



98B 0030 955C5 00000048

00008222 J0289238

EPATHUSA INC  
1075 JORDAN CREEK PKWY UNIT 295  
WEST DES MOINES, IA 50266



\*98BPNA95CP6000008644A419B819\*

009142 R09CQN01 98B 0030 955C5 00000048  
RAGHU K THALVAYAPATI  
22434 BRIGHT SKY DRIVE  
CLARKSBURG, MD 20871

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

S 009142 R09CQN01 009142 E

600120

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

### 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. 1545-2251

**2022**

Part I Employee		Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) <b>RAGHU K THALVAYAPATI</b>		2 Social security number (SSN) <b>XXX-XX-7761</b>		7 Name of employer <b>EPATHUSA INC</b>		8 Employer identification number (EIN) <b>86-1138597</b>	
3 Street address (including apartment no.) <b>22434 BRIGHT SKY DRIVE</b>		6 Country and ZIP or foreign postal code <b>USA 20871</b>		9 Street address (including room or suite no.) <b>1075 JORDAN CREEK PKWY UNIT 295</b>		10 Contact telephone number <b>515-974-6778</b>	
4 City or town <b>CLARKSBURG</b>	5 State or province <b>MD</b>	6 Country and ZIP or foreign postal code <b>USA 20871</b>		11 City or town <b>WEST DES MOINES</b>	12 State or province <b>IA</b>	13 Country and ZIP or foreign postal code <b>USA 50266</b>	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>11</b>		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2A</b>	<b>2D</b>	<b>2D</b>	<b>2H</b>	<b>2B</b>	<b>2A</b>	

#### Part III Covered Individuals

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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

# 2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
<b>W-2</b>		<b>Wage and Tax Statement</b>	
2022		2022	
Copy C for employee's records. OMB No. 1545-0008			
d Control number 0000022807 TKW	Dept. OFF000	Corp. 1TST	Employer use only A S 8725
c Employer's name, address, and ZIP code BAE SYSTEMS TECH SOLUTIONS SRVC INC 2941 FAIRVIEW PARK DR. FLOOR 13 C/O BAE SYSTEMS INC TAX DEPT FALLS CHURCH, VA 22042			
e/f Employee's name, address, and ZIP code RAGHU KUMAR THALVAYAPATI 22434 BRIGHT SKY DRIVE CLARKSBURG, MD 20871			
b Employer's FED ID number 22-2466421	a Employee's SSA number XXX-XX-7761		
1 Wages, tips, other comp. 80087.42	2 Federal income tax withheld 8847.33		
3 Social security wages 92934.12	4 Social security tax withheld 5761.92		
5 Medicare wages and tips 92934.12	6 Medicare tax withheld 1347.54		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C   68.70		
14 Other	12b D   12846.70		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. MD 0336546 1	16 State wages, tips, etc. 80087.42		
17 State income tax 6438.43	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

