

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

In re:	)	CHAPTER 11
	)	
ENVISTACOM, LLC,	)	CASE NO. 23-52696-jwc
	)	
Debtor.	)	
	)	
KATIE S. GOODMAN, in her capacity as the	)	
liquidating trustee of the Envistacom Liquidating	)	
Trust,	)	
	)	
Objector,	)	
v.	)	CONTESTED MATTER
	)	
TOI JACOBS,	)	
	)	
Claimant.	)	
	)	

**NOTICE OF LIQUIDATING TRUSTEE'S OBJECTION TO  
CLAIM NO. 10017 FILED BY TOI JACOBS,  
DEADLINE TO OBJECT AND FOR HEARING**

Katie S. Goodman, in her capacity as the liquidating trustee (the “**Liquidating Trustee**”) for the Envistacom Liquidating Trust, has filed the *Liquidating Trustee’s Objection to Claim No. 10017 Filed by Toi Jacobs* (the “**Objection**”), on March 6, 2025. Pursuant to the Second Amended and Restated General Order No. 24-2018, the Court may consider this matter without further notice or a hearing if no party in interest files a response or objection opposing the Objection **within thirty (30) days from the date of service of this notice (i.e. on or before April 5, 2025)**. **If you object the relief requested in the Objection, you must timely file your response in opposition to the Objection with the Bankruptcy Clerk at Clerk, U.S. Bankruptcy Court, Suite 1340, 75 Ted Turner Drive, SW, Atlanta, Georgia 30303, and serve a copy on the Liquidating Trustee’s attorney, Matthew W. Levin, Scroggins, Williamson & Ray, P.C., 4401 Northside Parkway, Suite 230, Atlanta, GA 30327, and any other appropriate persons by the response deadline.** The response or objection must explain your position and be actually received by the Bankruptcy Clerk within the required time.

A hearing on the pleading has been scheduled for April 17, 2025. The Court will hold a hearing on the Objection **at 11:00 a.m. on April 17, 2025 in Courtroom 1203, United States Courthouse, 75 Ted Turner Drive, SW, Atlanta, Georgia 30303**, which may be attended in person or via the Court’s Virtual Hearing Room. You may join the Virtual Hearing Room through

the “Dial-in and Virtual Bankruptcy Hearing Information” link at the top of the homepage of the Court’s website, [www.ganb.uscourts.gov](http://www.ganb.uscourts.gov), or the link on the judge’s webpage, which can also be found on the Court’s website. Please also review the “Hearing Information” tab on the judge’s webpage for further information about the hearing. You should be prepared to appear at the hearing via video, but you may leave your camera in the off position until the Court instructs otherwise. Unrepresented persons who do not have video capability may use the telephone dial-in information on the judge’s webpage.

If an objection or response is timely filed and served, the hearing will proceed as scheduled. If you do not file a response or objection within the time permitted, the Court may grant the relief requested without further notice and without holding the scheduled hearing provided that an order approving the relief requested is entered at least one business day prior to the scheduled hearing. If no objection is timely filed, but no order is entered granting the relief requested at least one business day prior to the scheduled hearing, the hearing will be held as scheduled.

**Your rights may be affected. You should read these papers carefully and discuss with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.**

**NOTICE IS HEREBY GIVEN** this 6th day of March, 2025.

SCROGGINS, WILLIAMSON & RAY, P.C.

By: /s/ Matthew W. Levin  
J. ROBERT WILLIAMSON  
Georgia Bar No. 765214  
MATTHEW W. LEVIN  
Georgia Bar No. 448270

4401 Northside Parkway  
Suite 230  
Atlanta, Georgia 30327  
T: (404) 893-3880  
F: (404) 893-3886  
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[mlevin@swlawfirm.com](mailto:mlevin@swlawfirm.com)

*Counsel for the Liquidating Trustee*

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

In re:	)	CHAPTER 11
	)	
ENVISTACOM, LLC,	)	CASE NO. 23-52696-jwc
	)	
Debtor.	)	
_____	)	
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KATIE S. GOODMAN, in her capacity as the	)	
liquidating trustee of the Envistacom Liquidating	)	
Trust,	)	
	)	
Objector,	)	
v.	)	CONTESTED MATTER
	)	
TOI JACOBS,	)	
	)	
Claimant.	)	
_____	)	

