2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement 2021

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
0000001188 U1T		K58	S 1077

c Employer's name, address, and ZIP code

ONETRUST LLC
1200 ABERNATHY RD NE
ATLANTA, GA 30328

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

MOUNIKA SANIKOMMU
8083 STONEBROOK PKWY
APT 608
FRISCO, TX 75034

b Employer's FED ID number	a Employee's SSA number
81-2762659	XXX-XX-3049

1 Wages, tips, other comp. 88472.79	2 Federal income tax withheld 17396.11
3 Social security wages 92304.34	4 Social security tax withheld 5722.87
5 Medicare wages and tips 92304.34	6 Medicare tax withheld 1338.41
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 3831.55
14 Other	12b DD 2970.17
	12c
	12d
	13 Stat emp. Ret. plan X 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA		88472.79
17 State income tax 4181.00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	92,543.54	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	5,722.87
FED. INCOME TAX WITHHELD BOX 02 OF W-2	17,396.11	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,338.41
STATE INCOME TAX BOX 17 OF W-2	4,181.00	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

MOUNIKA SANIKOMMU
8083 STONEBROOK PKWY
APT 608
FRISCO, TX 75034

Social Security Number: XXX-XX-3049

Fold and Detach Here

Federal Filing Copy

W-2 Wage and Tax Statement 2021

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 88472.79	2 Federal income tax withheld 17396.11
3 Social security wages 92304.34	4 Social security tax withheld 5722.87
5 Medicare wages and tips 92304.34	6 Medicare tax withheld 1338.41

d Control number	Dept.	Corp.	Employer use only
0000001188 U1T		K58	1077

c Employer's name, address, and ZIP code

ONETRUST LLC
1200 ABERNATHY RD NE
ATLANTA, GA 30328

b Employer's FED ID number	a Employee's SSA number
81-2762659	XXX-XX-3049

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 3831.55
14 Other	12b DD 2970.17
	12c
	12d
	13 Stat emp. Ret. plan X 3rd party sick pay

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

MOUNIKA SANIKOMMU
8083 STONEBROOK PKWY
APT 608
FRISCO, TX 75034

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA		88472.79
17 State income tax 4181.00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

FOLD AND DETACH HERE

MA. State Filing Copy

W-2 Wage and Tax Statement 2021

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 88472.79	2 Federal income tax withheld 17396.11
3 Social security wages 92304.34	4 Social security tax withheld 5722.87
5 Medicare wages and tips 92304.34	6 Medicare tax withheld 1338.41

d Control number	Dept.	Corp.	Employer use only
0000001188 U1T		K58	1077

c Employer's name, address, and ZIP code

ONETRUST LLC
1200 ABERNATHY RD NE
ATLANTA, GA 30328

b Employer's FED ID number	a Employee's SSA number
81-2762659	XXX-XX-3049

7 Social security tips	8 Allocated tips
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11 Nonqualified plans	12a D 3831.55
14 Other	12b DD 2970.17
	12c
	12d
	13 Stat emp. Ret. plan X 3rd party sick pa

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

MOUNIKA SANIKOMMU
8083 STONEBROOK PKWY
APT 608
FRISCO, TX 75034

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA		88472.79
17 State income tax 4181.00		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

FOLD AND DETACH HERE

City or Local Filing Copy

W-2 Wage and Tax Statement 2021

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

W-2 Federal Filing Copy Wage and Tax Statement 2021

Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp. 33469.13	2 Federal income tax withheld 6345.30
3 Social security wages 35327.70	4 Social Security tax withheld 2190.32
5 Medicare wages and tips 35327.70	6 Medicare tax withheld 512.25
d Control number	Employer use only

c Employer's name, address, and ZIP code
IMPRIVATA, INC. -US
20 CITY POINT
480 TOTTEN POND ROAD
WALTHAM MA 02451

b Employer's FED ID number 04-3560178	a Employee's SSA number 863-40-3049
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 44.10
14 Other MAPPMLEE 15.35	12b D 1858.57
	12c DD 2510.89
	12d
13 Stat emp: — Ret. plan: X — 3rd party sick pay: —	

e Employee's name, address, and ZIP code
MOUNIKA SANIKOMMU
469 GREGORY AVE
APT. 3B
GLENDALE HEIGHTS IL 60139

15 State MA	Employer's state ID no. WTH11875394005	16 State wages, tips, etc. 33469.13
17 State income tax 1500.14		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement 2021

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp. 33469.13
2 Federal income tax withheld 6345.30
3 Social security wages 35327.70
4 Social Security tax withheld 2190.32
5 Medicare wages and tips 35327.70
6 Medicare tax withheld 512.25
d Control number
Employer use only

c Employer's name, address, and ZIP code
IMPRIVATA, INC. -US
20 CITY POINT
480 TOTTEN POND ROAD
WALTHAM MA 02451

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10 Dependent care benefits
11 Nonqualified plans
12a See instructions for box 12 C 44.10
14 Other MAPPMLEE 15.35
12b D 1858.57
12c DD 2510.89
12d
13 Stat emp — Ret. plan X — 3rd party sick pay —

e Employee's name, address, and ZIP code
MOUNIKA SANIKOMMU
469 GREGORY AVE
APT. 3B
GLENDALE HEIGHTS IL 60139

