

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		Wage and Tax Statement	2023
Copy C for employee's records.		OMB No. 1545-0008	
d Control number	Dept.	Corp.	Employer use only
0000024939 VCN		S425	C S 7908
c Employer's name, address, and ZIP code			
PPD DEVELOPMENT LP 929 NORTH FRONT STREET WILMINGTON, NC 28401-3331			
e/f Employee's name, address, and ZIP code			
SNEHALATHA PAPPU 6013 BALANCE CT RALEIGH, NC 27616			
b Employer's FED ID number	a Employee's SSA number		
74-2325267	XXX-XX-9541		
1 Wages, tips, other comp.	2 Federal income tax withheld		
119461.87	12779.05		
3 Social security wages	4 Social security tax withheld		
126503.47	7843.22		
5 Medicare wages and tips	6 Medicare tax withheld		
126503.47	1834.30		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 124.86		
14 Other	12b D 7041.60		
	12c W 1461.54		
	12d DD 7404.00		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
NC	101035387	119461.87	
17 State income tax		18 Local wages, tips, etc.	
5200.00			
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.

SNEHALATHA PAPPU
6013 BALANCE CT
RALEIGH, NC 27616

Social Security Number: XXX-XX-9541



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PAGE 1 OF 1

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Federal Filing Copy			
W-2		Wage and Tax Statement	2023
Copy B to be filed with employee's Federal Income Tax Return.		OMB No. 1545-0008	

NC. State Filing Copy			
W-2		Wage and Tax Statement	2023
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 1545-0008	

City or Local Filing Copy			
W-2		Wage and Tax Statement	2023
Copy 2 to be filed with employee's City or Local Income Tax Return.		OMB No. 1545-0008	

This information is being furnished to the Internal Revenue Service.

Copy B — To Be Filed With Employee's FEDERAL Tax Return.		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2023		1 Wages, tips, other comp. 109617.47	2 Federal income tax withheld 10963.39	
a Employee's SSN XXX-XX-3802	3 Social security wages 114613.98	4 Social security tax withheld 7106.07		
b Employer ID No. (EIN) 05-0340626	5 Medicare wages and tips 114613.98	6 Medicare tax withheld 1661.90		
c Employer's name, address and ZIP code CVS PHARMACY, INC. 1 CVS DRIVE WOONSOCKET, RI 02895				
d Control number				
e — f Employee's name, address and ZIP code NITHISH B SINGA 6013 BALANCE CT RALEIGH, NC 27616				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a code C	See instr. for box 12 42.40	
13 Statutory employee	Retirement plan <input type="checkbox"/>	12b code D	4996.51	
14 Other	Third-party sick pay <input type="checkbox"/>	12c code W	776.10	
		12d code DD	7160.50	
15 State NC	Employer's state ID no. 600134546	16 State wages, tips, etc. 27487.38	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Department of the Treasury — Internal Revenue Service

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Department of the Treasury — Internal Revenue Service

This information is being furnished to the Internal Revenue Service. 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.

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Department of the Treasury — Internal Revenue Service

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14 Other RI SDI 924.00	12c code			
	12d code			
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Department of the Treasury — Internal Revenue Service

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Department of the Treasury — Internal Revenue Service

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WealthCare Saver Prime
 PO Box 162177
 Altamonte Springs, FL 32716

ID# 601015363757



004622
 0101

SNEHALATHA PAPPU
 6013 BALANCE CT
 RALEIGH, NC 27616

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 Alegeus Tech, LLC dba WealthCare Saver 1601 Trapelo Road Waltham, MA 02451 1-866-287-5675		OMB No. 1545 - 1517 Form 1099-SA (Rev. November 2019) For calendar year 2023		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 90-0808825	RECIPIENT'S TIN XXX-XX-9541	1. Gross Distribution \$781.07	2. Earnings on excess cont. \$0.00	
RECIPIENT'S name SNEHALATHA PAPPU Street address (including apt. no.) 6013 BALANCE CT City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27616		3. Distribution code 1	4. FMV on date of death \$0.00	
Account number (see instructions) 601015363757		5. HSA x Archer MSA o MA MSA o		
Form 1099-SA (Rev. 11-2019) (keep for your records)		www.irs.gov/Form1099SA		

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 includible 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.

000001547-A

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

2023

Part I Employee

1 Name of employee (first name, middle initial, last name) SNEHALATHA PAPPU		2 Social security number (SSN) ***-**-9541	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 74-2325267
3 Street address (including apartment no.) 6013 BALANCE CT			9 Street address (including room or suite no.) 300 INDUSTRY DRIVE		10 Contact telephone number 833-423-6387
4 City or town RALEIGH	5 State or province NC	6 Country and ZIP or foreign postal code 27616	11 City or town PITTSBURGH	12 State or province PA	13 Country and ZIP or foreign postal code 15275

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1												
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code														

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

Cat. No. 60705M

Form 1095-C (2023)

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.

18 (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
SNEHALATHA PAPPU	***-**-9541			X	X	X	X	X	X	X	X	X	X	X	X
19															
20															
21															
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29															
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CVS Pharmacy, Inc.
1 CVS Drive
Woonsocket, RI 02895

0035451**000087**000001*****AUTO**ALL FOR AADC 275**3



NITHISH SINGA
6013 BALANCE CT
RALEIGH NC 27616-4352

600120

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2251

2023

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records
Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Nithish B Singa		2 Social security number (SSN) xxx-xx-3802		7 Name of employer CVS Pharmacy, Inc.		8 Employer identification number (EIN) 05-0340626	
3 Street address (including apartment no.) 6013 Balance ct				9 Street address (including apartment no.) 1 CVS Drive		10 Contact telephone number 888-694-7287	
4 City or town Raleigh		5 State or province NC		6 Country and ZIP or foreign postal code USA 27616		11 City or town Woonsocket	
				12 State or province RI		13 Country and ZIP or foreign postal code United States 02895	

Part II Employee Offer and Coverage				Employee's Age on January 1				Plan Start Month: 06					
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$67.17	\$67.17	\$67.17	\$67.17	\$67.17	\$70.61	\$70.61	\$70.61	\$70.61	\$70.61	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	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.

(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	
18 Nithish B Singa	xxx-xx-3802		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>



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