

Work location changed due to COVID & becoming  
private employee.

When working from Bluebell office:

- I paid \$47.63 to Whitemain each paycheck
- also paid \$12.00 to Whitemain Twpshp each paycheck

When becoming a Fulltime Remote Employee

- I only pay \$12.00 to Marple Twpshp each paycheck
- This according to the paperwork took place on 9/19/2020

However my last day I actually worked from Bluebell office  
was 2/27/2020

So am I eligible to receive \$47.63 per paycheck back

between

2/28/2020

& 9/18/2020?

Work location of pay change

We submitted 2019 taxes late in 2020, and by doing so, the gov didn't know we had our first child born on 11/01/2019. So when we received our <sup>1<sup>st</sup></sup> stimulus check, we didn't receive any \$\$ for her. I think it was supposed to be either \$500 or \$600.

She was included in our stimulus payments for payments #2 & #3.

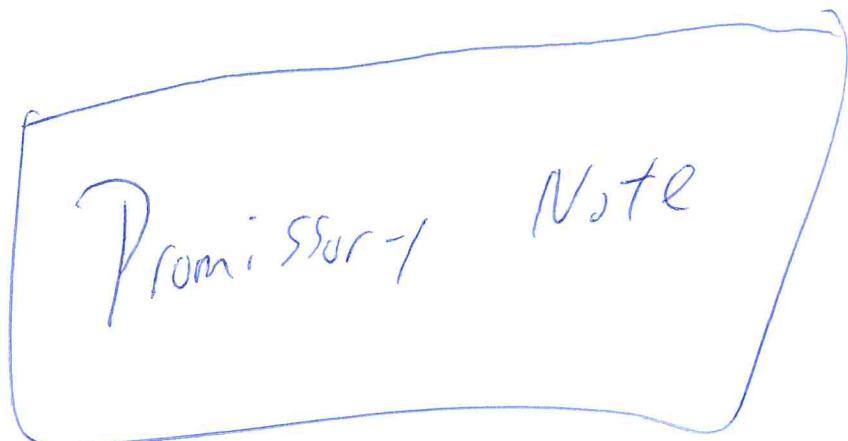
So we just need child stimulus from the first stimulus check.

Missing Child Stimulus payment  
from first stimulus only.

Home Equity Promissory Note to: Josephine & Ron Delli Compagni  
\$100,000 @ 1.5% interest

Started in January 2017

Paid \$1361.39 in interest in 2020.





Department of the Treasury  
Internal Revenue Service  
PHILADELPHIA, PA 19255

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RONALD & KATHARINE DELICOMPAGNI  
609 MARSHALL DR  
BROOMALL PA 19008-3419

390209

Form 1099-INT (Rev. 10-2013)

Statement Showing Interest Income from the Internal Revenue Service  (Please keep this copy for your records)	Calendar Year  2020
Recipient's Identification Number 176-60-2986	Total Interest Paid or Credited \$41.23
PAYER'S Federal Identification Number 38-1798424 <b>(INTERNAL REVENUE USE ONLY)</b>	

**THIS IS NOT A TAX BILL.** It shows the taxable interest paid to you during the calendar year by the Internal Revenue Service. If you are required to file a tax return, report this interest as income on your return. This amount may represent interest on an overpayment for more than one year, or more than one kind of tax. This interest may have been paid with your tax refund or part or all may have been applied against other taxes you owed.

# 2020 W-2 and EARNINGS SUMMARY



<b>Employee Reference Copy</b>			
<b>W-2 Wage and Tax Statement</b>			
OMB No. 1545-0008			
Copy C for employee's records.			
d Control number 001149	Dept. PHIL/V9V	Corp. 000300	Employer use only A 140

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.

c Employer's name, address, and ZIP code <b>CUSTOMERS BANK</b> <b>701 READING AVENUE</b> <b>READING PA 19611</b>
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Batch #01330

e/f Employee's name, address, and ZIP code <b>KATHARINE J. DELLICOMPAGNI</b> <b>609 MARSHALL DR</b> <b>BROOMALL PA 19008</b>	
b Employer's FED ID number <b>23-2892229</b>	a Employee's SSA number <b>XXX-XX-2771</b>
1 Wages, tips, other comp. <b>48536.77</b>	2 Federal income tax withheld <b>4111.12</b>
3 Social security wages <b>53168.04</b>	4 Social security tax withheld <b>3296.42</b>
5 Medicare wages and tips <b>53168.04</b>	6 Medicare tax withheld <b>770.94</b>
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 <b>C   63.04</b>
14 Other 35.03 SUI 263.77 SVEST	12b <b>D   4631.27</b> 12c <b>DD   17011.68</b> 12d 13 Stat emp Ret. plan 3rd party sick pay <b>X</b>
15 State Employer's state ID no. <b>PA 1932 2767</b>	16 State wages, tips, etc. <b>53105.00</b>
17 State income tax <b>1630.42</b>	18 Local wages, tips, etc. <b>53105.00</b>
19 Local income tax	20 Locality name <b>230602</b>

## 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	230602 NEWTON Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	58,380.13	58,380.13	58,380.13	58,380.13	58,380.13
Plus GTL (C-Box 12)	63.04	63.04	63.04	N/A	N/A
Less 401(k) (D-Box 12)	4,631.27	N/A	N/A	N/A	N/A
Less Other Cafe 125	5,275.13	5,275.13	5,275.13	5,275.13	5,275.13
Reported W-2 Wages	48,536.77	53,168.04	53,168.04	53,105.00	53,105.00

## 2. Employee Name and Address.

**KATHARINE J. DELLICOMPAGNI**  
**609 MARSHALL DR**  
**BROOMALL PA 19008**

\* All PA local wages and withholding for Act 32 are reported to  
© 2020 ADP, Inc. the employee work location PSD code.

