


Copy B—To Be Filed With Employee's FEDERAL Tax Return.		OMB No. 1545-0008	
a Employee's soc. sec. no. 711-38-1387	1 Wages, tips, other comp. 96549.21	2 Federal income tax withheld 14205.75	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 80-0451564	102921.39	6381.13	
	5 Medicare wages and tips 102921.39	6 Medicare tax withheld 1492.36	
c Employer's name, address, and ZIP code TraceLink, Inc. 200 Ballardvale St. Suite 100 Wilmington, MA 01887			
d Control number			
e Employee's name, address, and ZIP code Sudha Mallavarapu 2100 Hylan Drive 34 Rochester, NY 14623			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 102.46	
13 Statutory employee	14 Other NY PFL 385.31 NY SDI 31.20	12b Code D 6372.18	
		12c Code W 750.00	
Retirement plan X		12d Code DD 7247.18	
Third-party sick pay			
NY 8001451564	96549.21	5125.88	
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. 711-38-1387	1 Wages, tips, other comp. 96549.21	2 Federal income tax withheld 14205.75	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 80-0451564	102921.39	6381.13	
	5 Medicare wages and tips 102921.39	6 Medicare tax withheld 1492.36	
c Employer's name, address, and ZIP code TraceLink, Inc. 200 Ballardvale St. Suite 100 Wilmington, MA 01887			
d Control number			
e Employee's name, address, and ZIP code Sudha Mallavarapu 2100 Hylan Drive 34 Rochester, NY 14623			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code C 102.46	
13 Statutory employee	14 Other NY PFL 385.31 NY SDI 31.20	12b Code D 6372.18	
		12c Code W 750.00	
Retirement plan X		12d Code DD 7247.18	
Third-party sick pay			
NY 8001451564	96549.21	5125.88	
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. 711-38-1387	1 Wages, tips, other comp. 96549.21	2 Federal income tax withheld 14205.75	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 80-0451564	102921.39	6381.13	
	5 Medicare wages and tips 102921.39	6 Medicare tax withheld 1492.36	
c Employer's name, address, and ZIP code TraceLink, Inc.  200 Ballardvale St. Suite 100 Wilmington, MA 01887			
d Control number			
e Employee's name, address, and ZIP code Sudha Mallavarapu 2100 Hylan Drive 34 Rochester, NY 14623			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 102.46	
13 Statutory employee	14 Other NY PFL 385.31 NY SDI 31.20	12b Code D 6372.18	
		12c Code W 750.00	
Retirement plan X		12d Code DD 7247.18	
Third-party sick pay			
NY 8001451564	96549.21	5125.88	
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. 711-38-1387	1 Wages, tips, other comp. 96549.21	2 Federal income tax withheld 14205.75	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIN) 80-0451564	102921.39	6381.13	
	5 Medicare wages and tips 102921.39	6 Medicare tax withheld 1492.36	
c Employer's name, address, and ZIP code TraceLink, Inc. 200 Ballardvale St. Suite 100 Wilmington, MA 01887			
d Control number			
e Employee's name, address, and ZIP code Sudha Mallavarapu 2100 Hylan Drive 34 Rochester, NY 14623			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code C 102.46	
13 Statutory employee	14 Other NY PFL 385.31 NY SDI 31.20	12b Code D 6372.18	
		12c Code W 750.00	
Retirement plan X		12d Code DD 7247.18	
Third-party sick pay			
NY 8001451564	96549.21	5125.88	
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

00336592003895020200003365920036734

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 WEX Inc. 97 Darling Avenue South Portland ME 04106 877-470-1760		OMB No. 1545-1517  <b>2021</b>  Form 1099-SA	<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code 1-833-07357-0009684-001-1-000-000-000-000  SUDHA MALLAVARAPU 2100 HYLAN DR APT 34 ROCHESTER NY 14623-4290  		1 Gross distribution \$ 200.15		2 Earnings on excess cont. \$
		3 Distribution code 1	4 FMV on date of death \$	
		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	Copy B For Recipient  This information is being furnished to the IRS.	
		PAYER'S TIN 01-0526993		RECIPIENT'S TIN XXX-XX-1387
		Account number (see instructions) XXXX1387		

Form 1099-SA

(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](http://www.irs.gov/Form1099SA).

