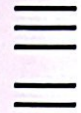




This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.



Employee Reference Copy
W-2 Wage and Tax Statement 2022
 Copy C for employee's records
 OMB No. 1545-0008

d Control number 202531 SANF/GZA	Dept. UDE5WB	Corp.	Employer use only A 977
-------------------------------------	-----------------	-------	----------------------------

c Employer's name, address, and ZIP code
THE WEISSCOMM GROUP LTD
 199 WATER ST 14TH FLOOR
 NEW YORK NY 10038

Batch #02891

e/f Employee's name, address, and ZIP code
SHALINI GUPTA
 1037 KINGWAY
 BREINGSVILLE PA 18031

b Employer's FED ID number 26-2729056	a Employee's SSA number XXX-XX-7296
1 Wages, tips, other comp. 96548.62	2 Federal income tax withheld 13998.16
3 Social security wages 110333.42	4 Social security tax withheld 6840.67
5 Medicare wages and tips 110333.42	6 Medicare tax withheld 1599.83
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 48.48
14 Other 68.06 SUI	12b D 13784.80
	12c W 3379.25
	12d DD 6578.04
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. PA 9383 4569	16 State wages, tips, etc. 110284.94
17 State income tax 3385.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	PA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	114,195.50	114,195.50	114,195.50	114,195.50
Plus GTL (C-Box 12)	48.48	48.48	48.48	N/A
Less Misc. Non Taxable Comp.	761.04	761.04	761.04	761.04
Less 401(k) (D-Box 12)	13,784.80	N/A	N/A	N/A
Less Other Cafe 125	749.52	749.52	749.52	749.52
Less Cafe 125 HSA (W-Box 12)	2,400.00	2,400.00	2,400.00	2,400.00
Reported W-2 Wages	96,548.62	110,333.42	110,333.42	110,284.94

2. Employee Name and Address.

SHALINI GUPTA
 1037 KINGWAY
 BREINGSVILLE PA 18031

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Fold and Detach Here

1 Wages, tips, other comp. 96548.62	2 Federal income tax withheld 13998.16		
3 Social security wages 110333.42	4 Social security tax withheld 6840.67		
5 Medicare wages and tips 110333.42	6 Medicare tax withheld 1599.83		
d Control number 202531 SANF/GZA	Dept. UDE5WB	Corp.	Employer use only A 977

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THE WEISSCOMM GROUP LTD
 199 WATER ST 14TH FLOOR
 NEW YORK NY 10038

b Employer's FED ID number 26-2729056	a Employee's SSA number XXX-XX-7296
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 48.48
14 Other 68.06 SUI	12b D 13784.80
	12c W 3379.25
	12d DD 6578.04
	13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code
SHALINI GUPTA
 1037 KINGWAY
 BREINGSVILLE PA 18031

15 State Employer's state ID no. PA 9383 4569	16 State wages, tips, etc. 110284.94
17 State income tax 3385.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2022
 Copy B to be filed with employee's Federal Income Tax Return.
 OMB No. 1545-0008

1 Wages, tips, other comp. 96548.62	2 Federal income tax withheld 13998.16		
3 Social security wages 110333.42	4 Social security tax withheld 6840.67		
5 Medicare wages and tips 110333.42	6 Medicare tax withheld 1599.83		
d Control number 202531 SANF/GZA	Dept. UDE5WB	Corp.	Employer use only A 977

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THE WEISSCOMM GROUP LTD
 199 WATER ST 14TH FLOOR
 NEW YORK NY 10038

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	12c W 3379.25
	12d DD 6578.04
	13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code
SHALINI GUPTA
 1037 KINGWAY
 BREINGSVILLE PA 18031

15 State Employer's state ID no. PA 9383 4569	16 State wages, tips, etc. 110284.94
17 State income tax 3385.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

PA. State Reference Copy
W-2 Wage and Tax Statement 2022
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008

1 Wages, tips, other comp. 96548.62	2 Federal income tax withheld 13998.16		
3 Social security wages 110333.42	4 Social security tax withheld 6840.67		
5 Medicare wages and tips 110333.42	6 Medicare tax withheld 1599.83		
d Control number 202531 SANF/GZA	Dept. UDE5WB	Corp.	Employer use only A 977