← Fold and Detach Here →

1 Wages, tips, other comp. <b>48536.77</b>	2 Federal income tax withheld <b>4111.12</b>		
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5 Medicare wages and tips <b>53168.04</b>	6 Medicare tax withheld <b>770.94</b>		
d Control number 001149	Dept. PHIL/V9V	Corp. 000300	Employer use only A 140

c Employer's name, address, and ZIP code <b>CUSTOMERS BANK</b> <b>701 READING AVENUE</b> <b>READING PA 19611</b>
---

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e/f Employee's name, address and ZIP code <b>KATHARINE J. DELLICOMPAGNI</b> <b>609 MARSHALL DR</b> <b>BROOMALL PA 19008</b>
--

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e/f Employee's name, address and ZIP code <b>KATHARINE J. DELLICOMPAGNI</b> <b>609 MARSHALL DR</b> <b>BROOMALL PA 19008</b>
--

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e/f Employee's name, address and ZIP code <b>KATHARINE J. DELLICOMPAGNI</b> <b>609 MARSHALL DR</b> <b>BROOMALL PA 19008</b>
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Federal Filing Copy <b>W-2 Wage and Tax Statement</b> OMB No. 1545-0008	PA. State Filing Copy <b>W-2 Wage and Tax Statement</b> OMB No. 1545-0008	City or Local Filing Copy <b>W-2 Wage and Tax Statement</b> OMB No. 1545-0008
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Federal Filing Copy <b>W-2 Wage and Tax Statement</b> OMB No. 1545-0008
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PA. State Filing Copy <b>W-2 Wage and Tax Statement</b> OMB No. 1545-0008
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City or Local Filing Copy <b>W-2 Wage and Tax Statement</b> OMB No. 1545-0008
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Copy 2 to be filed with employee's State Income Tax Return.

Copy 2 to be filed with employee's City or Local Income Tax Return.

# 1095-B

Department of the Treasury  
Internal Revenue Service

## Health Coverage

OMB. No. 1545-2252

- Do not attach to your tax return. Keep for your records.
- Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

**2020**

VOID

CORRECTED

### Part I Responsible Individual

1 Name of responsible individual- First name, middle name, last name <b>KATHARINE J DELICOMPAGNI</b>	2 Social security number (SSN) or other TIN <b>XXX-XX-2771</b>	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) <b>609 MARSHALL DR</b>	5 City or town <b>BROOMALL</b>	6 State or province <b>PA</b>
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . <b>A</b>	9 Reserved <b>B</b>	10 Employer name <b>CUSTOMERS BANK</b>

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

11 Employer identification number (EIN) <b>23-2892229</b>	12 Street address (including room or suite no.) <b>43 SUMMIT SQUARE CENTER</b>	13 City or town <b>LANGHORNE</b>	14 State or province <b>PA</b>	15 Country and ZIP or foreign postal code <b>US 19047</b>
16 Name <b>QCC INSURANCE COMPANY</b>	17 Employer identification number (EIN) <b>23-2184623</b>	18 Contact telephone number <b>1-888-335-4270</b>		
19 Street address (including room or suite no.) <b>1901 MARKET STREET</b>	20 City or town <b>PHILADELPHIA</b>	21 State or province <b>PA</b>	22 Country and ZIP or foreign postal code <b>US 19103</b>	

### 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
KATHARINE J 23 DELICOMPAGNI	XXX-XX-2771	X	<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"/>				
FOLEY CAROL 24 DELICOMPAGNI	2019-11-01	X	<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"/>				
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"/>				
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"/>				
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"/>				

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

Cat. No. 60704 B

Form 1095-B (2020)

0H8791 2.000



V9V 0055 49D9D 000000114

000038416 J0092554

**CUSTOMERS BANK**  
**701 READING AVENUE**  
**WEST READING, PA 19611**



\*V9VPNA95CPA0000050172A447A220\*

038439 RO9MKJ01 V9V 0055 49D9D 000000114  
**KATHARINE J DELLICOMPAGNI**  
**609 MARSHALL DR**  
**BROOMALL, PA 19008**

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

600120

S 038439 RO9MKJ01 038439 E

**1095-C**Form 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

OMB No. 1545-2251

 CORRECTED**2020**

<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>															
1 Name of employee (first name, middle initial, last name) <b>KATHARINE J DELLICOMPAGNI</b>	2 Social security number (SSN) <b>XXX-XX-2771</b>	7 Name of employer <b>CUSTOMERS BANK</b>												8 Employer identification number (EIN) <b>23-2892229</b>			
3 Street address (including apartment no.) <b>609 MARSHALL DR</b>	9 Street address (including room or suite no.) <b>701 READING AVENUE</b>												10 Contact telephone number <b>267-512-7006</b>				
4 City or town <b>BROOMALL</b>	5 State or province <b>PA</b>	6 Country and ZIP or foreign postal code <b>USA 19008</b>	11 City or town <b>WEST READING</b>	12 State or province <b>PA</b>	13 Country and ZIP or foreign postal code <b>USA 19611</b>												
<b>Part II Employee Offer of Coverage</b>		<b>Employee's Age on January 1</b>												<b>Plan Start Month</b> (enter 2-digit number): <b>01</b>			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
14 Offer of Coverage (enter required code) <b>1E</b>																	
15 Employee Required Contribution (see instructions) <b>\$ 143.13</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>																	
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	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"/>

