

2021 W-2 and EARNINGS SUMMARY



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.

Employee Reference Copy W-2 Wage and Tax Statement Copy C for employee's records.		OMB No. 1545-0008 2021	
d Control number 000799	Dept. ATLA/15Z	Corp. 000073	Employer use only T
c Employer's name, address, and ZIP code UIPATH INC 452 FIFTH AVE 22ND FLOOR NEW YORK NY 10018 Batch #05625			
e/f Employee's name, address, and ZIP code STEPHEN BOERNER 424 NORTH NEW STREET BETHLEHEM PA 18018			
b Employer's FED ID number 47-4333187	a Employee's SSA number XXX-XX-7195		
1 Wages, tips, other comp. 135573.98	2 Federal income tax withheld 27147.49		
3 Social security wages 135573.98	4 Social security tax withheld 8405.59		
5 Medicare wages and tips 135573.98	6 Medicare tax withheld 1965.82		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 89.92		
14 Other 82.06 SUI	12b DD 5971.84 12c 12d 13 Stat emp Ret. plan 3rd party sick pay		
15 State PA	Employer's state ID no. 2007 8364	16 State wages, tips, etc. 234578.10	
17 State income tax 7201.56	18 Local wages, tips, etc. 135484.06		
19 Local income tax 1354.82	20 Locality name 480202		

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	480202 BETHL Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	235,864.10	235,864.10	235,864.10	235,864.10	235,864.10
Plus GTL (C-Box 12)	89.92	89.92	89.92	N/A	N/A
Less Misc. Non Taxable Comp.	99,094.04	99,094.04	99,094.04	N/A	99,094.04
Less Other Cafe 125	1,286.00	1,286.00	1,286.00	1,286.00	1,286.00
Reported W-2 Wages	135,573.98	135,573.98	135,573.98	234,578.10	135,484.06

2. Employee Name and Address.

**STEPHEN BOERNER
424 NORTH NEW STREET
BETHLEHEM PA 18018**

* PA local wages and withholding are reported to employee work

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location PSD unless it is outside of PA (Per Act 32)

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Corp. 000073	Employer use only T
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15 State PA	Employer's state ID no. 2007 8364
17 State income tax 7201.56	16 State wages, tips, etc. 234578.10
19 Local income tax 1354.82	18 Local wages, tips, etc. 135484.06
20 Locality name 480202	
Federal Filing Copy W-2 Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.	

1 Wages, tips, other comp. 135573.98	2 Federal income tax withheld 27147.49
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17 State income tax 7201.56	16 State wages, tips, etc. 234578.10
19 Local income tax 1354.82	18 Local wages, tips, etc. 135484.06
20 Locality name 480202	
PA.State Filing Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.	

1 Wages, tips, other comp. 135573.98	2 Federal income tax withheld 27147.49
3 Social security wages 135573.98	4 Social security tax withheld 8405.59
5 Medicare wages and tips 135573.98	6 Medicare tax withheld 1965.82
d Control number 000799	Dept. ATLA/15Z
Corp. 000073	Employer use only T
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19 Local income tax 1354.82	18 Local wages, tips, etc. 135484.06
20 Locality name 480202	
City or Local Filing Copy W-2 Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return.	

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep **Copy C** until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

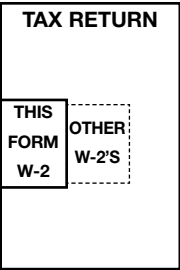
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct

your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

Copy B - For Employee's Federal Income Tax Return		2021		OMB No. 1545-0008
a Employee's social security number 159-68-7195	1 Wages, tips, other comp. 106968.27	2 Federal income tax withheld 13928.98		
b Employer ID number 46-4175673	3 Social security wages 110429.77	4 Social security tax withheld 6846.62		
	5 Medicare wages and tips 110429.77	6 Medicare tax withheld 1601.26		
c Employer's name, address, and ZIP code Payit LLC 1812 Broadway Blvd Kansas City, MO 64108				
d Control number 82183 200				
e Employee's name, address, and ZIP code Stephen Boerner 424 N New St Bethlehem, PA 18018-5803				
7 Social security tips		8 Allocated tips		9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans		
12a D	3461.50	13 Statutory employee Retirement plan 3rd-party sick pay X		
12b DD	1047.52	14 Other		
12c W	2400.00			
12d				
N/A		N/A		N/A
15 State Employer's State ID#		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc. N/A		19 Local income tax N/A		20 Locality name N/A

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return		[MO]	2021		OMB No. 1545-0008
a Employee's social security number 159-68-7195	1 Wages, tips, other comp. 106968.27	2 Federal income tax withheld 13928.98			
b Employer ID number 46-4175673	3 Social security wages 110429.77	4 Social security tax withheld 6846.62			
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12a D	3461.50	13 Statutory employee Retirement plan 3rd-party sick pay X			
12b DD	1047.52	14 Other			
12c W	2400.00				
12d					
MO	22376381	106968.27		4708.00	
15 State Employer's State ID#		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc. N/A		19 Local income tax N/A		20 Locality name N/A	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Copy C - FOR EMPLOYEE'S RECORDS ONLY**2021**OMB No.
1545-0008

a Employee's social security number 159-68-7195	1 Wages, tips, other comp. 106968.27	2 Federal income tax withheld 13928.98
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12b DD	1047.52	14 Other
12c W	2400.00	
12d		
MO 22376381	106968.27	4708.00
15 State Employer's State ID#	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. N/A	19 Local income tax N/A	20 Locality name N/A

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

UiPath, Inc.
452 Fifth Ave,
22nd Floor
New York NY 10018

Exercise of an Incentive Stock Option
Under Section 422(b)
Tax Year: 2021
Form 3921
OMB No. 1545-2129
Copy B

