

2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2021

Copy C for employer's records. OMB No. 1545-0048
 d Control number Dept. Corp. Employer use only
 6148481 VSP S 114321

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

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

b Employer's FED ID number 43-1854210	a Employee's SSA number XXX-XX-6065
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
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. plan/3rd party sick pay X	
15 State Employer's state ID no. MO 17527678	16 State wages, tips, etc. 100018.40
17 State income tax 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.

LAKSHMI NARAYANA REDDY KUMATHI
 4103 CHINABERRY LANE
 NAPERVILLE, IL 60564

Social Security Number: XXX-XX-6065



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PAGE 01 OF 01

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Federal Filing Copy W-2 Wage and Tax Statement 2021

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048

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MO. State Filing Copy W-2 Wage and Tax Statement 2021

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048

1 Wages, tips, other comp. 100018.40	2 Federal income tax withheld 5620.76
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City or Local Filing Copy W-2 Wage and Tax Statement 2021

Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0048

22222		a Employee's social security number 610-53-6065		For Official Use Only OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file. Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 74-2782655		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		\$		9102.53		2002.56	
AT&T SERVICES, INC. 1010 PINE STREET, 7E-K-08 ST. LOUIS MO 63101-2015		12b \$		3 Social security wages		4 Social security tax withheld	
d Control number		\$		9102.53		5 Medicare wages and tips	
e Employee's first name and initial Last Name Suff.		12c \$		9102.53		6 Medicare tax withheld	
LAKSHMI NARAYANA REDDY KUMATHI		\$		7 Social security tips		8 Allocated tips	
4103 CHINABERRY LANE NAPERVILLE IL 60564		This information is being furnished to the Internal Revenue Service		9 Verification Code		10 Dependent care benefits	
f Employee's address and ZIP Code		Copy B - To Be Filed With Employee's FEDERAL Tax Return		11 Nonqualified plans		13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	
15 State IL	Employee's State ID Number 742782655	16 State wages, tips, etc 9102.53	17 State income tax 450.57	14 Other			
18 Local wages, tips, etc	19 Local income tax	20 Locality name					

Form **W-2** Wage and Tax Statement **2021** Department of the Treasury--Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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

22222		a Employee's social security number 610-53-6065		OMB No. 1545-0008			
b Employer identification number (EIN) 74-2782655		12a See instructions for box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
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e Employee's first name and initial Last Name Suff.		12c \$		9102.53		6 Medicare tax withheld	
LAKSHMI NARAYANA REDDY KUMATHI		\$		7 Social security tip		8 Allocated tips	
4103 CHINABERRY LANE NAPERVILLE IL 60564		This information is being furnished to the Internal Revenue Service		9 Verification Code		10 Dependent care benefits	
f Employee's address and ZIP Code		Copy 2 - To Be Filed With Employee's State, City, or Local Tax Return		11 Nonqualified plans		13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	
15 State IL	Employee's State ID Number 742782655	16 State wages, tips, etc 9102.53	17 State income tax 450.57	14 Other			
18 Local wages, tips, etc	19 Local income tax	20 Locality name					

Form **W-2** Wage and Tax Statement **2021** Department of the Treasury--Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Tax Return

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Fig 2

ALIGHT SOLUTIONS BPS
 PO BOX 1495
 LINCOLNSHIRE, IL 60069-1495

MDG2022 00053182 01

LAKSHMI NARAYAN KUMATHI
 4103 CHINABERRY LN
 NAPERVILLE IL 60564-1148

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.	2 Federal income tax withheld	
a Employee's SSN 610-53-6065	3 Social security wages 29.10	4 Social security tax withheld		
b Employer ID No. (EIN) 20-2387942	5 Medicare wages and tips 29.10	6 Medicare tax withheld		
c Employer's name, address and ZIP code ALIGHT SOLUTIONS BPS AT&T BENEFIT CENTER-IMP INC PO BOX 1405 LINCOLNSHIRE, IL 60069-1405				
d Control number 012HW005-123				
e-f Employee's name, address and ZIP code LAKSHMI NARAYAN KUMATHI 4103 CHINABERRY LANE NAPERVILLE, IL 60564				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12 C 29.10		
13 Statutory employee Retirement plan Third-party sick pay		12b code M 1.80		
14 Other		12c code N 0.42		
		12d code		
15 State IL	Employer's state ID no. 20-2387942	16 State wages, tips, etc. 29.10	17 State income tax	
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.