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

RAGHU KUMAR THALVAYAPATI  
22434 BRIGHT SKY DRIVE  
CLARKSBURG, MD 20871

Social Security Number: XXX-XX-7761



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PAGE 01 OF 01

1 Wages, tips, other comp. 80087.42	2 Federal income tax withheld 8847.33		
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b Employer's FED ID number 22-2466421	a Employee's SSA number XXX-XX-7761		
7 Social security tips	8 Allocated tips		
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11 Nonqualified plans	12a See instructions for box 12 C   68.70		
14 Other	12b D   12846.70		
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	12d		
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e/f Employee's name, address and ZIP code RAGHU KUMAR THALVAYAPATI 22434 BRIGHT SKY DRIVE CLARKSBURG, MD 20871			
15 State Employer's state ID no. MD 0336546 1	16 State wages, tips, etc. 80087.42		
17 State income tax 6438.43	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy			
<b>W-2</b>		<b>Wage and Tax Statement</b>	
2022		2022	
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp. 80087.42	2 Federal income tax withheld 8847.33		
3 Social security wages 92934.12	4 Social security tax withheld 5761.92		
5 Medicare wages and tips 92934.12	6 Medicare tax withheld 1347.54		
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e/f Employee's name, address and ZIP code RAGHU KUMAR THALVAYAPATI 22434 BRIGHT SKY DRIVE CLARKSBURG, MD 20871			
15 State Employer's state ID no. MD 0336546 1	16 State wages, tips, etc. 80087.42		
17 State income tax 6438.43	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
MD. State Filing Copy			
<b>W-2</b>		<b>Wage and Tax Statement</b>	
2022		2022	
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp. 80087.42	2 Federal income tax withheld 8847.33		
3 Social security wages 92934.12	4 Social security tax withheld 5761.92		
5 Medicare wages and tips 92934.12	6 Medicare tax withheld 1347.54		
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b Employer's FED ID number 22-2466421	a Employee's SSA number XXX-XX-7761		
7 Social security tips	8 Allocated tips		
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11 Nonqualified plans	12a See instructions for box 12 C   68.70		
14 Other	12b D   12846.70		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code RAGHU KUMAR THALVAYAPATI 22434 BRIGHT SKY DRIVE CLARKSBURG, MD 20871			
15 State Employer's state ID no. MD 0336546 1	16 State wages, tips, etc. 80087.42		
17 State income tax 6438.43	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
City or Local Filing Copy			
<b>W-2</b>		<b>Wage and Tax Statement</b>	
2022		2022	
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008			

# 2022 W-2 and EARNINGS SUMMARY



**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
100068 ATLA/988			T 55

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
**1075 JORDAN CREEK PKWY #**  
**WEST DES MOINES IA 50266**

Batch #04135

e/f Employee's name, address, and ZIP code  
**RAGHU K THALVAYAPATI**  
**22434 BRIGHT SKY DRIVE**  
**CLARKSBURG MD 20871**

b Employer's FED ID number	a Employee's SSA number
86-1138597	XXX-XX-7761

1 Wages, tips, other comp.	2 Federal income tax withheld
29791.27	3612.08
3 Social security wages	4 Social security tax withheld
29791.27	1847.06
5 Medicare wages and tips	6 Medicare tax withheld
29791.27	431.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
MD 14605589	29791.27
17 State income tax	18 Local wages, tips, etc.
2180.05	
19 Local income tax	20 Locality name

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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	29,791.27	29,791.27	29,791.27	29,791.27
Reported W-2 Wages	29,791.27	29,791.27	29,791.27	29,791.27

2. Employee Name and Address.

**RAGHU K THALVAYAPATI**  
**22434 BRIGHT SKY DRIVE**  
**CLARKSBURG MD 20871**

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Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld		
29791.27	3612.08		
3 Social security wages	4 Social security tax withheld		
29791.27	1847.06		
5 Medicare wages and tips	6 Medicare tax withheld		
29791.27	431.97		
d Control number	Dept.	Corp.	Employer use only
100068 ATLA/988			T 55

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
**1075 JORDAN CREEK PKWY #**  
**WEST DES MOINES IA 50266**

b Employer's FED ID number	a Employee's SSA number
86-1138597	XXX-XX-7761

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

e/f Employee's name, address and ZIP code  
**RAGHU K THALVAYAPATI**  
**22434 BRIGHT SKY DRIVE**  
**CLARKSBURG MD 20871**

15 State Employer's state ID no.	16 State wages, tips, etc.
MD 14605589	29791.27
17 State income tax	18 Local wages, tips, etc.
2180.05	
19 Local income tax	20 Locality name

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

1 Wages, tips, other comp.	2 Federal income tax withheld		
29791.27	3612.08		
3 Social security wages	4 Social security tax withheld		
29791.27	1847.06		
5 Medicare wages and tips	6 Medicare tax withheld		
29791.27	431.97		
d Control number	Dept.	Corp.	Employer use only
100068 ATLA/988			T 55

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
**1075 JORDAN CREEK PKWY #**  
**WEST DES MOINES IA 50266**

b Employer's FED ID number	a Employee's SSA number
86-1138597	XXX-XX-7761

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code  
**RAGHU K THALVAYAPATI**  
**22434 BRIGHT SKY DRIVE**  
**CLARKSBURG MD 20871**

15 State Employer's state ID no.	16 State wages, tips, etc.
MD 14605589	29791.27
17 State income tax	18 Local wages, tips, etc.
2180.05	
19 Local income tax	20 Locality name

