



Department of the Treasury
Internal Revenue Service
Submission Processing
Kansas City, MO 64999-0017

Notice	CP01A
Tax Year	2021
Notice date	January 10, 2022
To contact us	800-908-4490
Page 1 of 1	29H

448554.398691.476478.29389 1 AV 0.426 850




RONALD DELICOMPAGNI
609 MARSHALL DR
BROOMALL PA 19008-3419

448554

Important information about filing your 2021 federal tax return

We assigned you an Identity Protection Personal Identification Number

Your assigned IP PIN is 287626

Use this IP PIN when filing any Forms 1040

during the calendar year beginning in January.

If you don't use your IP PIN, we could reject
your tax return or delay processing.

You don't need to file a Form 14039, Identity
Theft Affidavit, to notify us you are a victim of
identity theft.

What you need to do

- Keep this letter in a safe place. You'll need it to prepare your tax return.
- When you file your federal tax return, enter the IP PIN in the correct place:
 - If filing electronically, your tax software or preparer will tell you when and where to enter it.
 - If filing a paper return, enter your IP PIN in the box marked "Identity Protection PIN".
- Even if you don't have to file a tax return, your account is still protected from fraudulent filing.

What to Remember about your IP PIN

Use this IP PIN to confirm your identity on your current tax return and any prior year returns filed during the calendar year.

Keep your number private and don't give it to anyone other than a tax professional
filing your tax return.

If you misplace your IP PIN

- Go to www.irs.gov/ippinfaqs.
- You can call us at 800-908-4490 (Monday-Friday, 7:00 a.m. – 7:00 p.m. local time;
Alaska and Hawaii follow Pacific time).

Additional information

Visit www.irs.gov/cp01a for more information on your notice.

The IRS recognizes that identity theft is a serious issue and we're committed to helping
taxpayers affected by it.

The IRS doesn't initiate contact with taxpayers by email, text messages, or social media
channels to request personal or financial information. This includes requests for PIN
numbers, passwords, or similar access information for credit cards, banks, or other
financial accounts.



448554



Notice 1450

This IRS notice is now online at
[IRS.gov/account](https://www.irs.gov/account)

[Login or register at IRS.gov/account.](https://www.irs.gov/account)

With an online account, you can view and download certain IRS notices under Notices and Letters. Not every notice is currently available online, but we're constantly adding more.

With an online account, you can also:

- [Manage communication preferences](#)
 - Go paperless for certain notices.
 - Get email notifications for new notices.
- [View your balance](#)
 - View the amount you owe and a breakdown by tax year.
- [View or create payment plans](#)
 - Learn about payment plan options and apply for a new payment plan.
 - View details of your payment plan, if you have one.
- [Make and view payments](#)
 - Make a payment from your bank account or by debit or credit card.
 - View 5 years of payment history and any pending or scheduled payments.

(Continued on back)



Department of the Treasury
Internal Revenue Service
Austin, TX 73301-1501

Date:
December 20, 2021
Contact number:
800-908-4184

179656-TL-05/T785 P1/0452348
KATHARINE DELLICOMPAGNI
609 MARSHALL DR
BROOMALL, PA 19008-3419

|||||

2021 Total Advance Child Tax Credit (AdvCTC) Payments

Keep this important tax information. You need it to prepare your 2021 income tax return.

Box 1. Aggregate amount of AdvCTC payments you received for 2021. Enter this amount on Schedule 8812, line 14f or line 15e, whichever applies. If you file a joint return for tax year 2021, you must add the amounts in Box 1 from both Letters 6419 and enter the total amount on Schedule 8812.	\$737.50
Box 2. Number of qualifying children taken into account in determining the AdvCTC. See Schedule 8812 instructions if you complete Part III, Additional Tax.	1

Why you received this letter

Under the American Rescue Plan, the IRS made monthly AdvCTC payments of up to half of your 2021 Child Tax Credit from July through December to help support families raising children.

- If you're eligible for the credit, **file Schedule 8812 with your 2021 income tax return to claim your remaining credit** (for a total amount of up to \$3,600 per child under age 6 and \$3,000 per child age 6 through 17).
- If you aren't eligible for the credit, file Schedule 8812 to determine if you must pay back some or all the monthly payments you received in 2021 and if you qualify for **repayment protection** (discussed below).

How the IRS determined your payment amounts

Monthly payment amounts were initially based on information from an income tax return you filed or information you entered in the *IRS non-filer sign-up* tool in 2020 or 2021. Your monthly payment amount or how or where the IRS paid your payment may have changed based on information you provided the IRS through your 2020 income tax return if the IRS processed it after June, the Child Tax Credit Update Portal, or the dedicated IRS Child Tax Credit phone line. Review each monthly payment, including any changes, at [IRS.gov/ctcportal](https://irs.gov/ctcportal), and click "Manage Advance Payments." If you did not receive one or more payments, contact the IRS at 800-908-4184 before filing your return.