## IMPORTANT TAX DOCUMENT

**RECIPIENT'S TIN:** XXX-XX-2986

Account number: 58584324

**Vanguard Brokerage**

Contact Info: 800-662-2739

RONALD DELICOMPAGNI  
12 LAWNTON TER W  
GLENOLDEN PA 19036-1504

## TAX INFORMATION STATEMENT

El Paso, TX 79998-2901

### Copy B For Recipient

PAYER'S TIN: 23-2019846

Form 1099-INT	2020 Interest Income	OMB No. 1545-0112
Box	Amount	Amount
1 Interest income.....	0.00	
3 Interest on U.S. Savings Bonds and Treas. obligations.....	0.00	
<b>4 Federal income tax withheld</b> .....	<b>0.00</b>	
5 Investment expenses.....	0.00	
6 Foreign tax paid.....	0.00	
7 Foreign country or U.S. possession.....	0.00	
8 Tax-exempt interest.....	N/A	
9 Specified private activity bond interest.....	0.00	
10 Market discount.....	0.00	
11 Bond premium.....	0.00	
12 Bond premium on Treasury obligations.....	0.00	
13 Bond premium on tax-exempt bond.....	0.00	
14 Tax-exempt and tax credit bond CUSIP no.....	N/A	
15 State.....	N/A	
16 State identification no.....	N/A	
17 State tax withheld.....	0.00	
# Box 10, Box 11, Box 12, and Box 13 contain amounts for covered securities only.		

Form 1099-DIV	2020 Dividends and Distributions	OMB No. 1545-0110
Box	Amount	Amount
1a Total ordinary dividends.....	20.79	
1b Qualified dividends.....	20.79	
2a Total capital gain distr.....	0.00	
2b Unrecap Sec. 1250 gain.....	0.00	
2c Section 1202 gain.....	0.00	
2d Collectibles (28%) gain.....	0.00	
3 Nondividend distributions.....	0.00	
<b>4 Federal income tax withheld</b> .....	<b>0.00</b>	
5 Section 199A dividends.....	0.00	
6 Investment expenses.....	0.00	
7 Foreign tax paid.....	0.00	
8 Foreign country or U.S. possession.....	N/A	
9 Cash liquidation distributions.....	0.00	
10 Noncash liquidation distributions.....	0.00	
11 Exempt-interest dividends.....	0.00	
12 Specified private activity bond interest dividends.....	0.00	
13 State.....	N/A	
14 State identification no.....	N/A	
15 State tax withheld.....	0.00	

Summary of 2020 Proceeds From Broker and Barter Exchange Transactions	
Box	Amount
1d Proceeds.....	0.00 *
1e Cost or other basis.....	0.00 **
<b>4 Federal income tax withheld</b> .....	<b>0.00</b>
1f Accrued market discount.....	0.00 **
1g Wash sale loss disallowed.....	0.00 **
16 State tax withheld.....	0.00
<b>Regulated Futures Contracts:</b>	
8 Profit or (loss) realized in 2020 on closed contracts.....	0.00
9 Unrealized profit or (loss) on open contracts - 12/31/2019.....	0.00
10 Unrealized profit or (loss) on open contracts - 12/31/2020.....	0.00
11 Aggregate profit or (loss) on contracts.....	0.00

\*Gross Proceeds from each of your 2020 securities trades are individually reported to the IRS. Refer to the *2020 Proceeds From Broker and Barter Exchange Transactions* section of this statement.

\*\*Box 1e, Box 1f, and Box 1g contain amounts for covered securities only.

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.

(keep for your records)

\*\*\* Amounts of original issue discount are individually reported to the IRS. This summary contains only reportable amounts. Refer to the *2020 Original Issue Discount* section of this statement for all details.

If you invested in a Collateralized Debt Obligation (CDO), Real Estate Mortgage Investment Conduit (REMIC) or Widely Held Fixed Investment Trust (WHFIT) at any time during the year, please note that this statement is incomplete and an additional written statement will be sent to you by March 15 that will contain information necessary to accurately file your U.S. federal income tax return.

RECIPIENT'S TIN: XXX-XX-2986

**IMPORTANT TAX DOCUMENT**

Account number: 58584324

Vanguard Brokerage

**2020 Form 1099-DIV  
Dividends and Distributions**

Copy B For Recipient

Description	CUSIP	Date paid	Total ordinary dividends (Box 1a)	Qualified dividends (Box 1b)	Total capital gain distr. (Box 2a)	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Section 199A dividends (Box 5)	Investment expenses (Box 6)	Foreign tax paid (Box 7)	Foreign country or U.S. possession (Box 8)	Specified private activity bond interest Exempt-interest dividends (Box 11)	Specified private activity bond interest Exempt-interest dividends (Box 12)
KEYCORP NEW	493267108												
03/13/2020	5.08												
06/15/2020	5.16												
09/15/2020	5.24												
12/15/2020	5.31												
<b>Security Total</b>			<b>20.79</b>			<b>20.79</b>							
<b>Total</b>	<b>20.79</b>		<b>20.79</b>			<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
Dividends – U.S. Corporations													
Dividends – Foreign Corporations													
<b>Total ordinary dividends</b>				<b>0.00</b>									<b>20.79</b>

U.S. mutual funds that invest in foreign securities may elect to pass certain foreign taxes paid by the fund on to their shareholders on IRS Form 1099-DIV; however, because the funds are U.S. corporations, the dividends paid by the funds are considered U.S. source dividends.