ORIGINAL

Stephen Boerner
424 N New St
Bethlehem PA 18018-5803

TRANSFEROR'S federal
identification number: 47-4333187

EMPLOYEE'S
identification number: XXX-XX-7195

If other than TRANSFEROR, name,
address, and EIN of corporation whose
stock is being transferred
(Box 6)

Date option granted (Box 1)	Date option exercised (Box 2)	Exercise price per share (Box 3)	Fair market value per share on exercise date (Box 4)	No. of shares transferred (Box 5)
7/20/2020	4/8/2021	\$5.06	\$56.24	1,810
7/20/2020	5/17/2021	\$5.06	\$68.00	70
7/20/2020	5/25/2021	\$5.06	\$84.00	26

Instructions for Employee

You have received this form because your employer (or transfer agent) transferred your employer's stock to you pursuant to your exercise of an incentive stock option (ISO). You must recognize (report) gain or loss on your tax return for the year in which you sell or otherwise dispose of the stock. Keep this form and use it to figure the gain or loss. For more information, see Pub. 525, Taxable and Nontaxable Income.

When you exercise an ISO, you may have to include in alternative minimum taxable income a portion of the fair market value of the stock acquired through the exercise of the option. For more information, see Form 6251, Alternative Minimum Tax—Individuals, and its instructions.

Account number. May show an account or other unique number your employer or transfer agent assigned to distinguish your account.

Box 1. Shows the date the option to purchase the stock was granted to you.

Box 2. Shows the date you exercised the option to purchase the stock.

Box 3. Shows the exercise price per share of stock.

Box 4. Shows the fair market value (FMV) of a share of stock on the date the option was exercised.

Box 5. Shows the number of shares of stock transferred to you pursuant to the exercise of the option.

Box 6. Shows the name, address, and employer identification number (EIN) of the corporation whose stock is being transferred (if other than the corporation shown in TRANSFEROR boxes in the upper left corner of the form).

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 item is required to be reported and the IRS determines that it has not been reported.

UiPath, Inc.
452 Fifth Avenue, 22nd Floor
New York, NY 10018

January 31, 2022

Dear Valued Colleague,

Enclosed you will find Form 3921 that contains information about your Incentive Stock Option (ISO) exercises for the Tax Year 2021.

This form is supplied in compliance with Internal Revenue Code (IRC) Section 6039 which requires that a Form 3921 be supplied to all employees who engaged in the exercise of an ISO within the tax year by January 31st of the following year. The exercise of an ISO is generally not a taxable event for federal tax purposes; however, it may be subject to alternative minimum tax (AMT).

This information is also being provided to the IRS.

Note: The following information provides some general guidelines for U.S. individual taxpayers about tax consequences from the disposition of stock acquired via the exercise of a qualified incentive stock option. This discussion should not be construed as legal or tax advice. You should review your personal circumstances with your tax and legal advisors.

The disposition (generally sale as reflected below) of ISO shares triggers the calculation of tax. Please retain this form for guidance in your tax preparation for the year in which you dispose of the shares.

Qualifying Dispositions

If you hold the shares for more than two years from grant and more than one year from exercise, the entire gain between a) the exercise price you paid and b) the price you sold is considered long-term capital gain (or loss). Form 3921 provides the exercise price (Box 3) to help you calculate your tax impact at the time of sale.

Disqualifying Dispositions

If the shares are held two years or less from grant or one year or less from exercise, then your ordinary income is the difference between a) the exercise price and b) the sales price or the fair market value on the day of exercise, whichever is less. Form 3921 provides the exercise price (Box 3) and the fair market value on the date of exercise (Box 4) to help you calculate your tax impact at the time of sale. If you sell the shares at a loss, even if the two-year/one-year holding periods have not been met, the loss is treated as capital loss, either short- or long-term, depending on whether or not you have held the shares for one year from exercise. Please note that any ordinary income from a disqualifying disposition should be reflected in your annual Form W-2 to be provided by UiPath.

If you have questions about this form please feel free to contact UiPath via email at EquityTax@uipath.com.

—by the author



See Important Information Enclosed



1

Schedule K-1
(Form 1065)Department of the Treasury
Internal Revenue Service

2021

For calendar year 2021, or for year

Beginning 12/29/2021

Ending 12/31/2021

Partner's Share of Income, Deductions,
Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

87-4651644

B Partnership's name, address, city, state, and ZIP code

LINO TO LIQUIDSHARES LLC - RIPPLE - 121
PO BOX 2859
SUNNYVALE, CA 94087

C IRS center where partnership filed return

E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

159-68-7195

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

STEPHEN BOERNER

424 N NEW ST.

BETHLEHEM, PA 18018

G ☐ General partner or LLC
member-manager☒ Limited partner or other LLC
memberH1 ☒ Domestic partner☐ Foreign partnerH2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN _____ Name _____

I1 What type of entity is this partner? **INDIVIDUAL**I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	1.1300000 %	1.1300000 %
Loss	1.1300000 %	1.1300000 %
Capital	1.1300000 %	1.1300000 %

Check if decrease is due to sale or exchange of partnership interest ☐

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ 0.	\$ 0.

Check this box if item K includes liability amounts from lower tier partnerships ☐

L Partner's Capital Account Analysis

Beginning capital account	\$
Capital contributed during the year	\$ 10019.
Current year net income (loss)	\$ 0.
Other increase (decrease) (attach explanation)	\$
Withdrawals & distributions	\$ ()
Ending capital account	\$ 10019.