Repayment protection

You may not have to repay in full any AdvCTC payments that took into account more qualifying children (Box 2 above) than you claim on your 2021 income tax return (Schedule 8812). The repayment protection is based on your 2021 modified adjusted gross income (MAGI). You will not have to repay any AdvCTC payments for non-qualifying children if your 2021 MAGI is under:

- **\$60,000** if you are married and filing a joint return or if filing as a qualifying widow or widower.
- **\$50,000** if you are filing as head of household.
- **\$40,000** if you are a single filer or are married and filing a separate return.

For more information

- For more information about completing Schedule 8812, visit [IRS.gov/Schedule8812](https://irs.gov/Schedule8812).
- For more information about the 2021 Child Tax Credit, visit [IRS.gov/advctc](https://irs.gov/advctc). This page also includes a link to frequently asked questions and answers about the advance Child Tax Credit payments.



**Department of the Treasury
Internal Revenue Service
Austin, TX 73301-1501**

IRS

Date:
December 20, 2021
Contact number:
800-908-4184

179656-TL-05/T785 P1/0452357
RONALD DELLICOMPAGNI
609 MARSHALL DR
BROOMALL, PA 19008-3419

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For more information

- For more information about completing Schedule 8812, visit [IRS.gov/Schedule8812](https://www.irs.gov/Schedule8812).
 - For more information about the 2021 Child Tax Credit, visit [IRS.gov/advctc](https://www.irs.gov/advctc). This page also includes a link to frequently asked questions and answers about the advance Child Tax Credit payments.



**Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0003**

Date:
February 9, 2022
For assistance, call:
800-919-9835
Or visit:
IRS.gov/eip

T4812 P71 2577809 1 AV 0.426 45530-1-1-18 2577809
 RONALD DELLICOMPAGNI
609 MARSHALL DR
BROOMALL, PA 19008-3419

Your 2021 Economic Impact Payment(s)
Keep this information with your tax records

Why you received this letter

Under the American Rescue Plan, the Internal Revenue Service (IRS) issued you 2021 Economic Impact Payment(s) for the following total amount:

Total 2021 Economic Impact Payment(s): \$1,326,15

What do you need to do?

This Economic Impact Payment isn't considered taxable income, and you shouldn't report it as income on your 2021 federal income tax return. However, you'll need the total payment amount shown above to determine whether you're eligible to claim the Recovery Rebate Credit on your 2021 federal income tax return.

If you think you didn't receive the full amount of the third Economic Impact Payment you were entitled to, you must file a 2021 federal income tax return to claim the Recovery Rebate Credit, even if you aren't otherwise required to file a tax return.

How can you get more information?

For more information about Economic Impact Payments, visit [IRS.gov/eip](https://www.irs.gov/eip), or call the IRS Economic Impact Payment hotline at 800-919-9835.



**Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0003**



T4815 P71 2579743 1 AV 0.426 45530-1-1-18 2579743



KATHARINE DELLICOMPAGNI
609 MARSHALL DR
BROOMALL, PA 19008-3419

Date:
February 9, 2022
For assistance, call:
800-919-9835
Or visit:
IRS.gov/eip

**Your 2021 Economic Impact Payment(s)
Keep this information with your tax records.**

Why you received this letter.

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How can you get more information?

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Employee Reference Copy
W-2 Wage and Tax Statement **2021**
 Copy C for employee's records.
 Control number Dept. Corp. Employer use only
 001149 PHIL/V9V 000300 A 141

Employer's name, address, and ZIP code
CUSTOMERS BANK
701 READING AVENUE
READING PA 19611

Batch #00977

e/f Employee's name, address, and ZIP code

KATHARINE J. DELLICOMPAGNI
609 MARSHALL DR
BROOMALL PA 19008

Employer's FED ID number 23-2892229	a Employee's SSA number XXX-XX-2771
Wages, tips, other comp. 53795.75	2 Federal income tax withheld 4829.82
Medicare wages and tips 58688.71	6 Medicare tax withheld 850.99
Social security wages 58688.71	4 Social security tax withheld 3638.70
Medicare wages and tips 58688.71	6 Medicare tax withheld 850.99
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 C 69.52
Other 38.27 SUI	12b D 4892.96 12c DD 15990.65 12d 13 Stat emp. Ret. plan 3rd party sick pay X
State Employer's state ID no. PA 1932 2767	16 State wages, tips, etc. 58619.19
State income tax 1799.65	18 Local wages, tips, etc. 58619.19
Local income tax	20 Locality name 230602

Wages, tips, other comp. 53795.75	2 Federal income tax withheld 4829.82
Social security wages 58688.71	4 Social security tax withheld 3638.70
Medicare wages and tips 58688.71	6 Medicare tax withheld 850.99
Control number 001149 PHIL/V9V	Dept. Corp. Employer use only 000300 A 141
Employer's name, address, and ZIP code CUSTOMERS BANK 701 READING AVENUE READING PA 19611	

Employer's FED ID number 23-2892229	a Employee's SSA number XXX-XX-2771
Social security tips	8 Allocated tips
	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 C 69.52
Other 38.27 SUI	12b D 4892.96 12c DD 15990.65 12d 13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code KATHARINE J. DELLICOMPAGNI 609 MARSHALL DR BROOMALL PA 19008	
State Employer's state ID no. PA 1932 2767	16 State wages, tips, etc. 58619.19
State income tax 1799.65	18 Local wages, tips, etc. 58619.19
Local income tax	20 Locality name 230602