**LIQUIDATING TRUSTEE’S OBJECTION TO CLAIM  
NO. 10017 FILED BY TOI JACOBS**

COMES NOW Katie S. Goodman (the “**Liquidating Trustee**”), in her capacity as the liquidating trustee of the Envistacom Liquidating Trust created pursuant to the confirmed *Debtor’s Second Modified First Amended Combined Disclosure Statement and Chapter 11 Plan of Liquidation* [Dkt. No. 197] (the “**Plan**”) in the above-styled Chapter 11 case (the “**Bankruptcy Case**”), by and through the undersigned counsel, and pursuant to 11 U.S.C. § 502 and Fed. R. Bankr. P. 3007, hereby files the *Liquidating Trustee’s Objection to Claim No. 10017 Filed by Toi Jacobs* (the “**Objection**”) to the priority unsecured claim designated as Claim No. 10017, a copy of which is attached hereto as Exhibit A, filed by Toi Jacobs (the “**Claimant**”). In support of her Objection, the Liquidating Trustee respectfully states as follows:

## **JURISDICTION AND VENUE**

1.

This Court has jurisdiction over this matter pursuant to 28 U.S.C. § 1334. This is a core proceeding under 28 U.S.C. § 157(b)(2).

2.

Venue is proper in this district under 28 U.S.C. §§ 1408 and 1409.

## **FACTUAL BACKGROUND**

3.

On March 21, 2023 (the “**Petition Date**”), five unsecured creditors of Envistacom, LLC (the “**Debtor**”) filed an involuntary bankruptcy petition against the Debtor [Dkt. No. 1] (the “**Involuntary Petition**”), thereby commencing an involuntary case against the Debtor. No interim trustee was appointed in the involuntary case pursuant to Section 303(g) of Title 11, United States Code (the “**Bankruptcy Code**”). On May 9, 2023, the Debtor filed the *Motion of Envistacom, L.L.C. for Entry of an Order Converting the Involuntary Case to Chapter 11 Pursuant to 11 U.S.C. § 706(a)* [Dkt. No. 40] (the “**Motion to Convert**”). On May 10, 2023, the Court entered the *Order for Relief on Involuntary Petition and Order Converting Involuntary Case to Chapter 11 Pursuant to 11 U.S.C. § 706(a)* [Dkt. No. 41] (the “**Order for Relief**”), thereby converting the involuntary case to a voluntary case under Chapter 11 of the Bankruptcy Code. Prior to January 28, 2024 (the effective date of the Plan), the Debtor was authorized to operate its business as a debtor in possession pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code.

4.

No trustee or examiner was appointed in the Bankruptcy Case. No request was made for the appointment of a trustee or examiner. An Official Committee of Unsecured Creditors (the “**Committee**”) was appointed on May 30, 2023.

5.

On or about June 9, 2023, the Debtor filed its Schedules of Assets and Liabilities [Dkt. No. 100] (the “**Original Schedules**”). On or about July 27, 2023, the Debtor filed an amended version of Schedule E/F [Dkt. No. 147] (the “**Amended Schedule E/F**” and together with the Original Schedules, the “**Schedules**”), reflecting amendments to certain scheduled claims of the Debtor’s former employees.

6.

On June 1, 2023, the Debtor filed its *Motion for Entry of an Order (I) Establishing Bar Dates for Filing Claims Against the Debtor; (II) Approving Form and Manner of Notice Thereof; and (III) Granting Related Relief* [Dkt. No. 91].

7.

On June 26, 2023, the Bankruptcy Court entered an order [Dkt. No. 122] (the “**Bar Date Order**”) establishing certain deadlines for filing proofs of claim (“**Proofs of Claim**”) against the Debtor (the “**Bar Dates**”), including a General Bar Date, Governmental Bar Date, Amended Schedules Bar Date, and Rejection Bar Date (each as defined in the Bar Date Order). The Bar Date Order (i) established 5:00 p.m. (Eastern) on August 10, 2023 (the “**General Bar Date**”), as the last date for creditors that are *not* governmental units to file proofs of claim, proofs of interest and requests for payment of administrative expense claims under 11 U.S.C. § 503(b)(9); (ii) established 5:00 p.m. (Eastern) on November 6, 2023, as the last date for creditors that are

governmental units to file proofs of claim, proofs of interest and requests for payment of administrative expense claims under 11 U.S.C. § 503(b)(9); and (iii) approved a form of bar date notice, proof of claim form, 503(b)(9) request for payment form and other procedures.