(keep for your records)

**Schedule K-1  
(Form 1120-S)**

 Department of the Treasury  
 Internal Revenue Service
beginning ending **2020**

For calendar year 2020, or tax year

 Final K-1 Amended K-1
**Shareholder's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

A Corporation's employer identification number <b>27-3412501</b>	5a Ordinary dividends	13	Credits
B Corporation's name, address, city, state, and ZIP code <b>JOE-KEV, INC. STINGERS SECANE RESTAURANT &amp; BAR 925 PROVIDENCE ROAD SECANE PA 19018</b>	5b Qualified dividends	14	Foreign transactions
C IRS Center where corporation filed return <b>E-FILE</b>	6 Royalties		
D Shareholder's identifying number <b>176-60-2986</b>	7 Net short-term capital gain (loss)		
E Shareholder's name, address, city, state, and ZIP code <b>RON DELLCOMPAGNI 12 LAWNTON TERRACE WEST GLENOLDEN PA 19036</b>	8a Net long-term capital gain (loss)		
F Current year allocation percentage ..... <b>7.500000 %</b>	8b Collectibles (28%) gain (loss)		
G Shareholder's number of shares Beginning of tax year ..... <b>750</b> End of tax year ..... <b>750</b>	8c Unrecaptured section 1250 gain		
H Loans from shareholder Beginning of tax year ..... <b>\$ 0</b> End of tax year ..... <b>\$ 0</b>	9 Net section 1231 gain (loss)		
	10 Other income (loss)	15	Alternative minimum tax (AMT) items
	11 Section 179 deduction	16	Items affecting shareholder basis <b>1,725</b>
	12 Other deductions		
	17 Other information <b>V*</b>		<b>STMT</b>
	18 <input checked="" type="checkbox"/> More than one activity for at-risk purposes*		
	19 <input checked="" type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

For IRS Use Only

STINGERS JOE-KEV,INC.  
27-3412501  
FYE: 12/31/2020

2/21/2021 5:52 PM

**Federal Statements**  
**RON DELLCOMPAGNI**  
**176-60-2986**

**Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)**

Description	Shareholder Amount
8990 GROSS RECEIPTS FOR 2019	78,344
8990 GROSS RECEIPTS FOR 2018	80,750
8990 GROSS RECEIPTS FOR 2017	96,625

<b>Form 1120-S Schedule K-1</b>	<b>Schedule K-1, Box 17, Code V Shareholder's Section 199A Information</b>	<b>2020</b>
For calendar year 2020 or tax year beginning _____, ending _____		
Name <b>JOE-KEV, INC.</b> <b>RON DELLCOMPAGNI</b>		Taxpayer Identification Number <b>27-3412501</b> <b>176-60-2986</b>

Column A	Activity Description <b>PAGE 1 ACTIVITY</b>	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	<b>-6,729</b>				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages	<b>13,755</b>				
Qualified property	<b>5,940</b>				

**Other Information:**

QBI allocable to cooperative pmts received  
 W-2 wages allocable to qualified payments  
 Section 199A(g) deduction

Section 199A REIT dividends

Shareholder's Basis Worksheet Page 1		
Form <b>1120-S</b>	For calendar year 2020 or tax year beginning	<b>2020</b>
<b>Schedule K-1</b>	, ending	
Name <b>JOE-KEV, INC.</b> <b>RON DELLCOMPAGNI</b>	Taxpayer Identification Number	<b>27-3412501</b> <b>176-60-2986</b>

**Stock Basis**

1. Beginning of year stock basis .....	<b>15,259</b>
2. Capital contributions .....	
<b>Additions:</b>	
3. Ordinary business income .....	
4. Net rental income .....	
5. Interest, dividends, royalties and net capital gains .....	
6. Net Section 1231 gain .....	
7. Tax-exempt interest and other income .....	
8. Other income .....	
9. Gain on disposal of Section 179 assets .....	
Total of line 3 through line 9 .....	
10. Other increases .....	
11. Subtotal (Add line 1 through line 10) .....	<b>15,259</b>
<b>Subtractions:</b>	
12. Distributions .....	<b>1,725</b>
13. Total losses and deductions applied against stock basis (See Shareholder's Basis Worksheet Page 2) .....	<b>6,729</b>
14. Other decreases .....	
15. Amount used to restore loan basis .....	
16. End of year stock basis (Subtract the sum of lines 12 through 15 from line 11) .....	<b>6,805</b>

**Loan Basis**

17. Beginning of year loan basis .....	
18. Loans to corporation .....	
19. Loan basis restored - amount used in prior years to offset losses .....	
20. Other increases .....	
21. Loan repayments .....	
22. Total losses and deductions applied against loan basis (See Shareholder's Basis Worksheet Page 2) .....	
23. Other decreases .....	
24. End of year loan basis (Subtract the sum of lines 21 through 23 from the sum of lines 17 through 20) .....	<b>0</b>
25. End of year stock and loan basis (Add line 16 and line 24) .....	<b>6,805</b>

Principal amount of loan owed to shareholder at end of the year ..... 0

**Gain Recognized on Excess Distributions**

26. Distributions .....	<b>1,725</b>
27. Stock basis before distributions and loss items .....	<b>15,259</b>
28. Gain recognized on excess distributions (Subtract line 27 from line 26) .....	<b>*</b> <span style="float: right;">0</span>

**Gain Recognized on Repayment of Shareholder Loan**

29. Loan basis at beginning of tax year .....	
30. Loan basis restored - amount used in prior years to offset losses .....	
31. Loan basis before loan repayment (Add line 29 and line 30) .....	
32. Shareholder loan at beginning of tax year .....	
33. Loan repayments to shareholder during tax year .....	
34. Nontaxable return of loan basis ((Line 31 divided by line 32) multiplied by line 33) .....	
35. Gain recognized on repayment of shareholder loan (Subtract line 34 from line 33) .....	