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	PA. State Wages, Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	63,776.41	63,776.41	63,776.41	63,776.41	63,776.4
Plus GTL (C-Box 12)	69.52	69.52	69.52	N/A	N/A
Less 401(k) (D-Box 12)	4,892.96	N/A	N/A	N/A	N/A
Less Medical FSA	400.00	400.00	400.00	400.00	400.00
Less Other Caf 125	4,757.22	4,757.22	4,757.22	4,757.22	4,757.22
Reported W-2 Wages	53,795.75	58,688.71	58,688.71	58,619.19	58,619.19

2. Employee Name and Address.

KATHARINE J. DELLICOMPAGNI
609 MARSHALL DR
BROOMALL PA 19008

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

Fold and Detach Here

1 Wages, tips, other comp. 53795.75	2 Federal income tax withheld 4829.82
3 Social security wages 58688.71	4 Social security tax withheld 3638.70
5 Medicare wages and tips 58688.71	6 Medicare tax withheld 850.99
d Control number 001149 PHIL/V9V	Dept. Corp. Employer use only 000300 A 141
c Employer's name, address, and ZIP code CUSTOMERS BANK 701 READING AVENUE READING PA 19611	

b Employer's FED ID number 23-2892229	a Employee's SSA number XXX-XX-2771
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a C 69.52
14 Other 38.27 SUI	12b D 4892.96 12c DD 15990.65 12d 13 Stat emp. Ret. plan 3rd party sick pay X

e/f Employee's name, address and ZIP code KATHARINE J. DELLICOMPAGNI 609 MARSHALL DR BROOMALL PA 19008	
15 State Employer's state ID no. PA 1932 2767	16 State wages, tips, etc. 58619.19
17 State income tax 1799.65	18 Local wages, tips, etc. 58619.19
19 Local income tax	20 Locality name 230602

Federal Filing Copy
W-2 Wage and Tax Statement **2021**
 Copy B to be filed with employee's Federal Income Tax Return.
 OMB No. 1545-0008

PA. State Filing Copy
W-2 Wage and Tax Statement **2021**
 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 **2021**
 Copy 2 to be filed with employee's City or Local Income Tax Return.
 OMB No. 1545-0008

CUSTOMERS BANK
701 READING AVENUE
WEST READING, PA 19611



V9VPNA95CP10000039336A413A274

034570 RO9MM701 V9V 0055 66127 000000125
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

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 for instructions and the latest information.

VOID

OMB No. 1545-2251

CORRECTED

2021

Part I Employee

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)	
KATHARINE J DELLICOMPAGNI		XXX-XX-2771		CUSTOMERS BANK		23-2892229	
3 Street address (including apartment no.)		9 Street address (including room or suite no.)		10 Contact telephone number		13 County and ZIP or foreign postal code	
609 MARSHALL DR		701 READING AVENUE		267-512-7006		PA USA 19611	

Part II Employee Offer of Coverage

	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code)	1E															
15 Employee Required Contribution (see instructions)	\$ 143.13	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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	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"/>

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

Form 1095-C (2021)

1095-B

Department of the Treasury
Internal Revenue Service

Health Coverage

- Do not attach to your tax return. Keep for your records.
 ► Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID

OMB. No. 1545-2252

2021

CORRECTED

Part I Responsible Individual

1 Name of responsible individual- First name, middle name, last name
KATHARINE J DELLICOMPAGNI
 4 Street address (including apartment no.)

609 MARSHALL DR

BROOMALL

PA

City or town

TRACKING #: 7390322T7

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

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

10 Employer name

CUSTOMERS BANK

12 Street address (including room or suite no.)

43 SUMMIT SQUARE CENTER
13 City or town
LANGHORNE

PA

Part III Issuer or Other Coverage Provider (see instructions)

16 Name

QCC INSURANCE COMPANY

19 Street address (including room or suite no.)

1901 MARKET STREET
20 City or town
PHILADELPHIA

PA

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s)
 First name, middle initial, last name
KATHARINE J
23 DELLICOMPAGNI

(b) SSN or other TIN

XXX-XX-2771

(c) DOB (if SSN or other TIN is not available)

2019-11-01

(d) Covered all 12 months

X

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

888-335-4270

22 Country and ZIP or foreign postal code

US 19103

(e) Months of coverage

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

23-2892229

15 Country and ZIP or foreign postal code

US 19047

11 Employer identification number (EIN)

23-2184623

17 Employer identification number (EIN)

21 State or province

22 Country and ZIP or foreign postal code

US 19103

3 Date of birth (if SSN or other TIN is not available)

7 Country and ZIP or foreign postal code

US 19008-0000

18 Contact telephone number

2019-11-01

23 Date of birth

24 Country and ZIP or foreign postal code

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

0029573**000071**000001*****AUTO**ALL FOR AADC 190**000002




RON DELLICOMPAGNI
 609 MARSHALL DR
 BROOMALL PA 19008-3419

0029573

600120

Form 1095-C

Department of the
Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2251

2021 VOID CORRECTED

- 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) 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