8.

On October 26, 2023, the Debtor filed the Plan. On November 15, 2023, the Court entered an order confirming the Plan. *See* Dkt. No. 620.

9.

On January 9, 2024, the Debtor filed a *Notice of (I) Entry of Order Confirming Debtor's Second Modified First Amended Combined Disclosure Statement and Chapter 11 Plan of Liquidation and (II) Occurrence of Effective Date* [Dkt. No. 239] (the “**Notice of Effective Date**”) with respect to the Plan, which was served on or about the same date on the Debtor's creditors and other parties in interests. *See* Dkt. No. 240. Pursuant to the Notice of Effective Date, all holders of administrative expense claims (other than, claims arising under 11 U.S.C. § 503(b)(9), professional compensation claims, post-petition health claims and post-petition Georgia workers' compensation claims) were required to file applications requesting allowance or payment of such administrative expense claims by February 7, 2023.

10.

On June 11, 2023, the Claimant filed a priority unsecured claim in the amount of \$80,509.33, designated as Claim No. 10017 (the “**Claim**”) on the claims docket maintained by Epiq Corporate Restructuring, LLC (“**Epiq**”), the claims agent appointed in the Bankruptcy Case, for amounts alleged to be due the Claimant by the Debtor.

11.

The Schedules list a priority unsecured claim for the Claimant in the amount of \$1,162.76.

**RELIEF REQUESTED**

12.

The Liquidating Trustee respectfully requests the entry of an order, pursuant to Section 502 of the Bankruptcy Code and Fed. R. Bankr. P. 3007, reducing and allowing the Claim as a priority unsecured claim in the amount of \$1,162.76, and disallowing the balance of the Claim.

**BASIS FOR RELIEF**

13.

A filed proof of claim is “deemed allowed, unless a party in interest . . . objects.” 11 U.S.C. § 502(a). *Juniper Dev. Group v. Kahn*, 993 F.2d 915, 925 (1st Cir. 1993). If an objection refuting at least one of the claim’s essential allegations is asserted, the claimant has the burden of proof to demonstrate the validity of the claim. *Dollinger v. BV Retail, LLC (In re S&Q Shack, LLC)*, 2015 Bankr. LEXIS 1166, at \*6-7 (N.D. Ga. Feb. 13, 2015); *In re Allegheny Int’l, Inc.*, 954 F.2d 167, 173-74 (3d Cir. 1992); *In re Britt*, 199 B.R. 1000, 1008 (Bankr. N.D. Ala. 1996).

14.

Furthermore, Section 502(b)(1) provides that a claim may not be allowed to the extent that “such claim is unenforceable against the debtor and property of the debtor, under any agreement or applicable law.” 11 U.S.C. § 502(b)(1).

15.

The Liquidating Trustee is in the process of reviewing all requests for allowance of administrative expenses filed in this case, the register of claims maintained by the Court, the electronic claims registry maintained by Epiq and the Schedules.

16.

The Liquidating Trustee has reviewed the Claim and determined that the Claim is overstated. The Debtor's books and records indicate the Claimant was owed \$1,162.76 in priority wages and benefits, and has been paid such amount. Further, the information attached to the Claim does not substantiate a higher amount. It is unclear from the Claim and attachments why the Claimant believes that she is owed in excess of \$80,000. Accordingly, the balance of the Claim should therefore be disallowed.

17.

To ensure that the claims register is accurate and does not inaccurately overstate the Debtor's liabilities, to avoid the possibility of multiple recoveries, and to expedite recoveries to creditors by reducing the cash reserve funded for distributions to holders of claims that are neither allowed nor disallowed or disputed in these cases, and reverting the amount of funds reserved for the Claim to the segregated account for the benefit of allowed General Unsecured Claims, the Liquidating Trustee seeks entry of an Order allowing the Claim as a priority claim in the amount of \$1,162.76, and disallowing the balance of the Claim.