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THE WEISSCOMM GROUP LTD
 199 WATER ST 14TH FLOOR
 NEW YORK NY 10038

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SHALINI GUPTA
 1037 KINGWAY
 BREINGSVILLE PA 18031

15 State Employer's state ID no. PA 9383 4569	16 State wages, tips, etc. 110284.94
17 State income tax 3385.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

PA. State Filing Copy
W-2 Wage and Tax Statement 2022
 Copy 2 to be filed with employee's State Income Tax Return.
 OMB No. 1545-0008

TAX YEAR 2022

WELLS FARGO BANK, N.A.
1-800-TO-WELLS (800-869-3557)
P.O. BOX 3908 347
PORTLAND, OR 97208

E.I.N. 94-1347393

COPY B
FOR RECIPIENT

FOR TAX YEAR
2022

TAXPAYER ID NUMBER
XXX-XX-0000

045495 1 AV 0.455 325994



SHALINI GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031-1482

PH

2022 - 1099-INT, INTEREST INCOME		
	ACCOUNT NUMBER	
SAVINGS INT	2100 00002252038787	
BOX 1	INTEREST INCOME	.25
BOX 4	FEDERAL INCOME TAX WITHHELD	.03
TOTAL INTEREST		.25

DC971UTFV 045495 NNNNNNNNNNNN NNN NYN 001 001 347 090995 20066057.3

1099-INT, Interest Income, OMB No 1545-0112

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

Optum Financial*

P.O. Box 271629, Salt Lake City, UT 84127-1629

0208253 SP 8025 -C04-P08261-I



Shalini Gupta
1037 KING WAY
BREINIGSVILLE, PA 18031

01/25/2023

Bank account number ending in 3688

Here's an important update about your health savings account (HSA)

Good news: While your HSA is no longer part of your employer's benefits program, it's yours to keep. And you can keep it working for you at Optum Financial. That means:

- Your account number remains the same.
- Your Optum Financial payment card works as it always has.
- You can continue to sign in to your account at optumbank.com or by using the Optum Bank mobile app.

You can also count on us for continued guidance to get the most out of your HSA.

Take these three steps to keep your HSA working for you:

1. **Update your email address and other contact information now** by signing in to your account. Don't miss any important account updates and the latest resources.
2. **Get answers about your HSA's transition from your employer's benefits program.** Go to the Transition Resource Center at myoptumfinancial.com/hsa-transition for information and tips.
3. **Contribute and/or choose to invest if you're eligible.** Any money you add, earn and take out of your HSA is all tax advantaged. You may also have more investment options than before. Sign in to your account or visit the Transition Resource Center to learn more.

Please also review the enclosed Schedule of Fees and Truth in Savings/Funds Availability Disclosures, which now apply to your account. And know that we're always ready to help. Simply call us 1-866-234-8913.

Sincerely,

Optum Financial

Truth in Savings New Account Disclosure

DISCLOSURE OF INTEREST AND ACCOUNT TERMS

Rate information

The interest rate and annual percentage yield (APY) on the full balance in your account will be on a tiered basis at the stated interest rate that corresponds to the applicable deposit tier, as described in the table below.

- If your daily balance is \$15,000.00 or more, the interest paid on the entire balance in your account will be 0.01% with an APY of 0.01%.
- If your daily balance is between \$5,000.00 and \$14,999.99, the interest paid on the entire balance of your account will be 0.01% with an APY of 0.01%.
- If your daily balance is between \$2,000.00 and \$4,999.99, the interest paid on the entire balance of your account will be 0.01% with an APY of 0.01%.
- If your daily balance is between \$1,000.00 and \$1,999.99, the interest paid on the entire balance of your account will be 0.01% with an APY of 0.01%.
- If your daily balance is between \$500.00 and \$999.99, the interest paid on the entire balance of your account will be 0.01% with an APY of 0.01%.
- If your daily balance is between \$0.00 and \$499.99, the interest paid on the entire balance of your account will be 0.01% with an APY of 0.01%.