Part II Employee Offer and Coverage**Employee's Age on January 1**

Plan Start Month: 01

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)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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"/>											
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 (2021)



0029573

W-2 Federal Filing Copy
Wage and Tax Statement **2021**

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

1 Wages, tips, other comp.	2 Federal Income tax withheld	21950.46
3 Social security wages	4 Social Security tax withheld	8208.53
5 Medicare wages and tips	6 Medicare tax withheld	1919.74
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	97.38
14 Other PASUI	84.42	12b D 11268.17
	12c W 3499.86	
	12d DD 6979.70	
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. 137298.33
17 State income tax	4215.11	18 Local wages, tips, etc. 137298.33
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

W-2 State, City, Local Filing Copy
Wage and Tax Statement **2021**

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	2 Federal Income tax withheld	21950.46
3 Social security wages	4 Social Security tax withheld	8208.53
5 Medicare wages and tips	6 Medicare tax withheld	1919.74
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	97.38
14 Other PASUI	84.42	12b D 11268.17
	12c W 3499.86	
	12d DD 6979.70	
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. 137298.33
17 State income tax	4215.11	18 Local wages, tips, etc. 137298.33
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Form W-2 Wage & Tax Statement Dept. of the Treasury-IRS OMB No. 1545-0008

W-2 State, City, Local Filing Copy
Wage and Tax Statement **2021**

Copy 2 to be filed with employee's State/City/Local Income Tax Return

1 Wages, tips, other comp.	2 Federal Income tax withheld	21950.46
3 Social security wages	4 Social Security tax withheld	8208.53
5 Medicare wages and tips	6 Medicare tax withheld	1919.74
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7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits 5000.00	
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	12c W 3499.86	
	12d DD 6979.70	
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. 137298.33
17 State income tax	4215.11	18 Local wages, tips, etc. 137298.33
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

Employee Reference Copy

W-2 Wage and Tax Statement **2021**

Copy C for Employee Records

1 Wages, tips, other comp.	2 Federal Income tax withheld	21950.46
3 Social security wages	4 Social Security tax withheld	8208.53
5 Medicare wages and tips	6 Medicare tax withheld	1919.74
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	97.38
14 Other PASUI	84.42	12b D 11268.17
	12c W 3499.86	
	12d DD 6979.70	
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. 137298.33
17 State income tax	4215.11	18 Local wages, tips, etc. 137298.33
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

2021 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/ultipaper>



This Earning 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	141449.37	141449.37	141449.37
Less Exempt Wages	499.98	499.98	499.98
Less Deferred Comp	11268.17		
Less Housing/Transportation			
Less Dependent Care	5000.00	5000.00	5000.00
Less Sec 125	3553.68	3553.68	3553.68
Less Excess Wages			
Taxable Wages (Reported on Form W-2)	121127.54 Box 1 of W-2	132395.71 Box 3 of W-2	132395.71 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

Vanguard®

VANGUARD MARKETING CORPORATION
VANGUARD BROKERAGE
P.O. BOX 982901
EL PASO, TX 79998-2901
Customer Service: 800-662-2739

PAYER'S TIN: 23-2019846

RECIPIENT'S TIN: XXX-XX-2986

FATCA filing requirement (see instructions)

DIVIDENDS AND DISTRIBUTIONS 2021 1099-DIV* OMB No. 1545-0110

OMB No. 1545-0110

MISCELLANEOUS INFORMATION 2021 1099-MISC* OMB No. 1545-0115

OMB No. 1545-0115

1a- Total ordinary dividends (includes lines 1b, 5, 2e)	22.07
1b- Qualified dividends	22.07
2a- Total capital gain distributions (includes lines 2b, 2c, 2d, 2f)	0.00
2b- Unrecaptured Section 1250 gain	0.00
2c- Section 1202 gain	0.00
2d- Collectibles (28%) gain	0.00
2e- Section 897 ordinary dividends	0.00
2f- Section 897 capital gain	0.00
3- Nondividend distributions	0.00
4- Federal income tax withheld	0.00
5- Section 199A dividends	0.00
6- Investment expenses	0.00
8- Foreign country or US possession:	7- Foreign tax paid:
9- Cash liquidation distributions	0.00
10- Noncash liquidation distributions	0.00
11- Exempt-interest dividends (includes line 12)	0.00
12- Specified private activity bond interest dividends (AMT)	0.00

SECTION 1256 CONTRACTS 2021 1099-B* OMB No. 1545-0715

OMB No. 1545-0715

2- Royalties	0.00
3- Other income	0.00
4- Federal income tax withheld	0.00
8- Substitute payments in lieu of dividends or interest	0.00

SECTION 1256 CONTRACTS 2021 1099-B* OMB No. 1545-0715

OMB No. 1545-0715

If applicable, proceeds from sale transactions appear summarized below and are detailed in subsequent sections of this document.

* This is important tax information and is being furnished to the Internal Revenue Service. 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.

SUMMARY OF PROCEEDS, GAINS & LOSSES, ADJUSTMENTS AND WITHHOLDING

Refer to the 1099-B and Proceeds not reported to the IRS pages to ensure that you consider all relevant items and to determine the correct gains and losses. The amounts shown below are for informational purposes.