18.

Accordingly, the Liquidating Trustee objects to the Claim.

**RESERVATION OF RIGHTS**

19.

The Liquidating Trustee specifically reserves the right to file additional objections to the Claim, or to any other proofs of claim filed against the Debtor but not objected to herein, either pursuant to the grounds for objection set forth herein or any other such grounds as may be



appropriate. In addition, the Liquidating Trustee reserves the right to respond to any matter raised in opposition to this Objection.

**NOTICE**

20.

Notice of this Objection and the hearing regarding the same will be provided to the Claimant and the United States Trustee. The Liquidating Trustee submits that such notice is sufficient and that no other notice is required under the terms of the Plan.

WHEREFORE, the Liquidating Trustee respectfully requests the entry of an order:

(a) Allowing the Claim as a priority claim in the amount of \$1,162.76, and disallowing the balance of the Claim; and

(b) Granting such other and further relief as the Court deems is just and appropriate.

Respectfully submitted, this 6th day of March, 2025.

SCROGGINS, WILLIAMSON & RAY, P.C.

By: /s/ Matthew W. Levin

J. ROBERT WILLIAMSON  
Georgia Bar No. 765214  
MATTHEW W. LEVIN  
Georgia Bar No. 448270

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Atlanta, GA 30327  
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*Counsel for the Liquidating Trustee*

**EXHIBIT A**

**Claim No. 10017**

United States Bankruptcy Court for the Northern District of Georgia

**Name of Debtor:** Envistacom, LLC

**Case Number:** 23-52696

**For Court Use Only**

Claim Number: 0000010017

File Date: 06/11/2023 14:41:56

## Proof of Claim (Official Form 410)

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

04/22

### Part 1: Identify the Claim

**1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim): ENVISTACOM

Other names the creditor used with the debtor: \_\_\_\_\_

**2. Has this claim been acquired from someone else?**

☒ No

☐ Yes.

From whom? \_\_\_\_\_

**3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)**

**Where should notices to the creditor be sent?**

Name ENVISTACOM

Address 1310 RICHARDS STREET

City SAVANNAH

State GA ZIP Code 31415

Country (if International): \_\_\_\_\_

Phone: 912-272-3473

Email: TOIJACOBS@YAHOO.COM

**Where should payments to the creditor be sent? (if different)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Country (if International): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Does this claim amend one already filed?**

☒ No

☐ Yes.

Claim number on court claims register (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

**5. Do you know if anyone else has filed a proof of claim for this claim?**

☒ No

☐ Yes.

Who made the earlier filing?  
\_\_\_\_\_

<b>6. Do you have any number you use to identify the debtor?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:  _____	<b>7. How much is the claim?</b> 80,509.33 unliquidated \$ _____  <b>Does this amount include interest or other charges?</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	<b>8. What is the basis of the claim?</b>  Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  Employee Agreements (Contracts) _____
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<b>9. Is all or part of the claim secured?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i> .  <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____ <b>Annual Interest Rate</b> (when case was filed) _____% <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>10. Is this claim based on a lease?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of petition.</b> \$ _____	<b>11. Is this claim subject to a right of setoff?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____
	<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check one:</i>  <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).  <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).  <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies.  * Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.	

<b>13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):</b> \$ _____
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Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

TOI JACOBS 06/11/2023 14:41:56  
Signature Date

Provide the name and contact information of the person completing and signing this claim:

Name TOI JACOBS

Address 1310 RICHARDS STREET

City SAVANNAH

State GA Zip 31415

Country (in international) USA

Phone 912-272-3473

Email TOIJACOBS@YAHOO.COM



Six Concourse Parkway, Suite 550, Atlanta, GA 30328  
P: (470) 255-2500 | F: (470) 255-2501 | [envistacom.com](http://envistacom.com)

February 21, 2021

***Personal and Confidential  
Delivered via e-mail  
Revised 2/25/21***

Toi Jacobs  
Email: [toijacobs@yahoo.com](mailto:toijacobs@yahoo.com)

RE: Offer of Employment

Dear Toi,

Congratulations! We are pleased to confirm our offer to have you join Envistacom, LLC as a member of our Operations team for the position of Helpdesk Tier I Tech Support located in Al-Asad Airbase, Iraq. We are very excited about you joining our organization and the opportunities for mutual success.