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

1 Wages, tips, other comp.	2 Federal income tax withheld		
29791.27	3612.08		
3 Social security wages	4 Social security tax withheld		
29791.27	1847.06		
5 Medicare wages and tips	6 Medicare tax withheld		
29791.27	431.97		
d Control number	Dept.	Corp.	Employer use only
100068 ATLA/988			T 55

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
**1075 JORDAN CREEK PKWY #**  
**WEST DES MOINES IA 50266**

b Employer's FED ID number	a Employee's SSA number
86-1138597	XXX-XX-7761

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code  
**RAGHU K THALVAYAPATI**  
**22434 BRIGHT SKY DRIVE**  
**CLARKSBURG MD 20871**

15 State Employer's state ID no.	16 State wages, tips, etc.
MD 14605589	29791.27
17 State income tax	18 Local wages, tips, etc.
2180.05	
19 Local income tax	20 Locality name

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

LOANDEPOT COM LLC  
6531 IRVINE CENTER DR  
IRVINE, CA 92618



Temp-Return Service Requested

031116-000001-000003-096815 2074328 4161IRS2\_1  
RAGHU K THALVAYAPATI  
22434 BRIGHT SKY DR  
CLARKSBURG, MD 20871-6359

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. LOANDEPOT COM LLC 6531 IRVINE CENTER DR IRVINE CA 92618 888-337-6888		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 Form <b>1098</b> (Rev. January 2022) For calendar year <b>20 22</b>		<b>Mortgage Interest Statement</b>
RECIPIENT'S/LENDER'S TIN 26-4599244	PAYER'S/BORROWER'S TIN XXX-XX-7761	<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ 1,628.38		<b>3</b> Mortgage origination date 12 / 14 / 20		
PAYER'S/BORROWER'S name RAGHU K THALVAYAPATI		<b>2</b> Outstanding mortgage principal \$ 248,487.21		<b>5</b> Mortgage insurance premiums \$		
Street address (including apt. no.) 22434 BRIGHT SKY DR		<b>4</b> Refund of overpaid interest \$		<b>6</b> Points paid on purchase of principal residence \$		
City or town, state or province, country, and ZIP or foreign postal code CLARKSBURG, MD 20871-6359		<b>7</b> <input checked="" type="checkbox"/> 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.		<b>8</b> Address or description of property securing mortgage (see instructions)		
<b>9</b> Number of properties securing the mortgage 001	<b>10</b> Other *Taxes Paid \$ 4,761.49					
Account number (see instructions) 5002496221						

Form **1098** (Rev. 1-2022) (Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

\*If taxes paid at closing, refer to the Closing Disclosure

**Part I Employee**

1 Name of employee (last name, middle initial, last name) **BRADLEY, K**  
 2 Social security number (SSN) **XXX-XX-7761**  
 3 Street address (including apartment no.) **11333 BRADLEY BLVD**  
 4 City or town **MD**  
 5 State or province **MD**  
 6 Country and ZIP or foreign postal code **US 20871**  
 7 Name of employer **TECHSTEP, INC.**  
 8 Employee identification number (EIN) **CD-211057E**  
 9 Street address (including room or suite no.) **7437 RACE ROAD**  
 10 Contact telephone number **855-314-4232**  
 11 City or town **HANNOVER**  
 12 State or province **MD**  
 13 Country and ZIP or foreign postal code **US 21076**

**Part II Employee Offer of Coverage**

14 Offer of Coverage (enter required code)	Employee's Age on January 1:											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 408(a) State Harbor and Other Relief (enter code, if applicable)	2A	2A	2A	2A	2A	2A	2A	2A	2D	2F	2F	2B

Plan Start Month (enter 2-digit number) **01**  
 or Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cal. No. 607654 Form 1095-C (2022)

**Part III Covered Individuals**  
 If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

17	Employee's Age on January 1:												18	
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														





HEALTH EQUITY  
15 WEST SCENIC POINTE DRIVE SUITE 400  
DRAPER, UT 84020



>012347 7463770 0001 6336 302  
VISHNUPRIYA LODARI  
22434 BRIGHT SKY DR  
CLARKSBURG, MD 20871

CORRECTED (if checked)