**\* NO GAIN RECOGNIZED IN CURRENT YEAR.**

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

**1120-S**  
**Schedule K-1**
**Shareholder's Basis Worksheet Page 2**

Name  
**JOE-KEV, INC.**  
**RON DELICOMPAGNI**

For calendar year 2020 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**2020**  
Taxpayer Identification Number  
**27-3412501**  
**176-60-2986**

**Loss Allocated to Stock and Loan Basis**

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Loss	Percent	Allowed Loan Loss	Percent	Loss to Carryforward	Total Allowed Loss
Nondeductible noncap expenses											
Deductible items:											
Ordinary business loss											
Net rental real estate loss											
Other net rental loss											
Short-term capital loss											
Long-term capital loss											
Net Section 1231 loss											
Other portfolio loss											
Other losses											
Section 179 expense											
Cash contributions (60%)											
Cash contributions (30%)											
Noncash contributions (50%)											
Qual conserv contrib (50%)											
Noncash contributions (30%)											
Cap gain prop 50% org (30%)											
Cap gain prop (20%)											
Qual conserv contrib (100%)											
Qual cash contribution											
Portfolio deductions											
Investment interest expense											
Deductions-royalty income											
Section 59(e)(2) expend											
Preproductive period exp											
Commercial revitalization ded											
Reforestation expense ded											
Other deductions											
Foreign taxes											
Loss on disposal of 179 assets											
Total deductible items											
Total nondeductible items											

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

2007217967

PA Schedule RK-1 (07-20)

**2020 Resident Schedule of****Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits**

176602986

DELLCOMPAGNI

RON

Final

N

12 LAWNTON TERRACE WEST

(Individual=1, PA S Corp=2, All Other Corp=3,  
Estate/Trust=4, Partnership=5, LLC=6, Exempt=7)Owner **1**

GLENOLDEN

PA 19036

Amended

N

Shareholder's Stock Ownership %

**00750**

JOEKEVINC

SECANE

PA 19018

273412501

3966336

Loss sharing %

**00000**

Fiscal Year

N

(Estate/Trust=E, Partnership=P, PA S Corp =S, LLC=L)

S

Capital  
Ownership %**00000**

Short Year

N

General Partner or  
LLC Member-Manager

N

Limited Partner or  
Other LLC Member

N

- SECTION I**
- 1 PA-Taxable Business Income (Loss) from Operations
  - 2 Interest Income
  - 3 Dividend Income
  - = 4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property**
  - 5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
  - 6 Income of/from Estates or Trusts
  - 7 Gambling and Lottery Winnings (Loss)

- SECTION III**
- 8 Resident Credit. Submit statement.
  - 9 Total Other Credits.** Submit statement.

- SECTION IV**
- 10 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
  - 11 Guaranteed Payments for Capital or Other Services
  - 12 All Other Guaranteed Payments for Services Rendered
  - 13 Guaranteed Payments to the Retired Partner
  - V 14 Distributions from PA Accumulated Adjustments Account** Liquidating **N**
  - 15 Distributions of Cash, Marketable Securities, and Property
  - 16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis.
  - VI Submit statement.**

- Note: Lines 17 through 20 are for information purposes only.**
- 17 Owner's Share of IRC Section 179 allowed according to PA rules
  - 18 Owner's Share of Straight-Line Depreciation
  - 19 Partner's Share of Nonrecourse Liabilities at year-end
  - 20 Partner's Share of Recourse Liabilities at year-end

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

1	-6722
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	0
14	1725
15	0
16	0
17	0
18	1022
19	0
20	0



2007217967

2007217967

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

NEWREZ LLC DBA SHELLPOINT MORTGAGE SERVICING  
P. O. BOX 10826  
GREENVILLE, SC 29603-0826  
CUSTOMER SERVICE 866-317-2347

**\*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

**2020**

Form **1098**

## Mortgage Interest Statement

### Copy B For Payer/ Borrower

The information in boxes 1 through 9 and 11 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code



4-811-13108-0038726-003-2-000-010-000-000

RONALD DELLICOMPAGNI  
609 MARSHALL DR  
BROOMALL PA 19008-3419

1 Mortgage interest received from payer(s)/borrower(s)\*  
**\$ 8,046.99**

2 Outstanding mortgage principal      3 Mortgage origination date  
**\$ 234,247.04**      **10/24/2016**

4 Refund of overpaid interest      5 Mortgage insurance premiums  
**\$**      **\$**

6 Points paid on purchase of principal residence      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  
**\$**     

8 Address or description of property securing mortgage (see instructions)  
609 MARSHALL DRIVE  
BROOMALL PA 19008

9 Number of properties securing the mortgage      10 Other  
**1**      **\$8,065.03 Taxes Paid**

11 Mortgage acquisition date      Account number (see instructions)  
**0629238249**

RECIPIENT'S/LENDER'S TIN      PAYER'S/BORROWER'S TIN  
**38-3931971**      **XXX-XX-2986**

Form **1098**

(keep for your records)

[www.irs.gov/Form1098](http://www.irs.gov/Form1098)

Department of the Treasury - Internal Revenue Service

### 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 he or she paid and points paid by the seller that represent his or her 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 or 1040-SR) 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.