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number WEX Inc. 97 Darling Avenue South Portland ME 04106 877-470-1760	1 Employee or self-employed person's Archer MSA contributions made in 2021 and 2022 for 2021 \$	OMB No. 1545-1518 <b>2021</b> Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information	
	2 Total contributions made in 2021 \$ 888.51			
PARTICIPANT'S name, street address (including apt. no), city or town, state or province, country, and ZIP or foreign postal code 6-833-07669-0009840-001-1-000-000-000-000  SUDHA MALLAVARAPU 2100 HYLAN DR APT 34 ROCHESTER NY 14623-4290 	3 Total HSA or Archer MSA contributions made in 2022 for 2021 \$	<b>Copy B For Participant</b>  This information is being furnished to the IRS.		
	4 Rollover contributions \$			5 Fair market value of HSA, Archer MSA, or MA MSA \$
	6 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			TRUSTEE'S TIN 01-0526993 PARTICIPANT'S TIN XXX-XX-1387
	Account number (see instructions) XXXX1387			

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 15, 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](http://www.irs.gov/Form5498SA).

VOID

OMB. No. 1545-2252

CORRECTED

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

**Part I Responsible Individual**

1 Name of responsible individual - First name, middle name, last name  
**SUDHA MALLAVARAPU**

2 Social security number (SSN) or other TIN  
**XXX-XX-1387**

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

4 Street address (including apartment no.)  
**2100 HYLAN DRIVE**

5 City or town  
**ROCHESTER**

6 State or province  
**NY**

7 Country and ZIP or foreign postal code  
**US 14623**

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  
**TRACELINK INC**

11 Employer identification number (EIN)  
**XX-XXX1564**

12 Street address (including room or suite no.)  
**200 BALLARDVALE ST**

13 City or town  
**WILMINGTON**

14 State or province  
**MA**

15 Country and ZIP or foreign postal code  
**US 01887**

**Part III Issuer or Other Coverage Provider (see instructions)**

16 Name  
**BLUE CROSS BLUE SHIELD OF MASS INC**

17 Employer identification number (EIN)  
**04-1045815**

18 Contact telephone number  
**888-407-5719**

19 Street address (including room or suite no.)  
**101 HUNNINGTON 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 SUDHA MALLAVARAPU	XXX-XX-1387		<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No 1545-2281

2021

#### Part I Employee

1 Name of employee (first name, middle initial, last name)  
Sudha Mallavarapu

2 Social security number (SSN)  
\*\*\*-\*\*-1387

3 Street address (including apartment no.)  
2100 Hylan Drive, 34

4 City or town  
Rochester

5 State or province  
NY

6 Country and ZIP or foreign postal code  
US 14623

#### Applicable Large Employer Member (Employer)

7 Name of employer  
TraceLink, Inc.

8 Employer identification number (EIN)  
80-0451564

9 Street address (including room or suite no.)  
200 Ballardvale St., Suite 100

10 Contact telephone number  
6175497188

11 City or town  
Wilmington

12 State or province  
MA

13 Country and ZIP or foreign postal code  
US 01887

#### Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1 28												Plan Start Month (enter 2-digit number): 09					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Aug	Sept	Oct	Nov	Dec
1E																		
15 Employee Required Contribution (see instructions)	\$	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 196.04	\$ 210.64	\$ 210.64	\$ 210.64	\$ 210.64	\$ 210.64	\$ 210.64	\$ 210.64	\$ 210.64	\$ 210.64
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																		
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

Page 3

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				<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"/>
19				<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"/>
20				<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"/>
21				<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"/>
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"/>



Department of the Treasury  
Internal Revenue Service  
Austin, TX 73301-0003

Date:  
January 12, 2022  
For assistance, call:  
800-919-9835  
Or visit:  
IRS.gov/eip

179657-TL-03/T971 P1/0527985  
SUDHA MALLAVARAPU  
2100 HYLAN DR APT 34C  
ROCHESTER, NY 14623-4290  
|||

**Your 2021 Economic Impact Payment(s)**  
Keep this information with your tax records.

**Why you received this letter.**

Under the American Rescue Plan, the Internal Revenue Service (IRS) issued you 2021 Economic Impact Payment(s) for the following total amount:

**Total 2021 Economic Impact Payment(s): \$1,400.00**

**What do you need to do?**

This Economic Impact Payment isn't considered taxable income, and you shouldn't report it as income on your 2021 federal income tax return. However, you'll need the total payment amount shown above to determine whether you're eligible to claim the Recovery Rebate Credit on your 2021 federal income tax return.

If you think you didn't receive the full amount of the third Economic Impact Payment you were entitled to, you must file a 2021 federal income tax return to claim the Recovery Rebate Credit, even if you aren't otherwise required to file a tax return.

**How can you get more information?**

For more information about Economic Impact Payments, visit [IRS.gov/eip](https://www.irs.gov/eip), or call the IRS Economic Impact Payment hotline at 800-919-9835.