The following confirms the terms and conditions of our offer:

1. Contingent upon Successful Drug Screen, Background Check and ability to obtain and maintain Federal Government Security Clearance: This offer is contingent upon successful completion of Company-paid drug screening (10 panel test), Federal County Criminal Background checks and ability to obtain and maintain Federal Government Security Clearance (if applicable).
2. Contract Award: This offer is contingent upon receiving funding from the U.S. Government to Envistacom.
3. Compensation, Start Date Reporting Relationship: These are stated in the Additional Terms and Conditions of Employment, which are included with this offer letter.
4. Employee Benefits: You will be eligible for participation in the Company's standard employee benefit plans (benefits may include medical, dental, life, vision and long-term disability insurances, and 401(k) Savings Plan or others as may be offered and amended from time to time). The effective dates for your coverage and participation in these plans are as set forth in the plan documents, and with respect to all insured plans, will be subject to your eligibility for coverage at standard rates and your payment of such co-payments as the Company may determine for all employees and/or for all employees who are similarly situated. Benefits are effective on your date of hire.
5. Withholdings: The Company will deduct or withhold from all amounts payable to you pursuant to this Agreement such amount(s) as may be required pursuant to applicable federal, state or local laws.
6. Company NDA Agreement: As a condition of your acceptance of the Company's offer of employment, you will be required to sign a Non-Disclosure Agreement (NDA), which is included as an attachment to this Letter.
7. You must produce (within three days of your start date) documentation establishing your identity and eligibility for employment to comply with the Immigration Reform and Control Act of 1986.



Six Concourse Parkway, Suite 550, Atlanta, GA 30328  
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We are pleased to welcome you to the Envistacom family, and we look forward to a long and mutually beneficial relationship.

Please confirm your acceptance of this offer by signing and returning both this letter, and the Company NDA Agreement, to me within the next three business days of receiving this offer.

Best Regards,

A handwritten signature in dark ink, appearing to read "Helene Obst", is written over a rectangular area that has been redacted with a white box.

Helene Obst  
Executive Vice President, Human Resources

Accepted and Agreed: \_\_\_\_\_  
Toi Jacobs

Date: \_\_\_\_\_  
Offer Expires March 02, 2021



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### **ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT**

This document outlines certain additional terms and conditions of your employment with Envistacom, LLC ("Company").

These terms and conditions may be modified or canceled at any time at the discretion of the Company.

#### **Position and Job Category:**

<b>Title</b>	<b>Location</b>	<b>Start Date</b>
Helpdesk Tier I Tech Support	Iraq	March 15, 2021
<b>Reporting To</b>	<b>Bi-weekly Amount</b>	<b>Workweek</b>
Stephen Carpenter, Sr. Director of Managed Services	\$1,893.85	72 hours/week

#### **Compensation and Allowances:**

While assigned to the location above, you will be eligible to earn the following annual compensation shown in the table below:

<b>Compensation Description</b>	<b>Annual Amount</b>	<b>Payment Method</b>
Base Salary	\$49,240.10	Bi-Weekly
Extended Hours (annual max, see note)	\$39,392.00	Bi-Weekly
Retention Bonus	\$10,000.00	See Note
Completion Bonus	\$10,000.00	See Note
Hardship Differentials (annual max, see note)	\$17,234.00	Bi-Weekly
Hazard Differentials (annual max, see note)	\$17,234.00	Bi-Weekly
Internet Allowance	\$1,200.00	Bi-Weekly
Cell Phone Allowance	\$1,200.00	Bi-Weekly

#### **Compensation Notes:**

- Wages are paid bi-weekly; there are a total of 26 pay periods.
- Extended Hours payment will be made when deployed to duty station where normal work hours exceed 40 hours per week and shall be paid at straight time for the additional duty hours scheduled and worked.