**Box 1.** Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

**CAUTION**  
*If you prepaid interest in 2020 that accrued in full by January 15, 2021, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2020 even though it may be included in box 1.*

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

**Box 2.** Shows the outstanding principal on the mortgage as of January 1, 2020. If the mortgage originated in 2020, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2020, shows the mortgage principal as of the date of acquisition.

**Box 3.** Shows the date of the mortgage origination.

**Box 4. Do not deduct this amount.** It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your 2020 Schedule 1 (Form 1040 or 1040-SR). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

**Box 5.** If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the 2020 Schedule A (Form 1040 or 1040-SR) instructions and Pub. 936.

**Box 6.** Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

**Box 7.** If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

**Box 8.** This is the address or description of the property securing the mortgage.

**Box 9.** If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

**Box 10.** The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

**Box 11.** If the recipient/lender acquired the mortgage in 2020, shows the date of acquisition.

**Future developments.** For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1098](http://www.irs.gov/Form1098).

**(THIS SECTION INTENTIONALLY LEFT BLANK)**

<b>W-2</b> Federal Filing Copy Wage and Tax Statement <b>2020</b>		
Copy B to be filed with employee's Federal Income Tax Return		
1 Wages, tips, other comp.	2 Federal Income tax withheld	21595.92
3 Social security wages	4 Social Security tax withheld	8160.00
5 Medicare wages and tips	6 Medicare tax withheld	1908.39
d Control number		Employer use only
c Employer's name, address, and ZIP code COTIVITI, INC. 66 E WADSWORTH PARK DR DRAPER UT 84020		
b Employer's FED ID number 56-2059380	a Employee's SSA number 176-60-2986	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits 5000.00	
11 Nonqualified plans	12a See instructions for box 12 C 93.06	
14 Other PASUI	84.03	12b D 11203.92 12c W 3499.86 12d DD 6692.97 13 Stat emp Ret. plan X 3rd party sick pay
e Employee's name, address, and ZIP code RON DELICOMPAGNI 609 MARSHALL DR BROOMALL PA 19008		
15 State PA	Employer's state ID no. 20058327	16 State wages, tips, etc. 136519.79
17 State income tax	4191.20	18 Local wages, tips, etc. 33475.72 103044.07
19 Local income tax		20 Locality name 230601-23 DELAWARE T 462203-46 MONTGOMERY 1030.47

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

<b>W-2</b> State, City, Local Filing Copy Wage and Tax Statement <b>2020</b>		
Copy 2 to be filed with employee's State/City/Local Income Tax Return		
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19 Local income tax		20 Locality name 230601-23 DELAWARE T

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

<b>W-2</b> Employee Reference Copy Wage and Tax Statement <b>2020</b>		
Copy C for Employee Records		
1 Wages, tips, other comp.	2 Federal Income tax withheld	21595.92
3 Social security wages	4 Social Security tax withheld	8160.00
5 Medicare wages and tips	6 Medicare tax withheld	1908.39
d Control number		Employer use only
c Employer's name, address, and ZIP code COTIVITI, INC. 66 E WADSWORTH PARK DR DRAPER UT 84020		
b Employer's FED ID number 56-2059380	a Employee's SSA number 176-60-2986	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits 5000.00	
11 Nonqualified plans	12a See instructions for box 12 C 93.06	
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19 Local income tax		20 Locality name 230601-23 DELAWARE T 462203-46 MONTGOMERY 1030.47

Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

<b>2020 W-2 and EARNINGS SUMMARY</b>																																							
																																							
<p>You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:  <a href="https://turbotax.intuit.com/affiliate/ultipaper">https://turbotax.intuit.com/affiliate/ultipaper</a></p>																																							
																																							
<p>This Earning Summary section is included with your W-2 to help describe portions in more detail.</p>																																							
<p><b>1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement</b></p>																																							
<table border="1"> <thead> <tr> <th>Earnings Description</th> <th>Wages, Tips, Other Comp.</th> <th>Social Security Wages</th> <th>Medicare Wages</th> </tr> </thead> <tbody> <tr> <td>Gross Wages</td> <td>140642.90</td> <td>140642.90</td> <td>140642.90</td> </tr> <tr> <td>Less Exempt Wages</td> <td>499.98</td> <td>499.98</td> <td>499.98</td> </tr> <tr> <td>Less Deferred Comp</td> <td>11203.92</td> <td></td> <td></td> </tr> <tr> <td>Less Housing/Transportation</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Less Dependent Care</td> <td>5000.00</td> <td>5000.00</td> <td>5000.00</td> </tr> <tr> <td>Less Sec 125</td> <td>3530.07</td> <td>3530.07</td> <td>3530.07</td> </tr> <tr> <td>Less Excess Wages</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Taxable Wages</b> (Reported on Form W-2)</td> <td>120408.93 Box 1 of W-2</td> <td>131612.85 Box 3 of W-2</td> <td>131612.85 Box 5 of W-2</td> </tr> </tbody> </table>				Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages	Gross Wages	140642.90	140642.90	140642.90	Less Exempt Wages	499.98	499.98	499.98	Less Deferred Comp	11203.92			Less Housing/Transportation				Less Dependent Care	5000.00	5000.00	5000.00	Less Sec 125	3530.07	3530.07	3530.07	Less Excess Wages				<b>Taxable Wages</b> (Reported on Form W-2)	120408.93 Box 1 of W-2	131612.85 Box 3 of W-2	131612.85 Box 5 of W-2
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<p><b>2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department</b></p>																																							
FIT: S 0	SIT Res: PASIT S 0	SIT Work: PASIT S 0																																					

G

Federal Filing Copy Wage and Tax Statement <b>2020</b>			
Copy B to be filed with employee's Federal Income Tax Return			
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d Control number	Employer use only		
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b Employer's FED ID number 56-2059380	a Employee's SSA number 176-60-2986		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits 5000.00		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan X	3rd party sick pay
e Employee's name, address, and ZIP code RON DELLICOMPAGNI 609 MARSHALL DR BROOMALL PA 19008			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
.....	.....	.....	
17 State income tax	18 Local wages, tips, etc.		
.....	.....	.....	
19 Local income tax	20 Locality name		
.....	.....	.....	