Term Form 8949 type Proceeds Cost basis Market discount Wash sale loss disallowed Net gain or loss(-)

Short	A (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	B (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Short	C (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Short-term	0.00	0.00	0.00	0.00	0.00
Long	D (basis reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Long	F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Long-term	0.00	0.00	0.00	0.00	0.00
Undetermined	B or E (basis not reported to the IRS)	0.00	0.00	0.00	0.00	0.00
Undetermined	C or F (Form 1099-B not received)	0.00	0.00	0.00	0.00	0.00
	Total Undetermined-term	0.00	0.00	0.00	0.00	0.00
	Withholding					
		Amount				
	Federal income tax withheld					0.00

Changes to dividend tax classifications processed after your original tax form is issued for 2021 may require an amended tax form.

**VANGUARD MARKETING CORPORATION
VANGUARD BROKERAGE**

2021

Detail for Dividends and Distributions

01/22/2022

Account 58584324

Page 3 of 4

This section of your tax information statement contains the payment level detail of your taxable dividends, capital gains distributions, Section 199A dividends, exempt-interest dividends, nondividend distributions and liquidation distributions. Also shown are the fair market values of any taxable stock dividends or noncash liquidation distributions.

Federal, state and foreign tax withheld and investment expenses are presented as negative amounts but do not net against the reportable income totals. All amounts are grouped by security, with the transactions listed in chronological order. Subtotals for each security are provided. For situations in which the tax character of a distribution (or part thereof) is different than at the time it was paid, endnotes are provided for further explanation.

Note that a payment characterized as a "Qualified dividend" is only issuer-qualified. There is also a holder level criteria for a dividend to be treated as Qualified. If the payment is from a common stock you are required to have held it for more than 60 days during the 121-day period that begins 60 days before the ex-dividend date of the dividend. If the dividend is from preferred shares and covers a period greater than 366 days, you must have held the preferred stock for more than 90 days during the 181-day period that begins 90 days before the ex-dividend date of the dividend.

Amounts presented in Box 2e as Section 897 Ordinary Dividends or Box 2f as Section 897 Capital Gains apply only to foreign persons and entities whose income maintains its character when passed through or distributed to its direct or indirect foreign owners or beneficiaries. If you are a US citizen, you should disregard this.

Security description	CUSIP and/or symbol	State	Date	Amount	Transaction type	Notes
KEYCOPR NEW	493267108 KEY		03/15/21	5.37	Qualified dividend	
			06/15/21	5.42	Qualified dividend	
			09/15/21	5.47	Qualified dividend	
			12/15/21	5.81	Qualified dividend	
				22.07	Total Dividends & distributions	
				22.07	Total Dividends & distributions	

Frank J. DiSantis & Company, P.C.
PO Box 519
Broomall, PA 19008-0519

RON DELLCOMPAGNI
12 LAWNTON TERRACE WEST
GLENOLDEN, PA 19036
[REDACTED]

February 22, 2022

CONFIDENTIAL

RON DELLCOMPAGNI
12 LAWNTON TERRACE WEST
GLENOLDEN, PA 19036

Dear Ron:

We have prepared the enclosed copy of Form 1120-S, Schedule K-1 for JOE-KEV,INC.. It contains your share of the corporation's items of income (loss), credits and deductions, and other information for the corporation's tax year ended December 31, 2021. These items are to be reported on your federal income tax return; therefore, this Schedule should be retained with your tax records and documentation.

Also enclosed is state K-1 information, if applicable. This information should also be retained with your tax records and documentation.

Also enclosed is shareholder basis information. This information consists of your stock and loan basis in the corporation and, if applicable, your share of any suspended or disallowed losses. Retain this information with your tax records; it may be needed to complete your federal income tax return.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.
Sincerely,

Frank J. DiSantis & Company, P.C.

Schedule K-1
(Form 1120-S)
Department of the Treasury
Internal Revenue Service

671121
OMB No. 1545-0123

2021

For calendar year 2021, or tax year

beginning []

ending []

**Shareholder's Share of Income, Deductions,
Credits, etc.**

► See separate instructions.

Final K-1

Amended K-1

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

A Corporation's employer identification number 27-3412501	B Corporation's name, address, city, state, and ZIP code JOE-KEV, INC. STINGERS SECANE RESTAURANT & BAR 925 PROVIDENCE ROAD SECANE PA 19018	C IRS Center where corporation filed return E-FILE	D Corporation's total number of shares Beginning of tax year 10,000 End of tax year 10,000
Part II Information About the Shareholder			
E Shareholder's identifying number 176-60-2986	F Shareholder's name, address, city, state, and ZIP code RON DELLCOMPAGNI 12 LAWNTON TERRACE WEST GLENOLDEN PA 19036	G Current year allocation percentage 7.500000 %	H Shareholder's number of shares Beginning of tax year 750 End of tax year 750
I Loans from shareholder Beginning of tax year \$ 0 End of tax year \$ 0			

1	Ordinary business income (loss) 2,165	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ► <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis B 8,109
10	Other income (loss)		
11	Section 179 deduction	17	Other information V*
12	Other deductions	AC*	STMT
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		

* See attached statement for additional information.