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- Retention Bonus will be paid after the employee has been employed for 6 months (180 days) from their deployment date. This payment will be paid the paycheck after the 6 months has been reached.
- Completion Bonus is paid upon successful completion of your (12) month employment assignment. If your employment assignment is reduced due to loss of contract funding not associated with your performance, the Company may pay a prorated completion bonus.
- Hardship Differential is calculated by country and paid per annual rates published by the United States Department of State. Hardship differential compensation is not payable during CONUS training (typically pre-deployment). However, Hardship will be paid during R&R vacation leave. This allowance will be paid bi-weekly and will be applied to the prorated base salary for partial months worked.
- Hazard Differential: While deployed and working at the assigned duty station, this allowance and corresponding rate is subject to adjustment based upon Department of State guidelines and periodic reviews. Hazard differential compensation is not payable for any time period(s) when you are not at your Hazard duty location, including but not limited to during CONUS training (typically pre-deployment), or if your duty station is no longer in a hazard assignment location as defined by the United States Department of State. Hazard differential will be paid per DoS guidelines when traveling to other hazardous locations. This allowance will be paid bi-weekly and will be applied to the prorated base salary for partial months worked.
- The company will pay an internet allowance of \$46.16 per pay period, or \$1,200.00 per year. Both personal and business use is allowed.
- The Company will pay a cell phone allowance of \$46.16 per pay period, or \$1,200.00 per year. Both personal and business use is allowed, and you must provide your cellular phone number to the Company.



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### **Holidays**

OCONUS employees receive ten (10) holidays within the year (listed below). Employees may take these holidays on a later date other than the holiday, but before the end of the calendar year. This time must be requested and approved by your manager.

New Year's Day  
Martin Luther King Day  
Washington's Birthday  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Veteran's Day  
Thanksgiving Day  
Christmas Day

### **Paid Time off (PTO)**

Envistacom offers 80 hours, which is the equivalent of 10 Days per year. This is a combination of sick time and vacation, and time is accrued each pay period.

<b>W-2</b>		Employee Reference Copy Wage and Tax Statement <b>2021</b>		OMB No. 1545-0008	
Copy C for employee's records.					
<b>d Control number</b> 000843 ATLA/1DS		<b>Dept.</b> 200000		<b>Corp.</b> Employer use only <b>A 242</b>	
<b>c Employer's name, address, and ZIP code</b> <b>ENVISTACOM</b> <b>6 CONCOURSE PKWY 550</b> <b>ATLANTA GA 30328</b>  <b>Batch #03771</b>					
<b>e/f Employee's name, address, and ZIP code</b> <b>TOI JON-TU JACOBS</b> <b>1229 FORDS POINTE CIRCLE</b> <b>SAVANNAH GA 31419</b>					
<b>b Employer's FED ID number</b> 45-2184836		<b>a Employee's SSA number</b> XXX-XX-6306			
<b>1 Wages, tips, other comp.</b> 86084.69		<b>2 Federal income tax withheld</b> 5504.05			
<b>3 Social security wages</b> 88775.00		<b>4 Social security tax withheld</b> 5504.05			
<b>5 Medicare wages and tips</b> 88775.00		<b>6 Medicare tax withheld</b> 1287.24			
<b>7 Social security tips</b>		<b>8 Allocated tips</b>			
<b>9</b>		<b>10 Dependent care benefits</b>			
<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b> D 2690.31			
<b>14 Other</b>		<b>12b</b> <b>12c</b> <b>12d</b> <b>13 Stat emp.</b> Ret. plan 3rd party sick pay X			
<b>15 State</b> GA		<b>Employer's state ID no.</b> 3247202-WT		<b>16 State wages, tips, etc.</b> 86084.69	
<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b>			
<b>19 Local income tax</b>		<b>20 Locality name</b>			

## 1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	93,862.07	93,862.07	93,862.07	93,862.07
<b>Less</b> 401(k) (D-Box 12)	2,690.31	N/A	N/A	2,690.31
<b>Less</b> Other Cafe 125	5,087.07	5,087.07	5,087.07	5,087.07
<b>Reported W-2 Wages</b>	<b>86,084.69</b>	<b>88,775.00</b>	<b>88,775.00</b>	<b>86,084.69</b>

## 2. Employee Name and Address.

**TOI JON-TU JACOBS**  
**1229 FORDS POINTE CIRCLE**  
**SAVANNAH GA 31419**

\* If you are claiming exempt from Federal Withholding, you are required to file a new W-4 form by February 15, 2022