Form W-2 Wage &amp; Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

68037

Employee Reference Copy Wage and Tax Statement <b>2020</b>			
Copy C for Employee Records			
1 Wages, tips, other comp. 120408.93	2 Federal Income tax withheld 21595.92		
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	13 Stat emp	Ret. plan X	3rd party sick pay
e Employee's name, address, and ZIP code RON DELLICOMPAGNI 609 MARSHALL DR BROOMALL PA 19008			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
.....	.....	.....	
17 State income tax	18 Local wages, tips, etc.		
.....	.....	.....	
19 Local income tax	20 Locality name		
.....	.....	.....	

Form W-2 Wage &amp; Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

State, City, Local Filing Copy Wage and Tax Statement <b>2020</b>			
Copy 2 to be filed with employee's State/City/Local Income Tax Return			
1 Wages, tips, other comp. 120408.93	2 Federal Income tax withheld 21595.92		
3 Social security wages 131612.85	4 Social Security tax withheld 8160.00		
5 Medicare wages and tips 131612.85	6 Medicare tax withheld 1908.39		
d Control number	Employer use only		
c Employer's name, address, and ZIP code COTIVITI, INC. 66 E WADSWORTH PARK DR DRAPER UT 84020			
b Employer's FED ID number 56-2059380	a Employee's SSA number 176-60-2986		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits 5000.00		
11 Nonqualified plans	12a See instructions for box 12 C 93.06		
14 Other PASUI	12b 84.03	12c D 11203.92	
		12c W 3499.86	
		12d DD 6692.97	
	13 Stat emp	Ret. plan X	3rd party sick pay
e Employee's name, address, and ZIP code RON DELLICOMPAGNI 609 MARSHALL DR BROOMALL PA 19008			
15 State PA	Employer's state ID no. 20058327	16 State wages, tips, etc. 136519.79	
.....	.....	.....	
17 State income tax	4191.20	18 Local wages, tips, etc. 103044.07	
.....	.....	.....	
19 Local income tax	1030.47	20 Locality name 462203-46 MONTGOMERY	
.....	.....	.....	

Form W-2 Wage &amp; Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

State, City, Local Filing Copy Wage and Tax Statement <b>2020</b>			
Copy 2 to be filed with employee's State/City/Local Income Tax Return			
1 Wages, tips, other comp. 120408.93	2 Federal Income tax withheld 21595.92		
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11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp	Ret. plan X	3rd party sick pay
e Employee's name, address, and ZIP code RON DELLICOMPAGNI 609 MARSHALL DR BROOMALL PA 19008			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
.....	.....	.....	
17 State income tax	18 Local wages, tips, etc.		
.....	.....	.....	
19 Local income tax	20 Locality name		
.....	.....	.....	

Form W-2 Wage &amp; Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

**2020 W-2 and EARNINGS SUMMARY**

You can file your U.S. federal and state taxes with TurboTax directly from your company's employee self-service system. To take advantage of this convenient feature you can log in to your UltiPro portal, view your Form W-2, and click on the Export to TurboTax link. You can also get started with TurboTax directly by scanning the QR code or by typing this into your web browser:  
<https://turbotax.intuit.com/affiliate/ultipropaper>



This Earnings Summary section is included with your W-2 to help describe portions in more detail.

**1. The following information reflects your final pay statement plus employer adjustments that comprise your W-2 statement**

Earnings Description	Wages, Tips, Other Comp.	Social Security Wages	Medicare Wages
Gross Wages	140642.90	140642.90	140642.90
Less Exempt Wages	499.98	499.98	499.98
Less Deferred Comp	11203.92		
Less Housing/Transportation			
Less Dependent Care	5000.00	5000.00	5000.00
Less Sec 125	3530.07	3530.07	3530.07
Less Excess Wages			
 Taxable Wages (Reported on Form W-2)	 120408.93 Box 1 of W-2	 131612.85 Box 3 of W-2	 131612.85 Box 5 of W-2

**2. Employee W-4 Profile To change your employee W-4 profile information, file a new W-4 with the payroll department**

FIT: S 0      SIT Res: PASIT S 0      SIT Work: PASIT S 0

USG-W2-2020

Cotiviti, Inc.  
66 Wadsworth Park Drive  
Draper, UT 84020

0029485\*\*000072\*\*000001\*\*\*\*\*AUTO\*\*ALL FOR AADC 190



RON DELLICOMPAGNI  
609 MARSHALL DR  
BROOMALL PA 19008-3419

0029485

Form 1095-C

Department of the  
Treasury  
Internal Revenue Service

### Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2251

VOID

CORRECTED

600120

**2020**

- 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.