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
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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.	2 Federal income tax withheld	
a Employee's SSN 610-53-6065	3 Social security wages 29.10	4 Social security tax withheld		
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Department of the Treasury — Internal Revenue Service

100000 01 01 053182 053182 P

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


 LAKSHMI N KUMATHI **N0199743
 4103 CHINABERRY LANE
 NAPERVILLE, IL 60564

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number HEALTHQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020		OMB No. 1545-1517 Form 1099-SA (Rev. November 2019) For calendar year 2021		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 52-2383166	RECIPIENT'S TIN ***-**-6065	1 Gross distribution \$964.59	2 Earnings on excess cont. \$0.00	
RECIPIENT'S name LAKSHMI N KUMATHI		3 Distribution code 1	4 FMV on date of death \$0.00	
Street address (including apt. no.) 4103 CHINABERRY LANE		5 HSA <input checked="" type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code NAPERVILLE, IL 60564		Archer MSA <input type="checkbox"/>		
Account number (see instructions) 21630491		MA MSA <input type="checkbox"/>		

Form **1099-SA** (Rev. 11-2019) (keep for your records) www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service

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. 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 Archer MSA or 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 roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe 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 trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

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 your spouse, special rules apply. See the Instructions for Form 8853. 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 includable 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 died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. 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.

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 distribution; 2—Excess contributions; 3—Disability; 4—Death distribution other than code 6; 5—Prohibited transaction; 6—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.

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

LAKSHMI N KUMATHI
4103 CHINABERRY LANE
NAPERVILLE, IL 60564

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 2021 and 2022 for 2021 \$0.00	OMB No. 1545-1518 2021 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
		2 Total contributions made in 2021 \$1,999.92		
TRUSTEE'S TIN 52-2383166	PARTICIPANT'S TIN ***-**-6065	3 Total HSA or Archer MSA contributions made in 2022 for 2021 \$0.00		Copy B For Participant This information is being furnished to the IRS.
PARTICIPANT'S name LAKSHMI N KUMATHI		4 Rollover contributions \$0.00	5 Fair market value of HSA, Archer MSA, or MA MSA \$1,118.42	
Street address (including apt. no.) 4103 CHINABERRY LANE		6 HSA <input checked="" type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code NAPERVILLE, IL 60564		Archer MSA <input type="checkbox"/>		
Account number (see instructions) 21630491		MA MSA <input type="checkbox"/>		

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 contribution. If 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 (ATIN), or employer 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

194286.195994.240388.12684 1 AV 0.426 371
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|



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

194286

Form 1099-INT (Rev. 10-2013)

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



Department of the Treasury
Internal Revenue Service
Austin, TX 73301-1501

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) Payments Keep this important tax information. You need it to prepare your 2021 income tax return.	
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 from both Letters 6419 and enter the total amount on Schedule 8812.	\$750.00
Box 2. Number of qualifying children taken into account in determining the AdvCTC. See Schedule 8812 instructions if you complete Part III, Additional Tax.	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, **file Schedule 8812 with your 2021 income tax return to claim your remaining credit** (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 initially based 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](https://www.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](https://www.irs.gov/Schedule8812).
- For more information about the 2021 Child Tax Credit, visit [IRS.gov/advctc](https://www.irs.gov/advctc). This page also includes a link to frequently asked questions and answers about the advance Child Tax Credit payments.

Letter 6419 (en-sp) (10-2021)
Catalog Number 33081X



Department of the Treasury
Internal Revenue Service
Austin, TX 73301-1501

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

V Dodla
4103 Chinaberry Ln
Naperville, IL 60564-1148

2021 Total Advance Child Tax Credit (AdvCTC) Payments	
Keep this important tax information. You need it to prepare your 2021 income tax return.	
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 from both Letters 6419 and enter the total amount on Schedule 8812.	\$750.00
Box 2. Number of qualifying children taken into account in determining the AdvCTC. See Schedule 8812 instructions if you complete Part III, Additional Tax.	1

Why you received this letter

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