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

Final K-1

Amended K-1

OMB No. 1545-0123

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

1 Ordinary business income (loss)	0.	14 Self-employment earnings (loss)	0.
2 Net rental real estate income (loss)		15 Credits	
3 Other net rental income (loss)		16 Schedule K-1 is attached if checked <input type="checkbox"/>	
4a Guaranteed payments for services		17 Alternative min tax (AMT) items	
4b Guaranteed payments for capital			
4c Total guaranteed payments			
5 Interest income		18 Tax-exempt income and nondeductible expenses	
6a Ordinary dividends			
6b Qualified dividends		19 Distributions	
6c Dividend equivalents			
7 Royalties		20 Other information	
8 Net short-term capital gain (loss)			
8a Net long-term capital gain (loss)			
8b Collectibles (28%) gain (loss)			
9c Unrecaptured section 1250 gain			
10 Net section 1231 gain (loss)			
11 Other income (loss)			
12 Section 179 deduction		21 Foreign taxes paid or accrued	
13 Other deductions			
22 <input type="checkbox"/> More than one activity for at-risk purposes*			
23 <input type="checkbox"/> More than one activity for passive activity purposes*			
*See attached statement for additional information.			

For IRS Use Only

STEPHEN BOERNER

List of Codes and References Used in Schedule K-1 (Form 1065)

Box Number / Item	Where to report or where to find further reporting information. Page numbers refer to these instructions.
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.	
Passive loss	See page 8
Passive income	Schedule E (Form 1040), line 28, column (h)
Nonpassive loss	See page 8
Nonpassive income	Schedule E (Form 1040), line 28, column (h)
2. Net rental real estate income (loss)	See page 8
3. Other net rental income (loss)	
Net income	Schedule E (Form 1040), line 28, column (h)
Net loss	See instructions for Form 1040
4a. Guaranteed payment services	See instructions for Schedule E (Form 1040)
4b. Guaranteed payment capital	See instructions for Schedule E (Form 1040)
4c. Guaranteed payment total	See page 8
5. Interest income	Form 1040 or 1040-SR, line 2b
6a. Ordinary dividends	Form 1040 or 1040-SR, line 2b
6b. Qualified dividends	Form 1040 or 1040-SR, line 2a
6c. Dividend equivalents	See page 8
7. Royalties	Schedule E (Form 1040), line 4
8. Net short-term capital gain (loss)	Schedule D (Form 1040), line 5
9a. Net long-term capital gain (loss)	Schedule D (Form 1040), line 13
9b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)
9c. Unrecaptured section 1250 gain	See page 9
10. Net section 1251 gain (loss)	See page 9
11. Other income (loss)	
Code A. Other portfolio income (loss)	See page 9
Code B. Involuntary conversions	See page 9
Code C. Section 1256 contracts & straddles	Form 6781, line 1
Code D. Mining exploration costs recapture	See Pub. 535
Code E. Cancellation of debt	See page 10
Code F. Section 743(b) positive adjustments	See page 10
Code G. Reserved for future use	
Code H. Section 951(a) income inclusions	See page 10
Code I. Other income (loss)	See page 10
12. Section 179 deduction	See page 11
13. Other deductions	
Code A. Cash contributions (50%)	See page 11
Code B. Cash contributions (50%)	See page 11
Code C. Noncash contributions (50%)	See page 11
Code D. Noncash contributions (50%)	See page 12
Code E. Capital gain property to a 50% organization (50%)	See page 12
Code F. Capital gain property (20%)	See page 12
Code G. Contributions (100%)	See page 12
Code H. Investment interest expense	Form 4552, line 1
Code I. Deductions - royalty income	Schedule E (Form 1040), line 19
Code J. Section 56(a)(2) expenditures	See page 12
Code K. Excess business interest expense	See page 12
Code L. Deductions - portfolio income (other)	Schedule A (Form 1040), line 18
Code M. Amounts paid for medical insurance	Schedule A (Form 1040), line 1; or Schedule 1 (Form 1040), line 17
Code N. Educational assistance benefits	See page 12
Code O. Dependent care benefits	Form 2441, line 12
Code P. Preproductive period expenses	See page 12
Code Q. Reserved for future use	
Code R. Pensions and IRAs	See page 12
Code S. Reforestation expense deduction	See page 13
Codes T through U. Reserved for future use	
Code V. Section 743(b) negative adjustments	See page 13
Code W. Other deductions	See page 13
14. Self-employment earnings (loss)	
Note. If you have a section 179 deduction or any partner-level deductions, see page 13 before completing Schedule SE (Form 1040).	
Code A. Net earnings (loss) from self-employment	Schedule SE (Form 1040)
Code B. Gross farming or fishing income	See page 13