For IRS Use Only

Schedule K-1 (1120-S) List of Codes

10. Other income (loss)
- A Other portfolio income (loss)
 - B Involuntary conversions
 - C Section 1256 contracts & straddles
 - D Mining exploration costs recapture
 - E Section 951A(a) income inclusions
 - F Inclusions of subpart F income
 - G Section 951(a)(1)(B) inclusions
 - H Other income (loss)
12. Other deductions
- A Cash contributions (60%)
 - B Cash contributions (30%)
 - C Noncash contributions (50%)
 - D Noncash contributions (30%)
 - E Capital gain property to a 50% organization (30%)
 - F Capital gain property (20%)
 - G Contributions (100%)
 - H Investment interest expense
 - I Deductions – royalty income
 - J Section 59(e)(2) expenditures
 - K Reserved for future use
 - L Deductions – portfolio (other)
 - M Preproductive period expenses
 - N Reserved for future use
 - O Reforestation expense deduction
 - P through R Reserved for future use
 - S Other deductions
13. Credits
- A and B Reserved for future use
 - C Low-income housing cr (sec 42(j)(5)) from post-2007 bldgs
 - D Low-income housing cr (other) from post-2007 bldgs
 - E Qualified rehabilitation expenditures (rental real estate)
 - F Other rental real estate credits
 - G Other rental credits
 - H Undistributed capital gains credit
 - I Biofuel producer credit
 - J Work opportunity credit
 - K Disabled access credit
 - L Empowerment zone employment credit
 - M Credit for increasing research activities
 - N Credit for employer social security and Medicare taxes
 - O Backup withholding
 - P Other credits
15. Alternative minimum tax (AMT) items
- A Post-1986 depreciation adjustment
 - B Adjusted gain or loss
 - C Depletion (other than oil & gas)
 - D Oil, gas, & geothermal – gross income
 - E Oil, gas, & geothermal – deductions
 - F Other AMT items
16. Items affecting shareholder basis
- A Tax-exempt interest income
 - B Other tax-exempt income
 - C Nondeductible expenses
 - D Distributions
 - E Repayment of loans from shareholders
 - F Foreign taxes paid or accrued
17. Other information
- A Investment income
 - B Investment expenses
 - C Qualified rehabilitation expenditures (other than RRE)
 - D Basis of energy property
 - E Recap of low-income housing cr (sec 42(j)(5))
 - F Recap of low-income housing cr (other)
 - G Recapture of investment credit
 - H Recapture of other credits
 - I Look-back interest – completed long-term contracts
 - J Look-back interest – income forecast method
 - K Dispositions of property with section 179 deductions
 - L Recapture of section 179 deduction
 - M Section 453(l)(3) information
 - N Section 453A(c) information
 - O Section 1260(b) information
 - P Interest allocable to production expenditures
 - Q Capital construction fund (CCF) nonqualified withdrawals
 - R Depletion information - oil and gas
 - S and T Reserved for future use
 - U Net investment income
 - V Section 199A information
 - W through Z Reserved for future use
 - AA Excess taxable income
 - AB Excess business interest income
 - AC Gross receipts for section 448(c)
 - AD Other information

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 2020	51,068
8990 GROSS RECEIPTS FOR 2019	78,344
8990 GROSS RECEIPTS FOR 2018	80,750

For calendar year 2021 or tax year beginning

, ending

Name

JOE-KEV, INC.
RON DELLCOMPAGNITaxpayer Identification Number
27-3412501
176-60-2986

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
	PAGE 1 ACTIVITY				
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)	2,165				
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	16,831				
Qualified property	5,643				

Other Information:

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

Section 199A REIT dividends

Form **1120-S****Schedule K-1****Shareholder's Basis Worksheet Page 1****2021**

For calendar year 2021 or tax year beginning
 Name **JOE-KEV, INC.**
RON DELLCOMPAGNI

, ending

Taxpayer Identification Number

27-3412501**176-60-2986****Stock Basis**

1. Beginning of year stock basis	6,805
2. Capital contributions	
Additions:	
3. Ordinary business income	2,165
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	8,109
9. Gain on disposal of Section 179 assets	
Total of line 3 through line 9	
10. Other increases	10,274
 11. Subtotal (Add line 1 through line 10)	 17,079
Subtractions:	
12. Distributions	
13. Total losses and deductions applied against stock basis (See Shareholder's Basis Worksheet Page 2)	
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)	17,079

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)	0
25. End of year stock and loan basis (Add line 16 and line 24)	17,079
 Principal amount of loan owed to shareholder at end of the year	 0

Gain Recognized on Excess Distributions

26. Distributions	
27. Stock basis before distributions and loss items	
28. Gain recognized on excess distributions (Subtract line 27 from line 26)	

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)	

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

PA Schedule RK-1 (06-21)
**2021 Resident Schedule of
Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits**

2107212942

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
-----------	----	-------	---------	---	---------------------------------	-------

					Beneficiary's year-end Distribution %	00000
--	--	--	--	--	---------------------------------------	-------

					Partner's % of: Profit sharing %	00000
--	--	--	--	--	-------------------------------------	-------

					Loss sharing %	00000
--	--	--	--	--	----------------	-------

Fiscal Year	N	(Estate/Trust=E, Partnership=P, PA S Corp =S, LLC=L)			Σ	Capital Ownership %
-------------	---	--	--	--	----------	------------------------

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
14 Distributions from PA Accumulated Adjustments Account
15 Distributions of Cash, Marketable Securities, and Property
16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis.
Submit statement.