Your interest rate and annual percentage yield (in any or all categories in the table) may change at any time hereafter at our discretion, and without notice.

Balance between	Interest rate	Annual percentage yield (APY)
\$15,000.00 - Unlimited	0.01%	0.01%
\$5,000.00 - \$14,999.99	0.01%	0.01%
\$2,000.00 - \$4,999.99	0.01%	0.01%
\$1,000.00 - \$1,999.99	0.01%	0.01%
\$500.00 - \$999.99	0.01%	0.01%
\$0.00 - \$499.99	0.01%	0.01%

Compounding and crediting

Interest will accrue daily based on the balance of funds on deposit in your account and will be credited on the last day of each month. If you close your account on any day other than the last day of the month, you will forfeit any interest accrued for that month.

Balance and computation method

We use the daily balance method to calculate the interest on your account. This method applies a daily periodic rate to the balance in the account each day.

Minimum average balance requirement

Please refer to our schedule of fees. The average balance is calculated by adding the balance in the account for each day of the month and dividing that figure by the number of days in the month.

Accrual of interest on deposit other than cash

Interest will begin to accrue on the business day you deposit non-cash items (for example, checks) into your account.

Fee Schedule

Optum Bank®, Member FDIC, wants you to understand the fees associated with your account. In the chart below, we've outlined the fees and how they may apply to your account.

Standard fees

Monthly maintenance fee
<p>\$2.75 - Waived if average balance is \$3,000.00 or more*</p> <p>Includes use of:</p> <ul style="list-style-type: none"> • Optum Financial debit Mastercard® – to pay charges directly • Online bill payment and mobile access • Receipt Vault – allows you to upload and store images of the receipts online

*The average balance to waive the monthly maintenance fee does not include investment funds.

Other account fees

- **\$2.50 per transaction.** In addition to our fee, the bank/ATM you use to withdraw funds may charge you their own fee.
- **\$20.00 per outbound transfer or rollover** to another custodian.
- **\$1.50 Printed Statement Fee.** If you do not choose online delivery for your account statements, we may charge this fee for every statement we mail to you. Note: there is no charge for online statement delivery.

Investment account[†]

Monthly investment fee	Investment threshold
0.03% of your average daily investment balance, not to exceed \$10.00 in any given month.	\$2,000.00 - The balance in your account must remain at or exceed the investment threshold each time a new investment is made.

[†] Investments are not FDIC-insured, are not guaranteed by Optum Bank, and may lose value.

FUNDS AVAILABILITY

Your ability to withdraw funds

Our check-clearing procedures have been designed to protect our customers' deposits and to make funds available as soon as possible. When a deposit is received, the availability of funds may be delayed consistent with funds availability laws. During the delay, you may not withdraw the funds in cash or use the funds to pay checks that you have written.

Determining the availability of a deposit

The length of delay is counted in business days from the day of your deposit. Every day is a business day except Saturdays, Sundays, and federal holidays. If we receive your deposit by 2 p.m. Mountain time on a business day that we are open, we will consider that day to be the day of your deposit. However, if we receive your deposit after 2 p.m. Mountain time or on a day we are not open, we will consider that deposit made on the next business day we are open. The length of the delay varies depending on the type of deposit and is explained below.

Same-Day availability

Funds from electronic direct deposits to your account will be available on the day we receive the deposit.

Next-day availability

Funds from the following deposits are available on the first business day after the day of your deposit:

- U.S. Treasury checks payable to you
- Wire transfers
- Checks drawn on Optum Bank

If you make the deposit in person to one of our employees, funds from the following deposits are also available on the first business day after the day of your deposit. If you mail the deposits, funds from the following deposits will be available on the second business day after the day we receive your deposit.