112711 01-20-22

01000912 150922 LLRI1644

2
2021.04021 LINQTO LIQUIDSHARES LLC - LLRI1641

Box Number / Item		Where to report or where to find further reporting information. Page numbers refer to these instructions.
15. Credits		
	Code A. Reserved for future use	
	Code B. Reserved for future use	
	Code C. Low-income housing credit (section 42(j)(5)) from post-2007 buildings	See page 13
	Code D. Low-income housing credit (other) from post-2007 buildings	See page 13
	Code E. Qualified rehabilitation expenditures (rental real estate)	See page 14
	Code F. Other rental real estate credits	See page 14
	Code G. Other rental credits	See page 14
	Code H. Undistributed capital gains credit	Schedule 3 (Form 1040), line 13a
	Code I. Biofuel producer credit	See page 14
	Code J. Work opportunity credit	See page 14
	Code K. Disabled access credit	See page 14
	Code L. Empowerment zone employment credit	See page 14
	Code M. Credit for increasing research activities	See page 14
	Code N. Credit for employer social security and Medicare taxes	See page 14
	Code O. Backup withholding	See page 14
	Code P. Other credits	See page 14
17. Alternative minimum tax (AMT) items		
	Code A. Post-1986 depreciation adjustment	See instructions for Form 6251
	Code B. Adjusted gain or loss	See instructions for Form 6251
	Code C. Depletion (other than oil & gas)	See instructions for Form 6251
	Code D. Oil, gas, and geothermal - gross income	See instructions for Form 6251
	Code E. Oil, gas, and geothermal - deductions	See instructions for Form 6251
	Code F. Other AMT items	See instructions for Form 6251
18. Tax-exempt income and nondeductible expenses		
	Code A. Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
	Code B. Other tax-exempt income	See page 15
	Code C. Nondeductible expenses	See page 15
19. Distributions		
	Code A. Cash and marketable securities	See page 15
	Code B. Distribution subject to section 737	See page 15
	Code C. Other property	See page 15
20. Other information		
	Code A. Investment income	Form 4852, line 4a
	Code B. Investment expenses	Form 4852, line 5
	Code C. Fuel tax credit information	Form 4136
	Code D. Qualified rehabilitation expenditures (other than rental real estate)	See page 16
	Code E. Basis of energy property	See page 16
	Code F. Recapture of low-income housing credit for section 42(j)(5) partnerships	See page 16
	Code G. Recapture of low-income housing credit for other partnerships	See page 16
	Code H. Recapture of investment credit	See Form 4255
	Code I. Recapture of other credits	See page 16
	Code J. Look-back interest-completed long-term contracts	See Form 8897
	Code K. Look-back interest-income forecast method	See Form 8866
	Code L. Dispositions of property with section 179 deductions	See page 16
	Code M. Recapture of section 179 deduction	See page 16
	Code N. Business interest expense (information item)	See page 16
	Code O. Section 453(j)(3) information	Schedule 2 (Form 1040), line 14
	Code P. Section 453A(c) information	Schedule 2 (Form 1040), line 15
	Code Q. Section 1260(b) information	Schedule 2 (Form 1040), line 17z
	Code R. Interest allocable to production expenditures	See Regulations sections 1.263A-8 through -15
	Code S. Capital construction fund (CCF) nonqualified withdrawals	Schedule 2 (Form 1040), line 17z
	Code T. Depletion deduction	See Pub. 535
	Code U. Section 743(b) basis adjustment	See page 17
	Code V. Unrelated business taxable income	See page 17
	Code W. Precontribution gain (loss)	Form 9949 and/or Schedule D (Form 1040); or Form 4797
	Code X. Reserved for future use	
	Code Y. Net investment income	See instructions for Form 990

Box Number / Item	Where to report or where to find further reporting information. Page numbers refer to these instructions.
Code Z, Section 199A information	Form 8595 or Form 8595-A
Code AA, Section 704(c) information	See page 18
Code AB, Section 751 gain (loss)	See page 18
Code AC, Section 170(b) gain (loss)	See page 18
Code AD, Deemed section 1250 unrecaptured gain	See page 18
Code AE, Excess taxable income	See instructions for Form 8960
Code AF, Excess business interest income	See page 18
Code AG, Gross receipts for section 448(c)	See page 18
Code AH, Other information	See page 18
21, Foreign taxes paid or accrued	See page 19

Box Number / Item	Where to report or where to find further reporting information. Page numbers refer to these instructions.
15. Credits	
Code A. Reserved for future use	
Code B. Reserved for future use	
Code C. Low-income housing credit (section 42(j)(5)) from post-2007 buildings	See page 13
Code D. Low-income housing credit (other) from post-2007 buildings	See page 13
Code E. Qualified rehabilitation expenditures (rental real estate)	See page 14
Code F. Other rental real estate credits	See page 14
Code G. Other rental credits	See page 14
Code H. Undistributed capital gains credit	Schedule 3 (Form 1040), line 13a
Code I. Biofuel producer credit	See page 14
Code J. Work opportunity credit	See page 14
Code K. Disabled access credit	See page 14
Code L. Empowerment zone employment credit	See page 14
Code M. Credit for increasing research activities	See page 14
Code N. Credit for employer social security and Medicare taxes	See page 14
Code O. Backup withholding	See page 14
Code P. Other credits	See page 14
17. Alternative minimum tax (AMT) items	
Code A. Post-1986 depreciation adjustment	See instructions for Form 6251
Code B. Adjusted gain or loss	See instructions for Form 6251
Code C. Depletion (other than oil & gas)	See instructions for Form 6251
Code D. Oil, gas, and geothermal - gross income	See instructions for Form 6251
Code E. Oil, gas, and geothermal - deductions	See instructions for Form 6251
Code F. Other AMT items	See instructions for Form 6251
18. Tax-exempt income and nondeductible expenses	
Code A. Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
Code B. Other tax-exempt income	See page 15
Code C. Nondeductible expenses	See page 15
19. Distributions	
Code A. Cash and marketable securities	See page 15
Code B. Distribution subject to section 737	See page 15
Code C. Other property	See page 15
20. Other information	
Code A. Investment income	Form 4952, line 4a
Code B. Investment expenses	Form 4952, line 5
Code C. Fuel tax credit information	Form 4136
Code D. Qualified rehabilitation expenditures (other than rental real estate)	See page 16
Code E. Basis of energy property	See page 16
Code F. Recapture of low-income housing credit for section 42(j)(5) partnerships	See page 16
Code G. Recapture of low-income housing credit for other partnerships	See page 16
Code H. Recapture of investment credit	See Form 4255
Code I. Recapture of other credits	See page 16
Code J. Look-back interest-completed long-term contracts	See Form 8597
Code K. Look-back interest-income forecast method	See Form 8866
Code L. Dispositions of property with section 179 deductions	See page 16
Code M. Recapture of section 179 deduction	See page 16
Code N. Business interest expense (information item)	See page 16
Code O. Section 453(f)(3) information	Schedule 2 (Form 1040), line 14
Code P. Section 453A(c) information	Schedule 2 (Form 1040), line 15
Code Q. Section 1260(b) information	Schedule 2 (Form 1040), line 17c
Code R. Interest allocable to production expenditures	See Regulations sections 1.263A-8 through -15
Code S. Capital construction fund (CCF) nonqualified withdrawals	Schedule 2 (Form 1040), line 17c
Code T. Depletion deduction	See Pub. 535
Code U. Section 743(b) basis adjustment	See page 17
Code V. Unrelated business taxable income	See page 17
Code W. Precontribution gain (loss)	Form 8849 and/or Schedule D (Form 1040); or Form 4797
Code X. Reserved for future use	
Code Y. Net investment income	See instructions for Form 8960