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<b>1 Wages, tips, other comp.</b> 86084.69		<b>2 Federal income tax withheld</b> 5504.05	
<b>3 Social security wages</b> 88775.00		<b>4 Social security tax withheld</b> 5504.05	
<b>5 Medicare wages and tips</b> 88775.00		<b>6 Medicare tax withheld</b> 1287.24	
<b>d Control number</b> 000843 ATLA/1DS	<b>Dept.</b> 200000	<b>Corp.</b> A	<b>Employer use only</b> 242
<b>c Employer's name, address, and ZIP code</b> <b>ENVISTACOM</b> <b>6 CONCOURSE PKWY 550</b> <b>ATLANTA GA 30328</b>			
<b>b Employer's FED ID number</b> 45-2184836		<b>a Employee's SSA number</b> XXX-XX-6306	
<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
<b>9</b>		<b>10 Dependent care benefits</b>	
<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b> D 2690.31	
<b>14 Other</b>		<b>12b</b> <b>12c</b> <b>12d</b> <b>13 Stat emp.</b> Ret. plan 3rd party sick pay X	
<b>15 State</b> GA		<b>Employer's state ID no.</b> 3247202-WT	
<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b> 86084.69	
<b>19 Local income tax</b>		<b>20 Locality name</b>	
<b>Federal Filing Copy</b> <b>W-2</b> Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.			

<b>1 Wages, tips, other comp.</b> 86084.69		<b>2 Federal income tax withheld</b> 5504.05	
<b>3 Social security wages</b> 88775.00		<b>4 Social security tax withheld</b> 5504.05	
<b>5 Medicare wages and tips</b> 88775.00		<b>6 Medicare tax withheld</b> 1287.24	
<b>d Control number</b> 000843 ATLA/1DS	<b>Dept.</b> 200000	<b>Corp.</b> A	<b>Employer use only</b> 242
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<b>9</b>		<b>10 Dependent care benefits</b>	
<b>11 Nonqualified plans</b>		<b>12a</b> D 2690.31	
<b>14 Other</b>		<b>12b</b> <b>12c</b> <b>12d</b> <b>13 Stat emp.</b> Ret. plan 3rd party sick pay X	
<b>15 State</b> GA		<b>Employer's state ID no.</b> 3247202-WT	
<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b> 86084.69	
<b>19 Local income tax</b>		<b>20 Locality name</b>	
<b>GA.State Reference Copy</b> <b>W-2</b> Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.			

<b>1 Wages, tips, other comp.</b> 86084.69		<b>2 Federal income tax withheld</b> 5504.05	
<b>3 Social security wages</b> 88775.00		<b>4 Social security tax withheld</b> 5504.05	
<b>5 Medicare wages and tips</b> 88775.00		<b>6 Medicare tax withheld</b> 1287.24	
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<b>15 State</b> GA		<b>Employer's state ID no.</b> 3247202-WT	
<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b> 86084.69	
<b>19 Local income tax</b>		<b>20 Locality name</b>	
<b>GA.State Filing Copy</b> <b>W-2</b> Wage and Tax Statement Copy 2 to be filed with employee's State 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):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

**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](http://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](http://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.

Employee Reference Copy <b>W-2</b> Wage and Tax Statement Copy C for employee's records.		2022 OMB No. 1545-0008	
d Control number 000843	Dept. ATLA/1DS	Corp. 300000	Employer use only A 217
c Employer's name, address, and ZIP code <b>ENVISTACOM 2150 BOGGS RD NW BLDG DULUTH GA 30096</b>			
Batch #04720			
e/f Employee's name, address, and ZIP code <b>TOI JON-TU JACOBS 1229 FORDS POINTE CIRCLE SAVANNAH GA 31419</b>			
b Employer's FED ID number 45-2184836	a Employee's SSA number XXX-XX-6306		
1 Wages, tips, other comp. 108108.87	2 Federal income tax withheld		
3 Social security wages 111666.81	4 Social security tax withheld 6923.34		
5 Medicare wages and tips 111666.81	6 Medicare tax withheld 1619.17		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D 3557.94		
14 Other	12b DD 16833.80		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State GA	Employer's state ID no. 3247202-WT	16 State wages, tips, etc. 108108.87	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