- Cash (for security reasons, cash should not be sent through the mail)
- State and local government checks payable to you, and if the payor of the check is in the state of Utah
- Cashier's, certified and teller's checks payable to you
- Federal Reserve Bank checks, Federal Home Loan Bank checks and U.S. Postal Money Orders, if these items are payable to you

For all other check deposits, the first \$225 from a deposit will be available on the first business day after the day of your deposit. The remaining funds will be available on the second business day after the day of your deposit. For example, if you deposit a check of \$700 on a Monday, \$225 of the deposit will be available on Tuesday. The remaining \$475 will be available on Wednesday.

Longer delays may apply

Funds you deposit by check may be delayed for a longer period under the following circumstances:

- We believe a check you deposit will not be paid.
- You deposit checks totaling more than \$5,525 on any day.
- You redeposit a check that has been returned unpaid.
- You have overdrawn your account repeatedly in the last 6 months.
- There is an emergency, such as failure of computer or communication equipment.

We will notify you if we delay your ability to withdraw funds for any of these reasons, and we will tell you when the funds will be available. Funds will generally be available no later than the seventh business day after the day of your deposit.

8025-04-b1-0208253-0002-0016525

Optum Financial®

P.O. Box 271629 | Salt Lake City, UT 84127-1629

0190FSTXR0015004-08400-01
 SHALINI GUPTA
 1037 KING WAY
 BREINIGSVILLE PA 18031-1482

Important IRS Tax Form 5498-SA

Dear SHALINI:

The enclosed IRS tax form 5498-SA shows your 2022 contributions to your HSA. Please use this information to fill out IRS tax form 8889 which is what you'll need to submit your taxes. To access IRS tax form 8889 sign in at irs.gov and navigate to Forms and Publications.

Here's what you need to know:

- Box 2 shows your total contributions made for 2022 including those made in 2022 for 2021, if applicable.
- You have until the tax filing deadline of this year to submit contributions for 2022. If you make any contributions in 2023 before the tax deadline for 2022 you will receive an updated 5498-SA in May.
- To get your total contributions for 2022 add Box 2 plus Box 3. Please note if you made any contributions in 2022 for 2021 you need to review your updated 5498 for 2021 and subtract that from Box 3.
- The Fair Market Value consists of your HSA cash balance and any investment balance as of 12/31/2022.
- If you had a reportable distribution for 2022, you'll also get tax form 1099-SA. If you did not use (no distributions) your HSA in 2022 you will not get a 1099-SA.

Ready to say goodbye to printed forms? Sign in to your account to access your HSA, click "Accounts" from menu bar, select "Account Management" and update your Communications preference to "Online."

Questions? Please sign in at optumbank.com to access your HSA or call 1-866-234-8913.

CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Optum Bank P.O. Box 271629 Salt Lake City UT 84127-1629		1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022 \$ 0	OMB No. 1545-1518 2022 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
		2 Total contributions made in 2022 \$ 3379.25		
TRUSTEE'S federal identification number 470858534	PARTICIPANT'S social security number *****7296	3 Total HSA or Archer MSA contributions made in 2023 for 2022 \$ 0.00		Copy B For Participant This information is being furnished to the Internal Revenue Service.
PARTICIPANT'S name SHALINI GUPTA		4 Rollover contributions \$ 0.00	5 Fair market value of HSA, Archer MSA, or MA MSA \$ 5032.76	
Street address (including apt. no.) 1037 KING WAY		6 HSA <input checked="" type="checkbox"/>		
City or town, state or province, country, and ZIP or foreign postal code BREINIGSVILLE PA 18031-1482		Archer MSA <input type="checkbox"/>		
Account number (see instructions) 417953688		MA MSA <input type="checkbox"/>		

Form 5498-SA

(keep for your records)

www.irs.gov/form5498sa

Department of the Treasury - Internal Revenue Service

Optum Financial®

P.O. Box 271629 | Salt Lake City, UT 84127-1629

SHALINI GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031-1482

Important IRS Tax Form 1099-SA

Dear SHALINI:

This enclosed IRS tax form 1099-SA shows your 2022 distributions from your HSA. Please use this information to fill out IRS tax form 8889 which is what you'll need to submit your taxes. To access IRS tax form 8889 sign in at irs.gov and navigate to Forms and Publications.