TAXABLE YEAR **2021** **Partner's Share of Income, Deductions, Credits, etc.**

108741 01-26-23
CALIFORNIA SCHEDULE
K-1 (565)

TYB 12-29-2021 TYB 12-31-2021
159-68-7195
STEPHEN BOERNER

424 N NEW ST
BETHLEHEM PA 18018

87-4651644 0000000000000
LINQTO LIQUIDSHARES LLC - RIPPLE - 121

PO BOX 2859
SUNNYVALE CA 94087

A Is this partner a: • (1) ☐ general partner; or (2) ☒ limited partner?

B What type of entity is this partner? • See instructions.

(1) ☒ Individual (4) ☐ C Corporation (7) ☐ LLP (10) ☐ Exempt Organization

(2) ☐ S Corporation (5) ☐ General Partnership (8) ☐ LLC (11a) ☐ Disregarded Entity (DE)

(3) ☐ Estate/Trust (6) ☐ Limited Partnership (9) ☐ IRA/Keogh/SEP (11b) DE owner's name

(11c) DE owner's TIN

C Is this partner a foreign partner? • ☐ Yes ☒ No

D Enter partner's percentage (without regard to special allocations) of:

	(i) Beginning	(ii) Ending
Profit	1.1300 %	1.1300 %
Loss	1.1300 %	1.1300 %
Capital	1.1300 %	1.1300 %

Check the box if decrease is due to sale or exchange of partnership interest ☐

E Partner's share of liabilities:

	(i) Beginning	(ii) Ending
Nonrecourse	\$ 0.00	\$ 0.00
Qualified nonrecourse financing	\$ 0.00	\$ 0.00
Recourse	\$ 0.00	\$ 0.00

Check the box if item E includes liability amounts from lower tier partnerships ☐

F Reportable transaction or tax shelter registration number(s) •

G (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) • ☐

(2) Check here if this is an investment partnership (R&TC Sections 17965 and 23040.1) • ☐

Partner's name **STEPHEN BOERNER** Partner's identifying number **159-68-7195**

H Check here if this is: • (1) ☐ A final Schedule K-1 (565) (2) ☐ An amended Schedule K-1 (565)

I Is this partner a resident of California? • ☐ Yes ☒ No

J Did this partner contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions. • ☐ Yes ☒ No

K Partner's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning (ii) Ending

L Analysis of partner's tax basis capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other income (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
•	• 10019 •			•	• 10019 •

Caution: Refer to Partner's Instructions for Schedule K-1 (565) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Sched. K-1 (Form 1002)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities			•	▶
	2 Net income (loss) from rental real estate activities			•	▶
	3 Net income (loss) from other rental activities			•	▶
	4a Guaranteed payments to partners				
	4b Guaranteed payments for capital				
	4c Total guaranteed payments			•	▶
	5 Interest income			•	▶
	6 Dividends			•	▶
	7 Royalties			•	▶
	8 Net short-term capital gain (loss)			•	▶
	9 Net long-term capital gain (loss)			•	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			•	▶
	b Total loss under IRC Section 1231 (other than due to casualty or theft)			•	▶
	11 a Other portfolio income (loss). Attach schedule			•	▶
	b Total other income			•	▶
	c Total other loss			•	▶

Partner's name

STEPHEN BOERNER

Partner's identifying number

159-68-7195

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)				
	13 a Charitable contributions				
	b Investment interest expense				
	c 1 Total expenditures to which an IRC Section 58(e) election may apply				
	2 Type of expenditures				
	d Deductions related to portfolio income				
	e Other deductions				
Credits	15 a Total withholding (equals amount on Form 992-B if calendar year partnership)			*	▶
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities				
	d Credits related to other rental activities				
	e Nonconsenting nonresident members' tax allocated to partner				
	f Other credits - Attach required schedules or statements				
Alternative Minimum Tax (AMT) items	17 a Depreciation adjustment on property placed in service after 1986			⊙	⊙
	b Adjusted gain or loss				
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other alternative minimum tax items				
Tax-Exempt Income and Deductible Expenses	18 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses				
Distributions	19 a Distributions of money (cash and marketable securities)			⊙	
	b Distributions of property other than money			⊙	
Other Information	20 a Investment income				
	b Investment expenses				
	c Other information. See instructions				
21	<input type="checkbox"/> More than one activity for at-risk purposes*				
22	<input type="checkbox"/> More than one activity for passive activity purposes*				

参考文献

PITTSBURGH, PA 15253-5230

E.I.N. 22-1166430

00198438

For Inquiries Please Call
1-888-762-1099



2011年12月15日

STEPHEN J BOERNER
424 N NEW ST
BETHLEHEM PA 18018-5803

Calendar Year
2021

Taxpayer ID
XXX-XX-7195

THIS STATEMENT IS A FORM 1099 OMB NO. 1545-0001, OR A FORM 1099-E OMB NO. 1545-1576,
OR 1099-A OMB NO. 1545-0877 OR 1099-B OMB NO. 1545-0715 OR 1099-C OMB NO. 1545-1424,
OR 1099-DIV OMB NO. 1545-0110 OR 1099-INT OMB NO. 1545-0112 OR 1099-MISC OMB NO. 1545-0115
OR 1099-OID OMB NO. 1545-0117 U.S. INFORMATION RETURN
2021 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	BOX 1 INTEREST
INTEREST CHK	0080 56-0753-9064	3.61
BOX 1	INTEREST INCOME	3.61
PREMIERE MNKT	0080 56-0756-3531	6.70
BOX 1	INTEREST INCOME	6.70
TOTAL INTEREST		10.31

00000000 116 0007 000 00000000 00 1 00 1 00000000 00000000

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.

