**Employee Reference Copy** Wage and Tax Statement Copy C for employee's records. Control number 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 Employer's FED ID number 74-2325267
Wages, tips, other comp. a Employee's SSA number XXX-XX-9541 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 edicare tax withheld 126503.47 1834.30 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See Instructions for box 14 Other 12d DD I 13 Stat emp 7404.00 15 State Employer's state ID no. 16 State wages, tips, etc. NC 101035387 119461.87 17 State income tax

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.

Social Security Number: XXX-XX-9541

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld 1834.30

Corp.

S425

12779.05

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Employer use only

C S 7908

SNEHALATHA PAPPU 6013 BALANCE CT RALEIGH, NC 27616



Wages, tips, other comp.

Social security wages

Control number

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15 State Employer's state ID no. 16 State wages, tips, etc. 119461 8

5200.00

Federal Filing Copy

Wage and Tax

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

17 State income tax

19 Local income tax

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18 Local wages, tips, etc.

20 Locality name

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18 Local wages, tips, etc.

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Wage and Tax

Statement

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

929 NORTH FRONT ST WILMINGTON, NC 2840	REET )1-3331	
b Employer's FED ID number 74-2325267	a Employe	ee's SSA number XXX-XX-9541
7 Social security tips	8 Allocated	d tips
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e/f Employee's name, address SNEHALATHA PAPP 6013 BALANCE CT		ode

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

City or Local Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's City or Local income

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<ul> <li>f Employee's name, address</li> <li>NITHISH B SINGA</li> <li>6013 BALANCE CT</li> <li>RALEIGH, NC 27616</li> </ul>	ss and ZIP code				NI <sup>-</sup>	mployee's name, addre FHISH B SINGA 13 BALANCE CT LEIGH, NC 27616	ess and ZIP code				
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19 Local income tax

20 Locality name

Department of the Treasury — Internal Revenue Service

18 Local wages, tips, etc.

18 Local wages, tips, etc.

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20 Locality name

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d Control number					d Con	trol number							
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10 Dependent care benefits	11 Nonqualified pla	ins	12a code	See instr. for box 12	10 Dep	pendent care benefits	11	Nonqualified plans	S	12a c	ode See ins	tr. for box 12	
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18 Local wages, tips, etc.	19 Local incom	ne tax	20 Localit	y name	18 Loc	al wages, tips, etc.	1	9 Local income	tax	20 L	ocality name		
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N	opy C — For EMPLOYEE otice to Employee on the	Dack Of	OOPy 2.,	Wage a	nd 7	Tax Statement	1545-0008			
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в —	-f Employee's name, addre NITHISH B SINGA 6013 BALANCE CT RALEIGH, NC 27616	ss and ZIP	code							
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Department of the Treasury — Internal Revenue Service

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WealthCare Saver Prime PO Box 162177

ID# 601015363757



SNEHALATHA PAPPU 6013 BALANCE CT RALEIGH, NC 27616

Altamonte Springs, FL 32716

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

2024012201A4

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

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.

- 100F C		<b>Emplo</b>	yer-Prov	ided He	ealth Ins	urar	ice C	Offer a	nd Cove	rage	VOID	4	OMB No. 1545-2251	P00750
E 1095-C Department of the Treas Internal Revenue Service	sury		▶ D	o not attach to	your tax return 1095C for instru	. Keep fo	or your re	ecords.		3	CORRE	CTED	20	153
Part   Emplo	yee				cial security numbe		Appl	licable Larg	e Employer Me	ember (Empl	oyer)		8 Employer identific 74-232526	cation number (EIN)
1 Name of employee (fit SNEHALATHA	irst name, middle in PAPPU	nitial, last name)						of employer DEVELO	PMENT LP					
3 Street address (included 6013 BALAN	ding apartment no.)	)							ding room or suite r RY DRIVE	10.)		1	10 Contact telephor 833-423-	
4 City or town RALEIGH		5 State or provide NC	nce	6 Country a 27616	nd ZIP or foreign p	ostal code	11 City o	or town PTSBURGI	Н	12 State or p	province		13 Country and ZIP 15275	or foreign postal cod
Part II Emplo	yee Offer of C	overage		Employ	ee's Age on Ja	nuary 1				Plan Star	t Month (enter 2-dig	git number): 0	1	
	All 12 Months	Jan	Feb	Mar	Apr		Мау	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	:	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	2	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C		2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code														
For Privacy Act and F	Paperwork Reduc	tion Act Notice,	see separate instru	ctions.			Cat. No. 6	60705M					Form	m <b>1095-C</b> (2023)
		.51	->											600320
Form 1095-C (202	3)	<u> </u>												Page 3
Part III Cove	red Individuals	s – If Employe	r provided self-in	sured coverag	e, check the box	k and en	ter the in	formation for	r each individual	enrolled in co	verage, including			
		(a) Name	e of covered individu	al(s)		0.7%	(b) SSN	or other TIN	(c) DOB (if SSN o	or other (d) Co	vered	(e) Mo	onths of coverage	

CVS Pharmacy, Inc. 1 CVS Drive Woonsocket, RI 02895

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Form 1095-C				Empl	oyer-Pr	ovided Hea	alth Insi	urance	Off	er ar	ıd		П VC	ND.		1	OMB N	o. 1545-	2251
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1 Name of employe	В	Singa		ast name)	2 Social security number (SSN) 7 Name of employer CVS Pharmacy, Inc.						Employer Member (  8 Employ 05-034				er identification number (EIN)				
3 Street address (in 6013 Balance ct	ncluding apa	artment	no.)			9 Street ad 1 CVS Driv		ncluding	apartmen	it no.)			10 Contac 888-694	t teleph	none nu	ımber	2.		
4 City or town Raleigh	NC NC				6 Country and ZIP or foreign postal code USA 27616			11 City or t				ľ	12 State province RI		13 Countr de			reign po	stal
Part II Em	Limpleyee offer and oov					Employ	ee's Age	on Jani	uarv 1			Plar	n Start I	Vlont					
14 Offer of Coverage (enter	Offer of All 12 Months Jan erage (enter					r Apr	May	Jun		Jul	Au		Sept	VIOIT	Oct	1	Vov	De	ec
required code)	,	1E		1E	1E	1E	1E	1E	16		1E	2.5	1E	1	E	1H		1H	
15 Employ ee 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)		20		2C	2C	2C	2C	2C	20		2C		2C		2C	2A 2		2A	
17 ZIP Code				27													2		
Part III Cov  (a) Name of covered inchame, middle initial, last	dividual(s) Fir		1	Employer		(c)DOB (If SSN or other TIN is	(d) Covere		formatio	in for eac	h individua	3	edin cover			employ	ee.	ĪX .	
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