SEE WRK

- SECTION V
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	2173
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	0
15	0
16	0
	8109
17	0
18	0
19	0
20	0



2107212942

2107212942

Form
PA-20S/65
Schedule RK-1/NRK-1

Nontaxable Income/Nondeductible Expenses Worksheet

2021

Name For calendar year 2021 or tax year beginning

, ending

JOE-KEV, INC.
RON DELLCOMPAGNI

Revenue ID

3966336

Federal Identification Number
27-3412501
176-60-2986

Schedule RK-1, line 16 and Schedule NRK-1, line 14

Nontaxable income:

Tax-exempt interest income	
Other tax-exempt income	
Nonresident's ordinary interest income from Pennsylvania sources	
Other nontaxable income	

8,109

Nondeductible expenses:

Nondeductible expenses	
Other nondeductible expenses	

Total nontaxable income (nondeductible expense)

8,109

Other items affecting shareholder's basis:

Property distributions	
Loan repayments	

Home Equity Promissory Note to:

Josephine DelliCompagni & Ron DelliCompagni

100,000 @ 1.5% interest

started in January 2017

Paid \$1247.80 in interest in 2021.

**Mortgage
Interest
Statement**

CORRECTED (if checked)

OMB No. 1545-1380

2021

Form 1098

**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.

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.

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

3-811-17974-0046687-004-1-000-000-000-000



RONALD DELICOMPAGNI
609 MARSHALL DR
BROOMALL PA 19008-3419



Form 1098

(keep for your records)

www.irs.gov/Form1098

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 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). 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 only in certain circumstances.



If you prepaid interest in 2021 that accrued in full by January 15, 2022, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2021 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.

1 Mortgage interest received from payer(s)/borrower(s)*
\$ 7,692.69

2 Outstanding mortgage principal
\$ 225,112.79

3 Mortgage origination date
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
609 MARSHALL DRIVE
BROOMALL PA 19008

9 Number of properties securing the mortgage
10 Other
\$ 9,063.93 Taxes Paid

11 Mortgage acquisition date
Account number (see instructions)
0629238249

RECIPIENT'S/LENDER'S TIN
38-393-1971

PAYER'S/BORROWER'S TIN
XXX-XX-2986

Department of the Treasury - Internal Revenue Service

Box 2. Shows the outstanding principal on the mortgage as of January 1, 2021. If the mortgage originated in 2021, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2021, 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 2021 Schedule 1 (Form 1040). 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 2021 Schedule A (Form 1040) 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 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. Shows 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 2021, 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.

FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

DECEMBER 27, 2021

***RONALD DELLICOMPAGNI
609 MARSHALL DR
BROOMALL, PA 19008***

RE: Account Number.: 0629238249
Property Address: 609 MARSHALL DRIVE, BROOMALL, PA 19008



Dear RONALD DELLICOMPAGNI:

The above reference loan has been paid in full. Please find the following enclosures:

Satisfaction/Release of Lien

If you should have any questions, we would be happy to hear from you. Shellpoint Mortgage Servicing is dedicated to providing top quality service to our customers and we hope you will consider us for future mortgage needs.

Sincerely,

Shellpoint Mortgage Servicing

Enclosure(s)

DO NOT DETACH

 8292847-0016/	<p>Robert A. Auclair, Esq. Delaware County Recorder of Deeds Government Center, Room 107 201 W. Front Street Media, PA 19063 610-891-4152</p>
<p>Instrument Number: 2021095931 Volume/Page: RECORD BK 6781 PG 0283 Recorded Date: 12/21/2021 8:08:25 PM</p>	
<p>Transaction Number: 899411 Collected By: pontem Document Type: MORTGAGE SATISFACTION Document Page Count: : 1</p>	<p>Return To (Simplifile): First American Title Insurance Company 1795 INTERNATIONAL WAY IDAHO FALLS, ID 83402</p>
<p>Parcel ID: 25-00-02998-00</p>	
<p>Fees: RECORDING FEES: \$37.50 COUNTY IMPROVEMENT FUND: \$5.00 JCS/ATJ FEE: \$40.25 WRIT TAX: \$0.50</p>	<p>Instrument Number: 2021095931 Volume/Page: RECORD BK 6781 PG 0283 Recorded Date: 12/21/2021 8:08:25 PM</p>
<p>Total Fees: \$83.25</p>	
<p>Amount Paid: \$83.25</p>	
<p>Amount Due: \$0.00</p>	

OFFICIAL RECORDING COVER PAGE
DO NOT DETACH

THIS PAGE IS NOW PART OF THIS RECORDED DOCUMENT

NOTE: If the document data differs from this cover sheet, please first check the document on our website to ensure it has been corrected. The document data always supersedes the cover page.
If an error on the cover page appears on our website after review please let our office know.
COVER PAGE DOES NOT INCLUDE ALL DATA, PLEASE SEE INDEX AND DOCUMENT FOR ANY ADDITIONAL INFORMATION.