TRUSTEES name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number <b>HEALTH EQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020</b>		OMB No. 1545-1518 <b>2022</b> Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>
<b>1</b> Employee or self-employed contributions made in 2022 and 2023 for 2022 <b>\$0.00</b>	<b>2</b> Total contributions made in 2022 <b>\$0.00</b>	<b>3</b> Total HSA or Archer MSA contributions made in 2023 for 2022 <b>\$0.00</b>	<b>Copy B For Participant</b>  This information is being furnished to the IRS.
<b>4</b> Rollover contributions <b>\$0.00</b>	<b>5</b> Fair market value of HSA, Archer MSA, or MA MSA <b>\$682.19</b>	<b>6</b> HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	
TRUSTEE'S TIN <b>52-2383166</b>	PARTICIPANT'S TIN <b>***-**-5240</b>	www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service	
PARTICIPANT'S name <b>VISHNUPRIYA LODARI</b>		Account number (see instructions) <b>20152103</b>	
Street address (including apt. no.) <b>22434 BRIGHT SKY DR</b>		City or town, state or province, country, and ZIP or foreign postal code <b>CLARKSBURG, MD 20871</b>	

**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 deductible to one of your Archer MSAs, you can deduct your Archer MSA for that year, and you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your Archer MSA, you can't deduct that contribution to your Archer MSA. Contributions that the Social Security Administration makes to your MA MSA aren't deductible in your gross income. Neither you nor your employer can deduct contributions you or someone other than you employer make to your HSA. Generally, contributions you or someone other than you employer make to your HSA are deductible on your tax return. Employer contributions to your HSA are excluded from your gross income. See Form 8853 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form 8853 (see instructions, introduction, see Pub. 869).

**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.





TRINE TECH LLC  
888 WESTERN AVE #1209  
Seattle, WA 98104  
US

ZEM0130D AUTO ALL FOR AADC 208  
7000059628 00.0154.0375 59628/1



SUNTEK LLC  
22434 BRIGHT SKY DR  
CLARKSBURG MD 20871-6359

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>TRINE TECH LLC</b> <b>888 WESTERN AVE #1209</b> <b>Seattle, WA 98104</b> <b>US</b> Phone: 575-519-2857		OMB No. 1545-0116  <b>Form 1099-NEC</b> (Rev. January 2022)  For calendar year <b>2022</b>	<b>Nonemployee Compensation</b>  <b>Copy B</b> <b>For Recipient</b> <small>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.</small>
PAYER'S TIN <b>87-0949422</b>	RECIPIENTS TIN <b>87-1924613</b>	<b>1 Nonemployee compensation</b> <b>\$ 120,640.00</b>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>SUNTEK LLC</b> <b>22434 BRIGHT SKY DR</b> <b>CLARKSBURG, MD 20871</b> <b>US</b>		<b>2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale</b> <input type="checkbox"/>  <b>3</b>	
Account number (see instructions) <b>974528441466</b>		<b>4 Federal income tax withheld</b> <b>\$ 0.00</b>	
<b>5 State tax withheld</b> <b>\$ 0.00</b>	<b>6 State/Payer's state no.</b> <b>MD 870949422</b>	<b>7 State income</b> <b>\$ 120,640.00</b>	

# 2022 W-2 and EARNINGS SUMMARY

## Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Copy C for employee's records.  
 d Control number Dept. Corp. Employer use only  
 000457 ATLA/98B T 30

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
 1075 JORDAN CREEK PKWY #  
 WEST DES MOINES IA 50266

Batch #04135

e/f Employee's name, address, and ZIP code  
**VISHNUPRIYA LODARI**  
 22434 BRIGHT SKY DRIVE  
 CLARKSBURG MD 20871

b Employer's FED ID number 86-1138597	a Employee's SSA number XXX-XX-5240
1 Wages, tips, other comp. 26880.00	2 Federal income tax withheld 2025.60
3 Social security wages 26880.00	4 Social security tax withheld 1666.56
5 Medicare wages and tips 26880.00	6 Medicare tax withheld 389.76
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. MD 14605589	16 State wages, tips, etc. 26880.00
17 State income tax 1984.98	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	26,880.00	26,880.00	26,880.00	26,880.00
Reported W-2 Wages	26,880.00	26,880.00	26,880.00	26,880.00

