2021 W-2 and EARNINGS SUMMARY

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 PG. 343.54 SOCIAL SECURITY 5,722.87 Employee Reference Copy 2021 Wage and Tax Statement SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 K58 1077 Employer's name, address, and 7IP code FED. INCOME TAX WITHHELD BOX 02 OF W-2 MEDICARE TAX 17,396.11 1.338.41 ONETRUST LLC WITHHELD 1200 ABERNATHY RD NE BOX 06 OF W-2 ATLANTA, GA 30328 STATE INCOME TAX 4,181.00 SUI/SDI 0.00 BOX 17 OF W-2 LOCAL INCOME TAX BOX 14 OF W-2 0.00 BOX 19 OF W-2 e/f Employee's name, address, and ZIP code MOUNIKA SANIKOMMU 8083 STONEBROOK PKWY APT 608 FRISCO, TX 75034 Employer's FED ID number 81 - 2762659 yee's SSA number XXX-XX-3049 88472.79 17396.11 92304.34 5722.87 92304.34 To change your employee W-4 profile information file a new W-4 with your payroll department 11 Nonqualified plans Social Security Number: XXX-XX-3049 MOUNIKA SANIKOMMU 14 Other 8083 STONEBROOK PKWY n 3rd party sick pa **APT 608** FRISCO, TX 75034 15 State Employer's state ID MA 17 State ince 88472.79 4181.00 9 Local income tax © 2021 ADP, Inc PAGE 01 OF 01 88472.79 88472.79 17396.11 17396.11 88472.79 17396.11 Social security wages 92304.34 ity tax withhel 4 Social a Social security wages 92304.34 Social security wages 92304.34 curity tax withheld 5722.87 5722.87 are wages and tips 92304.34 re wages and tips 92304.34 Medicare wages and tips 92304.34 ithheld 1338.41 1338.41 1338.41 Com Dept. Com Employer use only 0000001188 U1T 0000001188 U1T K58 1077 000001188 U1T K58 1077 1077 K58 Employer's name, address, and ZIP code Employer's name, address, and ZIP code Employer's name, address, and ZIP code ONETRUST LLC 1200 ABERNATHY RD NE ONETRUST LLC 1200 ABERNATHY RD NE ONETRUST LLC 1200 ABERNATHY RD NE ATLANTA, GA 30328 ATLANTA, GA 30328 ATLANTA, GA 30328 Employer's FED ID number 81 - 2762659 Employee's SSA number XXX-XX-3049 a Employee's SSA number XXX-XX-3049 Employer's FED ID nu 81 - 2762659 8 Allocated tips 10 Dependent care benefits 10 Dependent care benefits Nonqualified plans 3831.55 12b DD ^{12b} DD Other 2970.17 120 120 12d 12d

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Wage and Tax Statement

13 Stat em

18 Local wages, tips, etc.

State Employer's state ID no. 16 State wages, tips, etc. 88472.79

Federal Filing Copy

N-2 Wage and Tax

Statement

Employee's name, address

State income tax
4181.00

APT 608 FRISCO, TX 75034

MOUNIKA SANIKOMMU

8083 STONEBROOK PKWY

| 10 | Dependent care benefits | 11 | Nonqualified plans | 12a | D | 3831.55 | 14 | Other | 12d | DD | 2970.17 | 12d | | 12d |

City or Local Filling Copy

Carlos Wage and Tax

Statement

Local Filling Copy

Carlos Wage and Tax

Carlos Wage

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9	10 Dependent care benefits	Gross Wages	36020.34	36020.34	36020.34
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e Employee's name, address, and ZIP code	1989 P. C. C. P. P. C. C. C. C.	(Reported on Form W-2)	Box 1 of W-2		
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Form W-2 Wage & Tax Statement Dept. of	.24				

State, City, Local Filing Copy Wage and Tax Statement

2021

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2021

Federal Filing Copy Wage and Tax Statement

2021

2021 Form MA 1			vidual I	Mandat	te — I	Massac						
1 Name of Insurance company Blue Cross Blue Shield							04-1045		ance co. or	administrate	or	
3 Name of subscriber			4	Date of birt	h		5 Subscribe					
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6 Street address 6 DOUGLASS ST AP	т 4		a Sona	of sept		7 City/Town				8 State MA	9 Zip 021	39
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MOUNIKA SANIKOMMU				2 Social security number (SSN) or other TIN XXX-XX-3()49					100	7 Country and ZIP or foreign postal code					-
4 Street address (including apartment no.)		5 City or town	all to pro-	6 S	tate or pro	9049 Winne			7	Country 8	and ZIP or	foreign po	stal code		
6 DOUGLASS ST					30										
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8 Enter letter identifying Origin of the H	ealth Coverage (see instructions	for codes):	▶B	connec	eserved										
Part II Information About Ce	ertain Employer-Sponsore	ed Coverage (se	ee instruction	ns)							15 53	338.	(EIAI)	2 12	-
10 Employer name				138.5		_	-	_	11			tion numb	Set (CHA)		
IMPRIVATA, INC.										XX-XX	XD178	r foreign p	ostal code		18 E
12 Street address (including room or suite no.)		13 City or town		14 8	State or pr	ovince			15	Country	and Zii O	i torong. F			
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	rage Provider (see instru	WALTHAM ctions)		1	MA		- 6	10000		100 TO 100			1000	5-5.3	
Part III Issuer or Other Cover	CITELD OF MASS	cuoris)	1 2 4 1 1 1	17	Employer	identifica	Can minut	or (FIN)	18	Contact	telephon	number	5.000		
16 Name BLUE CROSS AND BLUE	SHIELD OF WILLS				14-33622		ion numi	ter (ema)		888-40	7-5719				
HMO BLUE INC. 19 Street address (including room or suite no.)		20 City or town			04-3362283 888-407-3719 21 State or province 22 Country and ZIP or foreign postal code										
19 Street address (including room or sale no.															
101 HUNTINGTON AVENUE SU	TTF 1300	BOSTON			MA				.72	US 0	2199-761	HISTORY.	A SAME	-	_
Part IV Covered Individuals (Enter the information for	each covered in	ndividual.)	10.00					4 100		1000		Second 1		
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or	r (d) Covered					(e) Months of coverage							
First name, middle initial, last name		other TIN is not available)	all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

2021

Massachusetts

Department of

Name of insurance company or administrator Cigna				2 FID number of insurance co. or administrator 960000081						
3 Name of subscriber Mounika Sanikommu		4 Date of birth 06/15/1994		5 Subscriber number 00000000556688701						
6 Street address		7 City/Town			State	9 Zip				
6 Douglass St Apt 4		Cambridge		. 1	МА	02139				
creditable coverager	No, check months with minimum Jan. □ Feb. □ Mar. □	creditable coverage: Apr. May. Jun.	Jul. 🗵 Aug	☑ Sep.	☑ Oct. ☑	Nov. 🗷 Dec.	Corrected			

which hv or through operating subsidiaries of Cigna Corporation.