	Ascensus Trust Company		\$	5,048.86	\$ 0.0	0	2021
	C/O JADE GLOBAL INC. 1731 TECHNOLOGY DRIVE SUITE 350		2b Taxable	amount	Total	X	Form 1099-R: Distributions
	SAN JOSE CA 95110		not deter		distribution		From Pensions, Annuities,
			3 Capital ga (included	in Box 2a)	4 Federal income to withheld		Retirement or
			\$		\$ 0.0		Profit-Sharing Plans, IRAs,
	4	698	Designate	contributions/ ed Roth	 Net unrealized app in employer's security 		Insurance Contracts, etc.
	RECIPIENT'S Name and Address		premiums	ons or insurance			This information is being furnished to the IRS
	0245872 01 AB 0 458 **AUTO T5 0 8347 92618-137534	C01-P46137-I	\$	Time:	\$		10113110101011110
	<u>հորտանիկարկնիրգիկարկարկիկարկիրի</u>		7 Distributio code(s)	on IRA/ SEP/ SIMPLE 8 Ot	her		COPY C
	ROHITH JANUMPALLY	•	G	SIMPLE \$		%	For
	134 SPECTACLE		9a Your per total distr	centage of	9b Total employee con	tributions	Recipient's
	IRVINE CA 92618-1375		total dist	ribution			Records
				%	\$	1.00	
			14 State tax	withheld	15 State/Payer's state no	16.5	ate distribution
	Customer service phone number 10 Amount allocable to IRR within 5 years 11 1:	t year of desig. Roth 12 FATCA filing	\$	0.00	CA-80292477	\$	
	(866) 794-2145 \$	ntrib. requirement	17 Local tax	withheld	18 Name of locality	19 Lo	ocal distribution
	45.0404000	structions) 13 Date of payment	1.			s	
ļ	45-0404698 XXX-XX-8288 000023177500150 FORM 1099-R (keep for your records)		\$		D		ternal Revenue Service
		www.irs.gov/Form1099R			Department of the Tri	easury - III	terrial Neverlae Octyloc
	PAYER'S Name, Street Address, City, State, and ZIP cod	е	1 Gross distr	ribution	2a Taxable amount		OMB No. 1545-0119
	Ascensus Trust Company C/O JADE GLOBAL INC.		s s	5,048.86	\$ 0.00		2021
	1731 TECHNOLOGY DRIVE SUITE 350		2b Taxable a		Total	X	Form 1099-R: Distributions
	SAN JOSE CA 95110		not deter		4 Federal income ta		From Pensions,
			3 Capital ga (included i	n Box 2a)	withheld		Annuities, Retirement or
			5 Employee	contributions/	\$ 0.00 6 Net unrealized appre		Profit-Sharing
	RECIPIENT'S Name and Address	698	contributio	contributions/ d Roth ons or insurance	in employer's securi	ties	Plans, IRAs, Insurance
			premiums \$		\$		Contracts, etc.
	ROHITH JANUMPALLY 134 SPECTACLE		7 Distribution	n IRA/ 8 Oth			0001/0
	IRVINE CA 92618-1375		code(s)	IRA/ SEP/ SIMPLE 8 Oth			COPY 2
			G	\$	Ch Tatal amalausa asat	%	File this copy with your state,
			9a Your perd total distr	ibution	9b Total employee conti	ibutions	city, or local income tax return,
				%	\$		when required.
			14 State tax	withheld	15 State/Payer's state no.	16 Sta	te distribution
ſ	Customer service phone number 10 Amount allocable to IRR within 5 years 11 1	st year of desig. Roth 12 FATCA filing	\$	0.00	CA-80292477	\$	
	(866) 794-2145 \$	contrib. requirement	17 Local tax	withheld	18 Name of locality	19 Lo	cal distribution
		structions) 13 Date of payment					
L	45-0404698 XXX-XX-8288 000023177500150		\$			\$	
ŀ	FORM 1099-R	www.irs.gov/Form1099R			Department of the Tre	asury - Int	ernal Revenue Service
	PAYER'S Name, Street Address, City, State, and ZIP code		1 Gross distr	ibution	2a Taxable amount		OMB No. 1545-0119
	Ascensus Trust Company						2021
	C/O JADE GLOBAL INC. 1731 TECHNOLOGY DRIVE SUITE 350			5,048.86	\$ 0.00		Form 1099-R:
	SAN JOSE CA 95110		2b Taxable a not deterr		Total distribution	X	Distributions From Pensions,
			3 Capital gai (included in	n n Box 2a)	4 Federal income ta withheld	1X	Annuities, Retirement or
			\$	-	\$ 0.00		Profit-Sharing Plans, IRAs,
		598	Designated	contributions/ d Roth	6 Net unrealized apprentin employer's securi-	eciation ties	Insurance Contracts, etc.
	RECIPIENT'S Name and Address		contributio premiums	ns or insurance			This information is being furnished to the IRS
	ROHITH JANUMPALLY		Distribution	TIPAL TO GU	\$		iditialities to the INS
	134 SPECTACLE		code(s)	IRA/ SEP/ SIMPLE 8 Oth	er		COPY B
	IRVINE CA 92618-1375		G	\$		%	Report this income on
			9a Your perd total distri	entage of	9b Total employee con	tributions	your federal tax return. If this form shows federal
			total dioti				income tax withheld in box 4, attach this copy
			14 State tax	% withheld	\$ 15 State/Daver's state as		to your return.
				Marinero	15 State/Payer's state no	16 S	ate distribution
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1-0	JUNIO 1099-11	5341 0111100011			Department of the Tr	easury - I	ternal Revenue Service