2. Employee Name and Address.

**VISHNUPRIYA LODARI**  
 22434 BRIGHT SKY DRIVE  
 CLARKSBURG MD 20871

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1 Wages, tips, other comp. 26880.00	2 Federal income tax withheld 2025.60
3 Social security wages 26880.00	4 Social security tax withheld 1666.56
5 Medicare wages and tips 26880.00	6 Medicare tax withheld 389.76
d Control number Dept. Corp. Employer use only 000457 ATLA/98B T 30	

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
 1075 JORDAN CREEK PKWY #  
 WEST DES MOINES IA 50266

b Employer's FED ID number 86-1138597	a Employee's SSA number XXX-XX-5240
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code  
**VISHNUPRIYA LODARI**  
 22434 BRIGHT SKY DRIVE  
 CLARKSBURG MD 20871

15 State Employer's state ID no. MD 14605589	16 State wages, tips, etc. 26880.00
17 State income tax 1984.98	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## Federal Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

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

1 Wages, tips, other comp. 26880.00	2 Federal income tax withheld 2025.60
3 Social security wages 26880.00	4 Social security tax withheld 1666.56
5 Medicare wages and tips 26880.00	6 Medicare tax withheld 389.76
d Control number Dept. Corp. Employer use only 000457 ATLA/98B T 30	

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
 1075 JORDAN CREEK PKWY #  
 WEST DES MOINES IA 50266

b Employer's FED ID number 86-1138597	a Employee's SSA number XXX-XX-5240
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code  
**VISHNUPRIYA LODARI**  
 22434 BRIGHT SKY DRIVE  
 CLARKSBURG MD 20871

15 State Employer's state ID no. MD 14605589	16 State wages, tips, etc. 26880.00
17 State income tax 1984.98	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## MD. State Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

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

1 Wages, tips, other comp. 26880.00	2 Federal income tax withheld 2025.60
3 Social security wages 26880.00	4 Social security tax withheld 1666.56
5 Medicare wages and tips 26880.00	6 Medicare tax withheld 389.76
d Control number Dept. Corp. Employer use only 000457 ATLA/98B T 30	

c Employer's name, address, and ZIP code  
**EPATHUSA INC**  
 1075 JORDAN CREEK PKWY #  
 WEST DES MOINES IA 50266

b Employer's FED ID number 86-1138597	a Employee's SSA number XXX-XX-5240
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code  
**VISHNUPRIYA LODARI**  
 22434 BRIGHT SKY DRIVE  
 CLARKSBURG MD 20871

15 State Employer's state ID no. MD 14605589	16 State wages, tips, etc. 26880.00
17 State income tax 1984.98	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## MD. State Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

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

FOLD AND DETACH HERE

FOLD AND DETACH HERE

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

**REALTY DEALS LLC**  
**4714 BRIGGS RD**  
**FAIRFAX VA 22030- 570**  
**25667481**  
**(703) 517-6799**

OMB No. 1545-0116  
Form **1099-NEC**  
(Rev. January 2022)  
For calendar year  
**20 22**

**Nonemployee  
Compensation**

PAYER'S TIN  
**81-2450216**

RECIPIENT'S TIN  
**XXX-XX-5240**

1 Nonemployee compensation  
\$ **24057.90**

Copy 2  
To be filed with  
recipient's state  
income tax  
return, when  
required.