Here's what you need to know:

- Box 1 includes your total distributions for 2022.
- Box 2 shows any earnings on the excess while it was in the account.
- Box 3 shows the distribution code. Different codes will display depending on the situation. Code 1 summarizes all reportable distributions made in 2022. This does not include fees or investment losses as these are not reportable. Code 2 reports any excess contribution corrected that were processed against your account. For all other code descriptions please contact a tax professional.
- Any corrections processed before 1/1/2023 are reflected on this form. However, any corrections processed in 2023 will cause a corrected tax document to be generated shortly.
- If you had any contributions that apply to 2022, you'll also get tax form 5498-SA.

Ready to say goodbye to printed forms? Sign in to your account to access your HSA, click "Accounts" from menu bar, select "Account Management" and update your Communications preference to "Online".

Questions? Please sign in at optumbank.com to access your HSA or call 1-866-234-8913.

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 Optum Bank P.O. Box 271629 Salt Lake City UT 84127-1629		OMB No. 1545-1517 2022 Form 1099-SA		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
PAYER'S federal identification number 470858534	RECIPIENT'S identification number *****7296	1 Gross distribution \$ 1659.01	2 Earnings on excess cont. \$ 0	
RECIPIENT'S name SHALINI GUPTA Street address (including apt. no.) 1037 KING WAY City or town, state or province, country, and ZIP or foreign postal code BREINIGSVILLE PA 18031-1482		3 Distribution code 1	4 FMV on date of death \$ 0	
Account number (see instructions) 417953688		5 HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA <input type="checkbox"/> MSA <input type="checkbox"/>		

Form 1099-SA

(keep for your records)

www.irs.gov/form1099sa

Department of the Treasury - Internal Revenue Service

ANTHEM BLUE CROSS
P.O. BOX 629

WOODLAND HILLS, CA 91365-0629

01/05/2023



*****ALL FOR AADC 180
10716 1 AB 0.507 30
ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031-1482

10101010101

The 1095-B form - your proof of health insurance

The Affordable Care Act (ACA), also called health care reform law, requires every person to have basic health insurance or face a penalty. The Internal Revenue Service (IRS) requires us to report who we've covered. The IRS also requires us to let you know with this **1095-B form**, called the **Statement of Minimum Essential Coverage**. This is your proof that you had health care coverage for all or part of the tax year.

If you have questions

Read the instructions on the back of the form. For all tax-related questions, talk with your tax advisor. Or contact the IRS by going to irs.gov.

VAFIRS01 COMB 20230126B08 J126
20230112 092897 Env [10,716] 1 of 3

WCALG

Employee Reference Copy
W-2 Wage and Tax Statement 2022

Copy C for employee's records
OMB No. 1545-0008
d Control number Dept. Corp. Employer use only
001109 CLIF/1Z1 A 237

c Employer's name, address, and ZIP code
AXTRIA INC
300 CONNELL DR FL 5
BERKELEY HTS NJ 07922-2781
Batch #03295

e/f Employee's name, address, and ZIP code
ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031

Table with 2 columns: Employer's info (b, 1, 3, 5, 7, 9, 11, 14, 15, 17, 19) and Employee's info (a, 2, 4, 6, 8, 10, 12a, 12b, 12c, 12d, 13, 16, 18, 20). Includes wages, taxes, and state/local info.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Summary table showing Gross Pay (140,000.16) and adjustments (Less 401(k), Less Other Cafe, Less Cafe HSA) resulting in Reported W-2 Wages (124,642.24). Columns include Social Security, Medicare, and PA State Wages.

2. Employee Name and Address.

ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031

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Fold and Detach Here

Summary table for wages and taxes: 1 Wages, tips, other comp. 124642.24; 2 Federal income tax withheld 20642.16; 3 Social security wages 136542.24; 4 Social security tax withheld 8465.62; 5 Medicare wages and tips 136542.24; 6 Medicare tax withheld 1979.86.

d Control number Dept. Corp. Employer use only
001109 CLIF/1Z1 A 237

c Employer's name, address, and ZIP code
AXTRIA INC
300 CONNELL DR FL 5
BERKELEY HTS NJ 07922-2781

b Employer's FED ID number 27-1142668; a Employee's SSA number XXX-XX-7111

Table with 2 columns: Social security tips (7), Allocated tips (8), and Dependent care benefits (10). Includes nonqualified plans (11) and other (14) with various codes and amounts.

e/f Employee's name, address and ZIP code
ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031

Table with 2 columns: State info (15, 17, 19) and Local info (16, 18, 20). Includes state ID, wages, taxes, and locality name.

