, count NAPERVILLE, IL 60564
			Account number (see instructions) 21630491	
ury - Internal Revenue Servic	Department of the Trea	www.irs.gov/Form1099SA	(keep for your records)	Form 1099-SA (Rev. 11-2019)

#### Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable.

to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution. An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA, an Archer MSA may be rolled over to another HSA. An Archer MSA may be rolled over to another Archer MSA are an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't not if you didn't use the distribution in your income (see Form 8853 or Form 8869). Also, you may own a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the furstee allows the repayment.

For more information, see the instructions for Form 8853 and the Instructions for Form 8859. Also see PUb. 969.

Recipient's taxpayer identification number (TIN), For your protection, this form

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete identification number to the IRS. Spouse beneficiary, if you inherited an Archer MSA or MA MSA because of the death of spouse penetratives apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8859. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889. Estate beneficiary, if the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner clied even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8869. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other Income" line of your tax return.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

assigned to distinguish your account.

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Box 3. These codes identify the distribution you received: 1.—Normal

Box 3. These codes identify the distribution you received: 1—Normal distribution; 2—Excess contributions; 3—Disability; 4—Death distribution other than code 6; 5—Prohibited transaction; 6—Death distribution after year of death that code of a Profit beautiful far saction, o Death distribution after year of death to a nonspouse beneficiary.

Box 4. If the account holder died, shows the FMV of the account on the date of death.

Box 5. Shows the type of account that is reported on this Form 1099-SA. Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099SA. HEALTHEQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020

LAKSHMI N KUMATHI 4103 CHINABERRY LANE NAPERVILLE, IL 60564

	☐ CORRI	ECTED (if checked)			
ZIP or foreign postal code, and HEALTHEQUITY CO		Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021     O.00     Total contributions made in 202	2021	Medi	Archer MSA, o care Advantage ISA Information
		\$1,999.92	Form <b>5498-SA</b>		
TRUSTEE'S TIN	PARTICIPANT'S TIN	3 Total HSA or Archer MSA co	ontributions made in 2022 f	or 2021	Сору В
52-2383166	***-**-6065	\$0.00			- , , -
PARTICIPANT'S name		4 Rollover contributions	5 Fair market value of h Archer MSA, or MA N		For
LAKSHMI N KUMAT	HI	\$0.00	\$1,118.42		Participant
Street address (including apt.	no.)	6 HSA			
4103 CHINABERRY	LANE	Archer MSA			This information
City or town, state or province NAPERVILLE, IL 605	s, country, and ZIP or foreign postal code	MA MSA			is being furnished to the IRS.
Account number (see instruct 21630491	ons)				
E400.04					

Form **5498-SA** 

(keep for your records)

www.irs.gov/Form5498SA

Department of the Treasury - Internal Revenue Service

### Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contributed, your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

Participant's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (EIN). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account or other unique number the trustee assigned to distinguish your account.

Box 1. Shows contributions you made to your Archer MSA in 2021 and through April 18, 2022, for 2021. You may be able to deduct this amount on your 2021 Form 1040 or 1040-SR. See the instructions for Forms 1040 and 1040-SR.

Note: The information in boxes 2 and 3 is provided for IRS use only.

Box 2. Shows the total contributions made in 2021 to your HSA or Archer MSA.

See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2022 for 2021.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2021 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2021.

Box 6. Shows the type of account that is reported on this Form 5498-SA. Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

Future developments. For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form5498SA.



Department of the Treasury Internal Revenue Service KANSAS CITY, MO 64999

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L KUMATHI & V DODLA 4103 CHINABERRY LN NAPERVILLE IL 60564-1148

194286

m 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service	Calendar Year
(Please keep this copy for your records)	2021
Recipient's Identification Number	Total Interest Paid or Credited
610-53-6065	\$11.43

PAYER'S Federal Identification Number 38-1798424 (INTERNAL REVENUE USE ONLY)

THIS IS NOT A TAX BILL. It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.



Date: January 4, 2022 Contact number: 800-908-4184

L Kumathi 4103 Chinaberry Ln Naperville, IL 60564-1148

2021 Total Advance Child Tax Credit (AdvCTC) P Keep this important tax information. You need it to prepare your	
Box 1. Aggregate amount of AdvCTC payments you received for 2021. Enter this amount on Schedule 8812, line 14f or line 15e, whichever applies. If you file a joint return for tax year 2021, you must add the amounts in Box 1 Letters 6419 and enter the total amount on Schedule 8812.	\$750.00 from both
Box 2. Number of qualifying children taken into account in determining the See Schedule 8812 instructions if you complete Part III, Additional Tax.	AdvCTC. 1

Why you received this letter

Under the American Rescue Plan, the IRS made monthly AdvCTC payments of up to half of your 2021 Child Tax Credit from July through December to help support families raising children.

- If you're eligible for the credit, <u>file Schedule 8812 with your 2021 income tax return to claim your remaining credit</u> (for a total amount of up to \$3,600 per child under age 6 and \$3,000 per child age 6 through 17).
- If you aren't eligible for the credit, file Schedule 8812 to determine if you must pay back some or all the monthly payments you received in 2021 and if you qualify for **repayment protection** (discussed below).

How the IRS determined your payment amounts

Monthly payment amounts were justified on information from an income tax return you filed or information you entered in the *IRS non-filer sign-up* tool in 2020 or 2021. Your monthly payment amount or how or where the IRS paid your payment may have changed based on information you provided the IRS through your 2020 income tax return if the IRS processed it after June, the Child Tax Credit Update Portal, or the dedicated IRS Child Tax Credit phone line. Review each monthly payment, including any changes, at **IRS.gov/ctcportal**, and click "Manage Advance Payments." If you did not receive one or more payments, contact the IRS at 800-908-4184 before filing your return.

Repayment protection

You may not have to repay in full any AdvCTC payments that took into account more qualifying children (Box 2 above) than you claim on your 2021 income tax return (Schedule 8812). The repayment protection is based on your 2021 modified adjusted gross income (MAGI). You will not have to repay any AdvCTC payments for non-qualifying children if your 2021 MAGI is under:

- \$60,000 if you are married and filing a joint return or if filing as a qualifying widow or widower.
- \$50,000 if you are filing as head of household.
- \$40,000 if you are a single filer or are married and filing a separate return.

#### For more information

- For more information about completing Schedule 8812, visit IRS.gov/Schedule8812.
- For more information about the 2021 Child Tax Credit, visit IRS.gov/advete. This page also includes a link to frequently asked questions and answers about the advance Child Tax Credit payments.



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