1 Gross distribution

2a Taxable amount

OMB No 1545-0119

PAYER'S Name, Street Address, City, State, and ZIP code

Copy B To Be Filed With Employee's FEDERAL Tax Return a Employee's social 1 Wages, fips, other comp 2 Federal income tax withheld security number 61141.50 11822.43 XXX-XX-8288 3 Social security wages 4 Social security tax withheld b Employer ID number 62877.79 3898.43 5 Medicare wages and tips 6 Medicare tax withheld 52-2280920 62877.79 e Employer's name, address, and ZIP code Jade Global Inc 1731 Technology Dr Ste 350 San Jose, CA 95110 d Control Number 94151 100402 e Employee's name, address, and ZIP code Rohith Janumpally 134 Spectacle Irvine, CA 92618 7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans C 23.04 13 Statutory employee 14 Other 12b CASDI-E D 1736.29 Retirement plan 12c 2430.48 3rd party sick pay 12d Code CA 233-2403-1 61141.50 16 State wages, tips, etc. 17 State income tax al income tax 20 Locality name 15 State Emptr,'s state I D. # 16 State wa 18 Local wages, tips, etc. 19 Local income fax Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service

2021 OMB No. 1545-0008 City, or Local Income Tax Return # Employee's social 1 Wages, tips, other comp Federal income lax withheld security number 61141.50 11822.43 3 Social security wages rity tax withheld XXX-XX-8288 b Employer ID number 62877.79 3898.43 wages and tips 6 Medicare lax withheld 52-2280920 62877.79 911.73 c Employer's name, address, and ZIP code Jade Global Inc 1731 Technology Dr Ste 350 San Jose, CA 95110 d Control Number 94151 100402 e Employee's name, address, and ZIP code Rohith Janumpally 134 Spectacle Irvine, CA 92618 7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a C 23.04 12b Code Other CASDI-E 13 Statutory employee D 1736.29 12c Code Retirement plan DD 2430.48 12d Code 3rd party sick pay 4437.84 61141.50 CA 233-2403-1 15 State Empir 's state I.D. # 16 State wa 18 Local wages, tips, etc. | 19 Local income tax 16 State wages, tips, etc. 17 State cal income tax 20 Locality name 17 State income tax Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement

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Copy C For EMPLOY Notice to Employee	YEE'S RECORDS (See on back of Copy B.)	2021 OMB No 1545-0008
a Employee's social security number	1 Wages, tips, other comp 61141.50	2 Federal income tax withheld
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Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

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