* FORM 1098 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.

* ROUNDED DOWN. THIS MAY NOT BE THE CORRECT FIGURE TO REPORT ON YOUR INCOME TAX RETURN.

PLEASE REFER TO THE INSTRUCTIONS ON THE BACK OF THIS STATEMENT

COPY IF FOR PAYEE, RECIPIENT, BORROWER, OR DEBTOR

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Employer-Provided Health Insurance Offer and Coverage
Information about Form 1095-C and its separate instructions
is at www.irs.gov/form1095c

☐ VOID
☐ CORRECTED

600120
OMB No. 1545-2251
2021

Part I			Employee		
1 Name of employee (first name, middle initial, last name) Stephen		2 Social security number (SSN) 159-68-7195			
3 Street address (including apartment no.) 424 N New St					
4 City or town Bethlehem		5 State or province PA		6 Country and ZIP or foreign postal code 18018	

Part II							Employee Offer and Coverage						
	All 12 Months	Jan	Feb	Mar	Apr	May							
14 Offer of Coverage (enter required code)		1H	1H	1H	1H								
15 Employee Required Contribution (see instructions)													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2C							
17 ZIP Code													

Part III							Covered Individuals						
If Employer Provided self-insured coverage check the box and enter the information for each covered individual <input type="checkbox"/>													

(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18					<input type="checkbox"/>
19					<input type="checkbox"/>
20					<input type="checkbox"/>
21					<input type="checkbox"/>
22					<input type="checkbox"/>
23					<input type="checkbox"/>

Applicable Large Employer Member (Employer)													
7 Name of employer Payit LLC						8 Employer Identification Number (EIN) 46-4175673							
9 Street address (including room or suite no.) 1812 Broadway Blvd						10 Contact Telephone Number 816-343-8095							
11 City or town Kansas City			12 State or province MO			13 Country and ZIP or foreign postal code 64108							
Employee's Age on January 1						Plan Start Month: 01							
June		July		Aug		Sept		Oct		Nov		Dec	
2C		2C		2C		2C		2C		2C		2C	
(e) Months of Coverage													
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payit LLC
1812 Broadway Blvd
Kansas City, MO 64108

821B3 200 "1095-C"
Stephen Boerner
424 N New St
Bethlehem, PA 18018

Payer's Name:
Linqto, Inc
PO Box 2859
Sunnyvale, CA 94087-0859

2021 Form 1099-MISC Miscellaneous Information

OMB No. 1545-0115

Copy B For Recipient

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.

For questions about this form, contact Linqto, Inc at 408-398-3277

Recipient's Name:
STEPHEN BOERNER
424 N NEW ST.
BETHLEHEM, PA 18018

Payer's federal
identification number:
27-1350332

Recipient's
identification number:
XXXXXXXX7195

Box 3: Other income

\$1,498.86

Instructions for Recipient • 1099-MISC

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Assignment number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the instructions for Form 990.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the instructions for Schedule SE (Form 1040). Corporations, partners, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040 or 1040-SR). However, report rents on Schedule C (Form 1040 or 1040-SR) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, and patents on Schedule E (Form 1040 or 1040-SR). However, report payments for a working interest or explained in the Schedule E (Form 1040 or 1040-SR) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, patent awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is health or business income, report the amount on Schedule C or E (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 525 for more information. Report this amount on your income tax return as tax withheld.

Box 5. Shows the amount paid to a filing tax or crime member who is considered by the operator to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040 or 1040-SR).

Box 7. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-contribution, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loss of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040 or 1040-SR).

Box 10. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part of income on your return.

Box 11. Shows the amount paid for the purchase of fish for resale from any person engaged in the trade or business of catching fish. See the instructions for your tax return for reporting this income.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 13. Shows your total compensation of account golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 14. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

Boxes 15-17. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099/2021.

Free File. 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.



Avidia Bank
PO Box 370
Hudson, MA 01749

013022011707_302_1999 007213 007213 000003 01800H

ID# 3024345799

Stephen Boerner
424 N New St
Bethlehem, PA 18018



☐ CORRECTED (if checked)

TRUSTEE/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Avidia Bank 42 Main Street Hudson, MA 01749 955-248-6311		OMB No. 1545-0047 Form 1099-SA (Rev. November 2019) For calendar year 2021		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 04-3365834	RECIPIENT'S TIN XXX-XX-7195	1 Gross Distribution \$45.64	2 Earnings on excess distribution \$0.00	
RECIPIENT'S name Stephen Boerner Street address (including apt. no.) 424 N New St City or town, state or province, country, and ZIP or foreign postal code Bethlehem, PA 18018 Account number (see instructions) 3024345799		3 Distribution code 1 <input checked="" type="checkbox"/> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA	4 FMV on date of death \$0.00	

Form 1099-SA (Rev. 11-2019)

(Keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA, an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the instructions for Form 8853 and the instructions for Form 8889. Also see Pub. 909.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has recorded your complete identification number to the IRS.

Spouse beneficiary. If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the instructions for Form 8889.