## 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	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	118,628.06	118,628.06	118,628.06	118,628.06
Less 401(k) (D-Box 12)	3,557.94	N/A	N/A	3,557.94
Less Other Cafe 125	6,961.25	6,961.25	6,961.25	6,961.25
Reported W-2 Wages	108,108.87	111,666.81	111,666.81	108,108.87

## 2. Employee Name and Address.

**TOI JON-TU JACOBS  
1229 FORDS POINTE CIRCLE  
SAVANNAH GA 31419**

\* If you are claiming exempt from Federal Withholding, you are required to file a new W-4 form by February 15, 2023

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1 Wages, tips, other comp. 108108.87		2 Federal income tax withheld	
3 Social security wages 111666.81		4 Social security tax withheld 6923.34	
5 Medicare wages and tips 111666.81		6 Medicare tax withheld 1619.17	
d Control number 000843	Dept. ATLA/1DS	Corp. 300000	Employer use only A 217
c Employer's name, address, and ZIP code <b>ENVISTACOM 2150 BOGGS RD NW BLDG DULUTH GA 30096</b>			
b Employer's FED ID number 45-2184836	a Employee's SSA number XXX-XX-6306		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D 3557.94		
14 Other	12b DD 16833.80		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>TOI JON-TU JACOBS 1229 FORDS POINTE CIRCLE SAVANNAH GA 31419</b>			
15 State GA	Employer's state ID no. 3247202-WT	16 State wages, tips, etc. 108108.87	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy <b>W-2</b> Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return.			

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3 Social security wages 111666.81		4 Social security tax withheld 6923.34	
5 Medicare wages and tips 111666.81		6 Medicare tax withheld 1619.17	
d Control number 000843	Dept. ATLA/1DS	Corp. 300000	Employer use only A 217
c Employer's name, address, and ZIP code <b>ENVISTACOM 2150 BOGGS RD NW BLDG DULUTH GA 30096</b>			
b Employer's FED ID number 45-2184836	a Employee's SSA number XXX-XX-6306		
7 Social security tips	8 Allocated tips		
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14 Other	12b DD 16833.80		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code <b>TOI JON-TU JACOBS 1229 FORDS POINTE CIRCLE SAVANNAH GA 31419</b>			
15 State GA	Employer's state ID no. 3247202-WT	16 State wages, tips, etc. 108108.87	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
GA.State Reference Copy <b>W-2</b> Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp. 108108.87		2 Federal income tax withheld	
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e/f Employee's name, address and ZIP code <b>TOI JON-TU JACOBS 1229 FORDS POINTE CIRCLE SAVANNAH GA 31419</b>			
15 State GA	Employer's state ID no. 3247202-WT	16 State wages, tips, etc. 108108.87	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
GA.State Filing Copy <b>W-2</b> Wage and Tax Statement Copy 2 to be filed with employee's State 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 Form 1040 instructions 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 Form 1040 instructions.

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 \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, 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 Form 1040 instructions.

**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 Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**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 Form 1040 instructions 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 Form 1040 instructions.

**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 Form 1040 instructions.

**N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**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 Form 1040 instructions 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 Form 1040 instructions.

**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):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

**Notice to Employee**

**Do you have to file?** Refer to the Form 1040 instructions 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 2022 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 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit [www.irs.gov/EITC](http://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 the Social Security Administration (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 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](http://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 2022 and more than \$9,114 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. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

**CERTIFICATE OF SERVICE**

This is to certify that on March 6, 2025, the foregoing *Liquidating Trustee's Objection to Claim No. 10017 Filed by Toi Jacobs* and the *Notice of Liquidating Trustee's Objection to Claim No. 10017 Filed by Toi Jacobs, Deadline to Object and for Hearing* for same were served via the Court's CM/ECF system on all counsel of record registered in this case through CM/ECF, and via United States Mail in a properly addressed envelope with adequate postage thereon to:

Toi Jacobs  
1310 Richards Street  
Savannah, GA 31415

This 6th day of March, 2025.

SCROGGINS & WILLIAMSON, P.C.

By: /s/ Matthew W. Levin

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MATTHEW W. LEVIN  
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