PARCEL NO. 25-00-02998-00

**PENNSYLVANIA
COUNTY OF DELAWARE
LOAN NO.: 0629238249**

WHEN RECORDED MAIL TO:

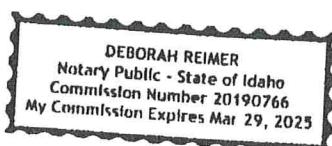
FIRST AMERICAN MORTGAGE SOLUTIONS, 1795 INTERNATIONAL WAY, IDAHO FALLS, ID 83402, PH. 208-528-9895

SATISFACTION OF MORTGAGE

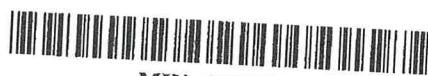
The undersigned, MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), AS MORTGAGEE, AS NOMINEE FOR NEW PENN FINANCIAL, LLC, ITS SUCCESSORS AND ASSIGNS, located at 1901 E VOORHEES STREET SUITE C, DANVILLE, IL 61834 or P.O. BOX 2026, FLINT, MICHIGAN 48501-2026, the Mortgagee of that certain Mortgage described below, does hereby release and reconvey to the persons legally entitled thereto, all of its right, title, and interest in and to the real estate described in said Mortgage, forever satisfying, releasing, canceling, and discharging the lien from said Mortgage. Said Mortgage dated OCTOBER 24, 2016 in the original amount of \$260,000.00 executed by RONALD DELLICOMPAGNI, Mortgagor, to MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), AS MORTGAGEE, AS NOMINEE FOR NEW PENN FINANCIAL, LLC, ITS SUCCESSORS AND ASSIGNS, Original Mortgagee, and duly recorded on OCTOBER 27, 2016 in Book 05900 at Page 0185 in the Office of the Register, Recorder, or County Clerk of DELAWARE County, State of PENNSYLVANIA, more particularly described and commonly known as:

AS DESCRIBED IN SAID MORTGAGEPROPERTY ADDRESS: 609 MARSHALL DRIVE, BROOMALL, PA 19008
TOWNSHIP OF MARPLEIN WITNESS WHEREOF, the undersigned has caused this Instrument to be executed on DECEMBER 10, 2021.
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), AS MORTGAGEE, AS NOMINEE FOR NEW PENN FINANCIAL, LLC, ITS SUCCESSORS AND ASSIGNSSTATE OF IDAHO COUNTY OF BONNEVILLE) ss.
On DECEMBER 10, 2021, before me, DEBORAH REIMER, personally appeared CHRISTY BROWN known

to me to be the VICE PRESIDENT of MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), AS MORTGAGEE, AS NOMINEE FOR NEW PENN FINANCIAL, LLC, ITS SUCCESSORS AND ASSIGNS the corporation that executed the instrument or the person who executed the instrument on behalf of said corporation, and acknowledged to me that such corporation executed the same.

Deborah Reimer
DEBORAH REIMER (COMMISSION EXP. 03/29/2025)
NOTARY PUBLICPOD: 20211130
SH8070117IM - LR - PA

Page 1 of 1



MIN: 100754442160804795

MERS PHONE: 1-888-679-6377

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.
SECURE ONE CAPITAL CORPORATION
555 ANTON BLVD. STE 900
Costa Mesa, CA 92626

(877) 810-8587

RECIPIENT'S/LENDER'S TIN
33-0777764

PAYER'S/BORROWER'S TIN
XXX-XX-2986

PAYER'S/BORROWER'S name
Ronald Dellicompagni
609 Marshall Dr
Broomall, PA 19008

9 Number of properties securing the
mortgage

10 Other

Account number (see instructions)
222211007355

11 Mortgage acquisition date
11/29/2021

Form 1098

(keep for your records)

www.irs.gov/Form1098

OMB No. 1545-1380
2021
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.

*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.

1 Mortgage interest received from payer(s)/ borrower(s)* \$ 27.56	4 Refund of overpaid interest \$
2 Outstanding mortgage principal \$ 233500.00	5 Mortgage insurance premiums \$
3 Mortgage origination date 11/29/2021	6 Points paid on purchase of principal residence \$ 5208.75

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)

Department of the Treasury - Internal Revenue Service

Instructions for Payer/Borrower - 1098 (2021)

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) 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.

 *If you prepaid interest in 2021 that accrued in full by January 15, 2022, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2021 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, 2021. If the mortgage originated in 2021, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in 2021, 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 2021 Schedule 1 (Form 1040). 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 2021 Schedule A (Form 1040) 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. Shows the address or description of the property securing the mortgage.

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Box 11. If the recipient/lender acquired the mortgage in 2021, 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.

FreeFile. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

SECURE ONE CAPITAL CORPORATION
555 ANTON BLVD. STE 900
Costa Mesa, CA 92626

FIRST-CLASS MAIL

Important Tax Return Document Enclosed

Ronald Dellicompagni
609 Marshall Dr
Broomall, PA 19008