Estate beneficiary. If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includible in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the instructions for Form 8853 or the instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5309, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Box 3. These codes identify the distribution you received: 1-Normal distribution; 2-Excess contributions; 3-Disability; 4-Death distribution other than code 6; 5-Prohibited transaction; 6-Death distribution after year of death to a nonspouse beneficiary.

Box 4. If the account holder died, shows the FMV of the account on the date of death.

Box 5. Shows the type of account that is reported on this Form 1099-SA.
Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099sa.

Form 1095-CDepartment 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.

OMB No. 1545-0047

2021

Part I Employee				Applicable Large Employer Member (Employee)			
1 Name of employee (first name, middle initial, last name) MELISSA A BEMER		2 Social security number (SSN) ***-**-6417		7 Name of employer PENNSYLVANIA HOSPITAL		8 Employer identification number (EIN) 31-1538725	
3 Street address (including apartment no.) HEDGEROW LN				9 Street address (including room or suite no.) 800 SPRUCE STREET		10 Contact telephone number (855) 823-3728	
4 City or town STRAFFORD		5 State or province PA		11 City or town PHILADELPHIA		12 State or province PA	
		6 Country and ZIP or foreign postal code 19087-2806		13 Country and ZIP or foreign postal code 19106			
Part II Employee Offer of Coverage				Employee's Age on January 1			
				Plan Start Month (enter 2-digit number): 07			
14 Offer of coverage (enter required code)				All 12 months			
				Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec			
15 Employee Required Contribution (see instructions)				All 12 months			
				Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec			
16 Section 188CH Safe Harbor and Other Relief (enter code 7 if applicable)				All 12 months			
				Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec			
17 Other Code				All 12 months			
				Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec			

Part III Covered Individuals				Plan Start Month (enter 2-digit number): 07												
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																
(a) Name of covered individual(s) (First name, middle initial, last name)		(b) SSN or other TIN	(c) DOB or EIN or other TIN (if not applicable)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	Melissa	Bemer	***-**-6417	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Stephen	Boemer	***-**-7195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

FILER'S name, street address, city, state, and ZIP code VILLANOVA UNIVERSITY BURSAR'S OFFICE 800 LANCASTER AVENUE VILLANOVA PA 19085-1676		1 Payments received for qualified tuition and related expenses \$16205.67	OMB No. 1545-1574 2021 Form 1098-T	Tuition Statement <input type="checkbox"/> CORRECTED (if checked)
TRA Customer Service 800 - 223 - 0043		2		
FILER'S Federal identification no. 23-1352688 FILER'S 1098-T contact name Charlotte Merker and phone (610)519-6604	Student ID 02208377	3	Student's Social Security Number XXX-XX-6417	Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
MELISSA BEMER 3 HEDGEROW LANE STRAFFORD PA 19087-2506		4 Adjustments made for a prior year \$	5 Scholarships or grants \$560.00	
		6 Adjustments to scholarships or grants for a prior year \$	7 The amount in box 1 includes amounts for an academic period beginning January - March 2022 (if checked) <input type="checkbox"/>	
		8 At least half-time student (if checked) <input checked="" type="checkbox"/>	9 Graduate student (if checked) <input type="checkbox"/>	

Form 1098-T

(keep for your records)

Department of the Treasury - Internal Revenue Service

YOU MAY BE ABLE TO REDUCE YOUR FEDERAL TAX LIABILITY!

An eligible educational institution, such as a college or university in which you are enrolled, and an insurer who makes reimbursements or refunds of qualified tuition and related expenses to you must furnish this statement to you. You, or the person who can claim you as a dependent, may be able to claim an education credit on Form 1040 or 1040A, only for the qualified tuition and related expenses that were actually paid in 2021. To see if you qualify for the credit, see Pub. 970, Tax Benefits for Education; Form 8863, Education Credits; and the Form 1040 or 1040A instructions.

Student's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Institutions report payments received during the calendar year in box 1. The amount shown in box 1 may represent an amount other than the amount actually paid in 2021. Your institution must include its name, address and information contact telephone number on this statement. It may also include contact information for a service provider. Although the filer or the service provider may be able to answer certain questions about the statement, do not contact the filer or the service provider for explanations of the requirements for (and how to figure) any education credit that you may claim.

Account number. May show an account or other unique number the filer assigned to distinguish your account.

Box 1. Shows the total payments received in 2021 from any source for qualified tuition and related expenses less any reimbursements or refunds made during 2021 that relate to those payments received during 2021.

Box 2. Reserved.

Box 3. Reserved.

Box 4. Shows any adjustment made for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit that you claimed for the prior year (may result in an increase in tax liability for the year of the refund). See "recapture" in the index to Pub. 970 to report a reduction in your education credit or tuition and fees deduction.

Box 5. Shows the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of the education credit you claim for the year.

Box 6. Shows adjustments to scholarships or grants for a prior year. This amount may affect the amount of any allowable tuition and fees deduction or education credit that you claimed for the prior year. You may have to file an amended income tax return (Form 1040X) for the prior year.

Box 7. Shows whether the amount in box 1 includes amounts for an academic period beginning January-March 2022. See Pub. 970 for how to report these amounts.

Box 8. Shows whether you are considered to be carrying at least one-half the normal full-time workload for your course of study at the reporting institution. If you are at least a half-time student for at least one academic period that begins during the year, you meet one of the requirements for the American Opportunity Credit. You do not have to meet the workload requirement to qualify for the Lifetime Learning Credit.

Box 9. Shows whether you are considered to be enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential.

Box 10. Shows the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any education credit you can claim for the year (may result in an increase in tax liability for the year of the refund).

Institutions must report payments received (box 1) beginning in 2018.
 The University is prohibited from providing tax advice. Please obtain IRS Publication 970 & Form 8863 or contact a tax professional regarding your personal tax situation.