Federal Filing Copy
W-2 Wage and Tax Statement 2022

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

Summary table for wages and taxes: 1 Wages, tips, other comp. 124642.24; 2 Federal income tax withheld 20642.16; 3 Social security wages 136542.24; 4 Social security tax withheld 8465.62; 5 Medicare wages and tips 136542.24; 6 Medicare tax withheld 1979.86.

d Control number Dept. Corp. Employer use only
001109 CLIF/1Z1 A 237

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AXTRIA INC
300 CONNELL DR FL 5
BERKELEY HTS NJ 07922-2781

b Employer's FED ID number 27-1142668; a Employee's SSA number XXX-XX-7111

Table with 2 columns: Social security tips (7), Allocated tips (8), and Dependent care benefits (10). Includes nonqualified plans (11) and other (14) with various codes and amounts.

e/f Employee's name, address and ZIP code
ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031

Table with 2 columns: State info (15, 17, 19) and Local info (16, 18, 20). Includes state ID, wages, taxes, and locality name.

PA State Reference Copy
W-2 Wage and Tax Statement 2022

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

Summary table for wages and taxes: 1 Wages, tips, other comp. 124642.24; 2 Federal income tax withheld 20642.16; 3 Social security wages 136542.24; 4 Social security tax withheld 8465.62; 5 Medicare wages and tips 136542.24; 6 Medicare tax withheld 1979.86.

d Control number Dept. Corp. Employer use only
001109 CLIF/1Z1 A 237

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AXTRIA INC
300 CONNELL DR FL 5
BERKELEY HTS NJ 07922-2781

b Employer's FED ID number 27-1142668; a Employee's SSA number XXX-XX-7111

Table with 2 columns: Social security tips (7), Allocated tips (8), and Dependent care benefits (10). Includes nonqualified plans (11) and other (14) with various codes and amounts.

e/f Employee's name, address and ZIP code
ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031

Table with 2 columns: State info (15, 17, 19) and Local info (16, 18, 20). Includes state ID, wages, taxes, and locality name.

PA State Filing Copy
W-2 Wage and Tax Statement 2022

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



City or Local Reference Copy
W-2 Wage and Tax **2022**
Statement

OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

d Control number	Dept.	Corp.	Employer use only
001109 CLIF/1Z1		A	238

c Employer's name, address, and ZIP code
AXTRIA INC
300 CONNELL DR FL 5
BERKELEY HTS NJ 07922-2781

Batch #03295

e/f Employee's name, address, and ZIP code
ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031

b Employer's FED ID number	a Employee's SSA number
27-1142668	XXX-XX-7111
1 Wages, tips, other comp.	2 Federal income tax withheld
124642.24	20642.16
3 Social security wages	4 Social security tax withheld
136542.24	8465.62
5 Medicare wages and tips	6 Medicare tax withheld
136542.24	1979.86
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	D 11900.00
14 Other	12b W 2739.52
66.50 SUI	12c DD 3952.08
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
	X
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
	108095.94
19 Local income tax	20 Locality name
1080.91	390603

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	390603 UPPER Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	110,833.46
Less 401(k) (D-Box 12)	N/A
Less Other Cafe 125	798.00
Less Cafe 125 HSA (W-Box 12)	1,939.52
Reported W-2 Wages	108,095.94

2. Employee Name and Address.

ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031

* PA local wages and withholding are reported to employee work location PSD unless it is outside of PA (Per Act 32)