Part I Employee		Applicable Large Employer Member (Employer)											
1 Name of employee (first name, middle initial, last name) Ron DelliCompagni		2 Social security number (SSN) xxx-xx-2986		7 Name of employer Cotiviti, Inc.				8 Employer identification number (EIN) 56-2059380					
3 Street address (including apartment no.) 609 Marshall Dr		9 Street address (including apartment no.) 66 Wadsworth Park Drive				10 Contact telephone number 2036420669							
4 City or town Broomall		5 State or province PA		6 Country and ZIP or foreign postal code USA 19008		11 City or town Draper		12 State or province UT		13 Country and ZIP or foreign postal code United States 84020			
Part II Employee Offer of Coverage		Employee's Age on January 1						Plan Start Month (enter 2-digit number):					
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	1A												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	2C												
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	Ron DelliCompagni	xxx-xx-2986		<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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

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

Cat. No. 60705M

Form 1095-C (2020)



0029485

DELLICOMPAGNI, RON  
Cotiviti Inc.

Please Retain for Future Reference

## **Explanation of Payment**

(Reimbursement)

Thank you for submitting your claim(s) to PayFlex. We approved your claim(s) and deposited your reimbursement amount into the bank account on file. Keep in mind; it may take up to 3 business days for the amount to appear in your account. You're responsible for verifying receipt of funds with your bank before executing any transactions.

Some of your other claims may need action. If action is required, please provide the requested documents or payment to PayFlex as soon as possible but no later than the claim filing deadline listed below. You can upload your documents online at [www.payflex.com](http://www.payflex.com), through the PayFlex Mobile® app, or send them by fax or mail. The fax number and mailing address are below.

Account Name	Claim filing deadline
(2020) Dependent Care	03/31/2021

Draft #: 503481074

Date: 04/06/2021

Total Amount: \*\*\*\$2298.75

## Claim Summary

## Your Account Summary After This Payment

Account Name	Annual Election	Deposits	Total Paid	Election Remaining	Amt This Payment
(2020) Dependent Care	\$5,000.00	\$5,000.00	\$2,298.75	\$2,701.25	\$2,298.75

Access your account information online at [www.payflex.com](http://www.payflex.com)  
PayFlex Systems USA, Inc. | FLEX DEPARTMENT | PO BOX 8396 | OMAHA NE, 68103-8396  
Toll Free: (800) 284-4885 (TTY:711) | Fax: (402) 231-4310

DELLICOMPAGNI, RON  
Cotiviti Inc.

000002  
Page 1 of 2  
Please Retain for Future Reference

**Explanation of Payment**  
(Reimbursement)

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Account Name	Claim filing deadline
(2020) Dependent Care	03/31/2021

Draft #: 508355382

Date: 04/29/2021

Total Amount: \*\*\*\$2337.16

**Claim Summary**

Account Name	Expense Type	Service Dates		Amt Requested	Amt Paid	Amt Not Paid	Claim #	Amt This Payment
		Begin	End					
(2020) Dependent Care	Dependent Care	10/12/2020	12/31/2020	\$5,000.00	\$4,479.31	\$520.69	870485606	\$2,180.56
(2020) Dependent Care	Dependent Care	12/28/2020	12/31/2020	\$156.60	\$156.60	\$0.00	878023292	\$156.60

**Your Account Summary After This Payment**

Account Name	Annual Election	Deposits	Total Paid	Election Remaining	Amt This Payment
(2020) Dependent Care	\$5,000.00	\$5,000.00	\$4,635.91	\$364.09	\$2,337.16

Access your account information online at [www.payflex.com](http://www.payflex.com)  
PayFlex Systems USA, Inc. | FLEX DEPARTMENT | PO BOX 8396 | OMAHA NE, 68103-8396  
Toll Free: (800) 284-4885 (TTY:711) | Fax: (402) 231-4310

## Explanation of Payment

(Reimbursement)

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Account Name	Claim filing deadline
(2020) Dependent Care	03/31/2021
(2021) Dependent Care	03/31/2022

Draft #: 509758078

Date: 05/06/2021

Total Amount: \*\*\*\*\$556.40

### Claim Summary

Account Name	Expense Type	Service Dates			Amt Requested	Amt Paid	Amt Not Paid	Claim #	Amt This Payment
		Begin	End						
(2020) Dependent Care	Dependent Care	01/27/2020	02/28/2020		\$1,680.00	\$364.09	\$1,315.91	878336532	\$364.09

Remark: This expense or a portion of the expense is eligible. However, since you have met your plan year election, the expense or a portion of the expense has not been paid. Nothing more will be reimbursed unless the account election or balance changes.

(2021) Dependent Care	Dependent Care	01/01/2021	03/15/2021	\$11,902.55	\$1,730.79	\$9,903.60	873777470	\$192.31
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Remark: This expense is not eligible for reimbursement and has been denied. The service must have been provided before you submit for reimbursement. You may submit the claim for the expense after the service has been provided.

**Total: \$556.40**

### Your Account Summary After This Payment

✓ Account Name	Annual Election	Deposits	Total Paid	Election Remaining	Amt This Payment
(2020) Dependent Care	\$5,000.00	\$5,000.00	\$5,000.00	\$0.00	\$364.09
(2021) Dependent Care	\$5,000.00	\$1,730.79	\$1,730.79	\$0.00	\$192.31

Access your account information online at [www.payflex.com](http://www.payflex.com)

PayFlex Systems USA, Inc. | FLEX DEPARTMENT | PO BOX 8396 | OMAHA NE, 68103-8396  
Toll Free: (800) 284-4885 (TTY:711) | Fax: (402) 231-4310