15 State MA | Employer's state ID no. WTH11875394005 | 16 State wages, tips, etc. 33469.13
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Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy Wage and Tax Statement 2021

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp. 33469.13
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480 TOTTEN POND ROAD
WALTHAM MA 02451

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14 Other MAPPMLEE 15.35
12b D 1858.57
12c DD 2510.89
12d
13 Stat emp — Ret. plan X — 3rd party sick pay —

e Employee's name, address, and ZIP code
MOUNIKA SANIKOMMU
469 GREGORY AVE
APT. 3B
GLENDALE HEIGHTS IL 60139

15 State | Employer's state ID no. | 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 & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 Employee Reference Copy Wage and Tax Statement 2021

Copy C for Employee Records

1 Wages, tips, other comp. 33469.13
2 Federal income tax withheld 6345.30
3 Social security wages 35327.70
4 Social Security tax withheld 2190.32
5 Medicare wages and tips 35327.70
6 Medicare tax withheld 512.25
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Employer use only

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IMPRIVATA, INC. -US
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480 TOTTEN POND ROAD
WALTHAM MA 02451

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7 Social security tips
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12b D 1858.57
12c DD 2510.89
12d
13 Stat emp — Ret. plan X — 3rd party sick pay —

e Employee's name, address, and ZIP code
MOUNIKA SANIKOMMU
469 GREGORY AVE
APT. 3B
GLENDALE HEIGHTS IL 60139

15 State MA | Employer's state ID no. WTH11875394005 | 16 State wages, tips, etc. 33469.13
17 State income tax 1500.14
18 Local wages, tips, etc.
19 Local income tax
20 Locality name

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

2021 W-2 and EARNINGS SUMMARY

UKG™

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:
https://turbotax.intuit.com/affiliate/ultipaper

This Earning Summary section is included with your W-2 to help describe portions in more detail.

1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	36020.34	36020.34	36020.34
Less Exempt Wages			
Less Deferred Comp	1858.57		
Less Housing/Transportation			
Less Dependent Care			
Less Sec 125	692.64	692.64	692.64
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	33469.13 Box 1 of W-2	35327.70 Box 3 of W-2	35327.70 Box 5 of W-2

2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department

FIT: E 0 SIT Res: ILSIT S 0 SIT Work: MASIT S 1

2021 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of Insurance company or administrator	2 FID number of Insurance co. or administrator
Blue Cross Blue Shield of Massachusetts	04-1045815

3 Name of subscriber	4 Date of birth	5 Subscriber number
MOUNIKA SANIKOMMU	06-15-1994	9672143780000

6 Street address	7 City/Town	8 State	9 Zip
6 DOUGLASS ST APT 4	CAMBRIDGE	MA	02139

Full-year minimum creditable coverage? ☐ Yes ☒ No — If No, check months with minimum creditable coverage: ☒ Jan. ☒ Feb. ☒ Mar. ☒ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

a. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

b. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

c. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected

d. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Correct

e. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Correct

f. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected

g. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Correct

h. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corr

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

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

▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB. No. 1545-2252

2021

Part I Responsible Individual

1 Name of responsibleindividual - First name, middle name, last name
MOUNIKA SANIKOMMU

2 Social security number (SSN) or other TIN
XXX-XX-3049

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
6 DOUGLASS ST
APT 4

5 City or town
CAMBRIDGE

6 State or province
MA

7 Country and ZIP or foreign postal code
US 02139

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . ▶ B

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
IMPRIVATA, INC.

11 Employer identification number (EIN)
XX-XXX0178

12 Street address (including room or suite no.)
20 CITY POINT
480 TOTTEN POND ROAD6TH FLOOR

13 City or town
WALTHAM

14 State or province
MA

15 Country and ZIP or foreign postal code
US 02451

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
BLUE CROSS AND BLUE SHIELD OF MASS
HMO BLUE INC.

17 Employer identification number (EIN)
04-3362283

18 Contact telephone number
888-407-5719

19 Street address (including room or suite no.)
101 HUNTINGTON AVENUE, SUITE 1300

20 City or town
BOSTON

21 State or province
MA

22 Country and ZIP or foreign postal code
US 02199-7611

Part IV Covered Individuals (Enter the information for each covered individual.)

	(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	MOUNIKA SANIKOMMU	XXX-XX-3049		☐	X	X	X	X	☐	☐	☐	☐	☐	☐	☐	☐
24				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2021

Massachusetts Department of Revenue

Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

1 Name of insurance company or administrator		2 FID number of insurance co. or administrator	
Cigna		960000081	
3 Name of subscriber	**4 Date of birth**	**5 Subscriber number**	
Mounika Sanikommu	06/15/1994	00000000556688701	
6 Street address	**7 City/Town**	**8 State**	**9 Zip**
6 Douglass St Apt 4	Cambridge	MA	02139

Full-year minimum creditable coverage? ☐ Yes ☒ No

If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May. ☒ Jun. ☒ Jul. ☒ Aug. ☒ Sep. ☒ Oct. ☒ Nov. ☒ Dec.

Corrected: ☐

...d exclusively by or through operating subsidiaries of Cigna Corporation.