RECIPIENT'S name  
**VISHNU PRIYA LODARI**

2 Payer made direct sales totaling \$5,000 or more of  
consumer products to recipient for resale

Street address (including apt. no.)  
**22434 BRIGHT SKY DRIVE**

3  
4 Federal income tax withheld  
\$

7 State income  
\$ **24057.90**

City or town, state or province, country, and ZIP or foreign postal code  
**CLARKSBURG MD 20871**

5 State tax withheld  
\$

6 State/Payer's state no.  
**VA30812450216F001**

Form **1099-NEC** (Rev. 1-2022)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

Detach Here



98B 0030 955C5 000000025  
 000008199 J0289238  
 EPATHUSA INC  
 1075 JORDAN CREEK PKWY UNIT 295  
 WEST DES MOINES, IA 50266



\*98BPNA95CP60000008641A419B819\*

009119 R09CQN01 98B 0030 955C5 000000025  
 VISHNUPRIYA LODARI  
 22434 BRIGHT SKY DRIVE  
 CLARKSBURG, MD 20871

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

S 009119 R09CQN01 98B 0030 955C5 000000025

600120

Form **1095-C**  
 Department of the Treasury  
 Internal Revenue Service

**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. 1545-2261

**2022**

Part I Employee				Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name) <b>VISHNUPRIYA LODARI</b>		2 Social security number (SSN) <b>XXX-XX-5240</b>		7 Name of employer <b>EPATHUSA INC</b>				8 Employer identification number (EIN) <b>86-1138597</b>			
3 Street address (including apartment no.) <b>22434 BRIGHT SKY DRIVE</b>				9 Street address (including room or suite no.) <b>1075 JORDAN CREEK PKWY UNIT 295</b>				10 Contact telephone number <b>515-974-6778</b>			
4 City or town <b>CLARKSBURG</b>		5 State or province <b>MD</b>		6 Country and ZIP or foreign postal code <b>USA 20871</b>		11 City or town <b>WEST DES MOINES</b>		12 State or province <b>IA</b>		13 Country and ZIP or foreign postal code <b>USA 50266</b>	

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>11</b>		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1H	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$	\$	\$ 349.87	\$ 349.87	\$ 349.87	\$ 349.87	\$ 349.87	\$	\$	\$	\$	\$	\$		
16 Section 4080H Safe Harbor and Other Relief (enter code, if applicable)		2D	2H	2H	2H	2H	2H	2B	2A	2A	2A	2A	2A		
17 ZIP Code															

Part III Covered Individuals															
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>															
(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"/>
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"/>
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"/>
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"/>
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"/>
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"/>



Insperity Retirement Services  
 P.O. Box 1988  
 Kingwood, TX 77347-1988

INSPERITY 401K PLAN

For the Period 10/01/22 Thru 12/31/22

Your Personal Retirement Performance Report

PARTICIPANT INFORMATION

Before-tax Contribution Percentage: 8.00%  
 Personal Rate of Return for this Quarter: 5.23%

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37468 1 AB 0.504  
 VISHNUPRIYA LODARI  
 22434 BRIGHT SKY DR  
 CLARKSBURG MD 20871-6359

**IMPORTANT ACCOUNT INFORMATION**

The new year means a new opportunity to maximize your savings! Contribution limits for 2023 are \$22,500 if you are under age 50 and \$30,000 if you are 50 or older. Log in to Insperity Premier at [portal.insperity.com](http://portal.insperity.com) and click 401(k) to manage your contribution rate. Questions? Call the Insperity Contact Center at 866.715.3552, option 3.

**ACTIVITY HIGHLIGHTS**

CONTRIBUTIONS	CURRENT PERIOD	YEAR TO DATE
EMPLOYEE PRE-TAX	1,476.90	2,953.80
EMPLOYER MATCH	738.48	1,476.96
<b>Total</b>	<b>\$2,215.38</b>	<b>\$4,430.76</b>

SUMMARY	BEGINNING BALANCE	CONTRIBUTIONS & OTHER CREDITS	GAINS/ (LOSSES)	DISTRIBUTIONS & OTHER DEBITS	BALANCE ON 12/31/22	VESTED PERCENT	VESTED BALANCE
EMPLOYEE PRE-TAX	1,323.17	1,476.90	108.57	(6.67)	2,901.97	100.00%	2,901.97
EMPLOYER MATCH	661.62	738.48	54.29	(3.33)	1,451.06	100.00%	1,451.06
<b>Total</b>	<b>\$1,984.79</b>	<b>\$2,215.38</b>	<b>\$162.86</b>	<b>(\$10.00)</b>	<b>\$4,353.03</b>		<b>\$4,353.03</b>

The Distributions & Other Debits column includes fees charged to your account, which are detailed in the Fee Information section of this statement.