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Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld		
124642.24	20642.16		
3 Social security wages	4 Social security tax withheld		
136542.24	8465.62		
5 Medicare wages and tips	6 Medicare tax withheld		
136542.24	1979.86		
d Control number	Dept.	Corp.	Employer use only
001109 CLIF/1Z1		A	238
c Employer's name, address, and ZIP code AXTRIA INC 300 CONNELL DR FL 5 BERKELEY HTS NJ 07922-2781			
b Employer's FED ID number	a Employee's SSA number		
27-1142668	XXX-XX-7111		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D 11900.00		
14 Other	12b W 2739.52		
66.50 SUI	12c DD 3952.08		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
e/f Employee's name, address and ZIP code ANAND GUPTA 1037 KING WAY BREINIGSVILLE PA 18031			
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
	108095.94		
19 Local income tax	20 Locality name		
1080.91	390603		

INTENTIONALLY
LEFT BLANK

City or Local Filing Copy
W-2 Wage and Tax **2022**
Statement

OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

PROVIDENT FUNDING

Annual Tax and Interest Statement

Provident Funding
P.O. Box 5914
Santa Rosa, CA 95402-5914

Toll Free Number
(800) 696-8199

Reporting Date 12/31/2022
Loan ID 0931090095
OMB No. 1545-0901
Mortgage Interest Statement
Recipient Federal ID Number 84-1147955
Customer's Tax ID Number XXX-XX-7111
Property Address

1037 KING WAY
BREINIGSVILLE PA 18031

404.1.137004 1 AV 0.452 77850D11.p14 806987 1-2



ANAND GUPTA
1037 KING WAY
BREINIGSVILLE PA 18031-1482

See 1098 and 1099 Instructions below and on back

FORM 1098 - Tax And Interest Information

1 Mortgage interest received from payer(s)/borrower(s)	4,358.96
2 Outstanding Mortgage Principal as of January 1st, 2022	247,764.84
3 Mortgage Origination Date	11/01/2021
4 Refund of Overpaid Interest	0.00
5 Mortgage Insurance Premiums	0.00
6 Points paid on purchase of principal residence	0.00
7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	<input checked="" type="checkbox"/>
8 Address or Description of Property Securing Mortgage	
9 Number of Properties Securing the Mortgage	
10 Real Estate Taxes Paid	4,050.36
11 Mortgage Acquisition Date	

2022

Principal Balance Information

Ending Principal Balance (as of 12/31/22)	192,895.72
Principal Applied in current reporting year	-54,869.12
Negative Amortization	0.00
Assistance Amount	0.00

Escrow Information

Beginning Balance	2,418.24
Deposits	4,852.96
Property Taxes	-4,050.36
Insurance	-885.00
Other Disbursements	0.00
Ending Balance	2,335.84

Interest Paid Information

Interest Paid on Escrow	0.00
Interest Paid on Loss Draft	0.00

FORM 1099-INT - Interest Income

1 Interest Income	0.00
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FORM 1098 INFORMATION:

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower'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 TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

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

2022

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name ANAND		2 Social security number (SSN) or other TIN *****7111		3 Date of birth (if SSN or other TIN is not available)	
4 Street address (including apartment no.) 1037 KING WAY		5 City or town BREINGSVILLE		6 State or province PA	
		7 Country and ZIP or foreign postal code 18031		9 Reserved	

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

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

10 Employer name AXTRIA INC CA OOS		13 City or town BERKELEY HEIGHTS		14 State or province NJ		11 Employer identification number (EIN) *****2668	
12 Street address (including room or suite no.) 300 CONNELL DRIVE 5TH FL		17 Employer identification number (EIN) 95-3760980		15 Country and ZIP or foreign postal code 07922		18 Contact telephone number 1-866-207-9878	

Part III Issuer or Other Coverage Provider (see instructions)

16 Name BLUE CROSS OF CALIFORNIA		20 City or town INDIANAPOLIS		21 State or province IN		22 Country and ZIP or foreign postal code 46204-4903	
19 Street address (including room or suite no.) 120 VIRGINIA AVE		17 Employer identification number (EIN) 95-3760980		15 Country and ZIP or foreign postal code 07922		18 Contact telephone number 1-866-207-9878	

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							
ANAND																						
23	GUPTA	*****7111		<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form 1095-B (2022)