To access additional copies of this form or previous year's forms, go to the TRA website at <http://tra.maximus.com>. Click on 'First Time Students' and follow the directions to establish an account to download a PDF of this form.

IMPORTANT TAX INFORMATION

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BLOCKFI LENDING LLC 201 Montgomery Street, Suite 263 Jersey City, NJ 07302 (646) 779-9688		1 Rents \$	OMB No. 1545-0115 Form 1099-MISC (Rev. January 2022) For calendar year 20 <u>21</u>		Miscellaneous Information
		2 Royalties \$			
		3 Other income \$ 1960.37	4 Federal income tax withheld \$		
		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
PAYER'S TIN 82-2390015	RECIPIENT'S TIN ***-**-7195	RECIPIENT'S name Stephen Boerner Street address (including apt. no.) 424 N New St City or town, state or province, country, and ZIP or foreign postal code Bethlehem, PA 18018		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 8 Substitute payments in lieu of dividends or interest \$	Copy B For Recipient 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.
6b36e3c8		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$		
		11 Fish purchased for resale \$	12 Section 409A deferrals \$		
		13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments \$	15 Nonqualified deferred compensation \$	
Account number (see instructions)		16 State tax withheld \$ \$	17 State/Payer's state no. -----	18 State income \$ \$	

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the Instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040).

Box 10. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 11. Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 13. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Box 14. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 15. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

Boxes 16–18. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC.

Free File Program. 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.

UPath, Inc.
452 Fifth Ave.
22nd Floor
New York NY 10018

Exercise of an Incentive Stock Option
Under Section 422(b)
Tax Year: 2021
Form 3921
OMB No. 1545-2129
Copy B

ORIGINAL

120702 37 10346


Stephen Boerner
424 N New St
Bethlehem PA 18018-5803

TRANSFEROR'S federal
identification number: 47-4333187

EMPLOYEE'S
identification number: XXX-XX-7195

If other than TRANSFEROR, name,
address, and EIN of corporation whose
stock is being transferred
(Box 6)

Date option granted (Box 1)	Date option exercised (Box 2)	Exercise price per share (Box 3)	Fair market value per share on exercise date (Box 4)	No. of shares transferred (Box 5)
7/20/2020	4/8/2021	\$5.06	\$56.24	1,810
7/20/2020	5/17/2021	\$5.06	\$68.00	70
7/20/2020	5/25/2021	\$5.06	\$84.00	26

Instructions for Employee

You have received this form because your employer (or transfer agent) transferred your employer's stock to you pursuant to your exercise of an incentive stock option (ISO). You must recognize (report) gain or loss on your tax return for the year in which you sell or otherwise dispose of the stock. Keep this form and use it to figure the gain or loss. For more information, see Pub. 525, Taxable and Nontaxable Income.

When you exercise an ISO, you may have to include in alternative minimum taxable income a portion of the fair market value of the stock acquired through the exercise of the option. For more information, see Form 6251, Alternative Minimum Tax—Individuals, and its instructions.

Account number. May show an account or other unique number your employer or transfer agent assigned to distinguish your account.

Box 1. Shows the date the option to purchase the stock was granted to you.

Box 2. Shows the date you exercised the option to purchase the stock.

Box 3. Shows the exercise price per share of stock.

Box 4. Shows the fair market value (FMV) of a share of stock on the date the option was exercised.

Box 5. Shows the number of shares of stock transferred to you pursuant to the exercise of the option.

Box 6. Shows the name, address, and employer identification number (EIN) of the corporation whose stock is being transferred (if other than the corporation shown in TRANSFEROR boxes in the upper left corner of the form).

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 item is required to be reported and the IRS determines that it has not been reported.



UiPath, Inc.
452 Fifth Avenue, 22nd Floor
New York, NY 10018

January 31, 2022

Dear Valued Colleague,

Enclosed you will find Form 3921 that contains information about your Incentive Stock Option (ISO) exercises for the Tax Year 2021.

This form is supplied in compliance with Internal Revenue Code (IRC) Section 6039 which requires that a Form 3921 be supplied to all employees who engaged in the exercise of an ISO within the tax year by January 31st of the following year. The exercise of an ISO is generally not a taxable event for federal tax purposes; however, it may be subject to alternative minimum tax (AMT).

This information is also being provided to the IRS.

Note: The following information provides some general guidelines for U.S. individual taxpayers about tax consequences from the disposition of stock acquired via the exercise of a qualified incentive stock option. This discussion should not be construed as legal or tax advice. You should review your personal circumstances with your tax and legal advisors.

The disposition (generally sale as reflected below) of ISO shares triggers the calculation of tax. Please retain this form for guidance in your tax preparation for the year in which you dispose of the shares.

Qualifying Dispositions

If you hold the shares for more than two years from grant and more than one year from exercise, the entire gain between a) the exercise price you paid and b) the price you sold is considered long-term capital gain (or loss). Form 3921 provides the exercise price (Box 3) to help you calculate your tax impact at the time of sale.

Disqualifying Dispositions

If the shares are held two years or less from grant or one year or less from exercise, then your ordinary income is the difference between a) the exercise price and b) the sales price or the fair market value on the day of exercise, whichever is less. Form 3921 provides the exercise price (Box 3) and the fair market value on the date of exercise (Box 4) to help you calculate your tax impact at the time of sale. If you sell the shares at a loss, even if the two-year/one-year holding periods have not been met, the loss is treated as capital loss, either short- or long-term, depending on whether or not you have held the shares for one year from exercise. Please note that any ordinary income from a disqualifying disposition should be reflected in your annual Form W-2 to be provided by UiPath.

If you have questions about this form please feel free to contact UiPath via email at EquityTax@uipath.com.