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OMB No. 1545-0008 I Control Number	1 Wages, tips, other compensation	Prederal income tax withheld	OMB No. 1545-0008 di Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
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Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
Dependent care benefits	11 Nonqualified plans	12	10 Dependent care benefits	11 Nonqualified plans	12a
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rnal Revenue Service			Department of the Treasury – Internal Revenue Service		W. W.
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SHRADHA JUNEJA 344 SHILOH STREET APT 204 CINCINNATI OH 45220	the state of the s	To a second	SHRADHA JUNEJA 344 SHILOH STR APT 204 CINCINNATI OH	EET 45220	
2022 OH 51-	yer's state I.D. no. 086128	16 State wages, tips, etc. 43941.97	I CUCC OH	te Employer's state I.D. no. 51-086128	16 State wages, tips, etc.
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Vage and Tax Statement opy 2 - To Be Filed With mployee's State, City, or ocal Income Tax Return.	1288.30	46356.84	Wage and Tax Statemer Copy 2 - To Be Filed Wit Employee's State, City, Local Income Tax Retur	1288.30	18 Local wages, tipa, etc. 46356 . 84
	19 LOCAL MICCINE CO.	Locality name INCI	İ	19 Local income bax 834.43	20 Locality name CINCI
epartment of the Treasury – nternal Revenue Service	Lagran and the same		Department of the Treasury – Internal Revenue Service		Electric de la Maria della Mar
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2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy

-2 Wage and Tax
Statement Statement Copy C for employee's records.

d Control number Dept.
112570 LOS2/MU5 173100 Employer use only 15022 A Employer's name, address, and ZIP code 602-201-54 AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108 Batch #02724 e/f Employee's name, address, and ZIP code SHRADHA JUNEJA 1122 23RD AVE B633 SEATTLE WA 98122 a Employee's SSA number

XXX - XX - 5187

2 Federal income tax withheld b Employer's FED ID number 82-0544687 Wages, tips, other comp. 17813.09 91573.51 4 Social security tax withheld 3 Social security wages 93513.49 5797.84 Medicare wages and tips 93513.49 6 Medicare tax withheld 1355.95 8 Allocated tips Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12c DD 12d | 13 Stat emp Ret. plan 3rd party sick pay

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

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

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

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	93,693.15	93,693.15	93,693.15	
Plus GTL (C-Box 12)	60.34	60.34	60.34	
Less 401(k) (D-Box 12)	1,939.98	N/A	N/A	
Less Other Cafe 125	240.00	240.00	240.00	
Reported W-2 Wages	91,573.51	93,513.49	93,513.49	

2. Employee Name and Address.

SHRADHA JUNEJA 1122 23RD AVE B633 SEATTLE WA 98122

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© 2022 ADP, Inc.

1 Wages, tips, other c 915	73.51	2 Federa	l income tax withheld 17813.09						
3 Social security wag	es 13.49	4 Social security tax withheld 5797.84							
5 Medicare wages and		6 Medicare tax withheld 1355.95							
d Control number 112570 LOS2/MU5	Dept.	Corp.	Employer use only A 15022						
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b Employer's FED ID 82-054468			yee's SSA number XXX-XX-5187						
7 Social security tips		8 Allocat	ted tips						
9		10 Depend	dent care benefits						
11 Nonqualified plans		12a See in	estructions for box 12 60.34						
14 Other	110-87-	12b D	1939.98						
		12c DD	4789.33						
		12d							
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e/f Employee's name, o SHRADHA JUN 1122 23RD AV B633 SEATTLE WA	IEJA E 98122		To a superior of the second se						
15 State Employer's s WA	tate ID no.	16 State w	vages, tips, etc.						
17 State income tax		18 Local wages, tips, etc.							
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Control number Dept.	Corp. Employer use only	d C
12570 LOS2/MU5 173100	A 15022 and ZIP code 602-201-54	112 c E
AMAZON COM PO BOX 80726 SEATTLE WA 9	SERVICES LLC 98108	
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4 Other	12b D 1939.98	14
	12c DD 4789.33	
	12d	
	13 Stat emp. Ret. plan 3rd party sick pay	
/f Employee's name, address a	ind ZIP code	e/f
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3633		B6:
SEATTLE WA 98122	and the second second second second	SE
5 State Employer's state ID no	. 16 State wages, tips, etc.	15 S
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The second of th	20 Locality name	9 19
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1 Wages, tips, other comp. 91573.51	2 Federal income tax withheld 17813.09
3 Social security wages 93513.49	
5 Medicare wages and tips 93513.49	6 Medicare tax withheld 1355.95
d Control number Dep 112570 LOS2/MU5 1731	
c Employer's name, address	s, and ZIP code 602-201-54
AMAZON COM PO BOX 8072 SEATTLE WA	
b Employer's FED ID number 82 - 0544687	XXX-XX-5187
7 Social security tips	8 Allocated tips
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11 Nonqualified plans	12a C 60.34
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	12c DD 4789.33
	12d
	13 Stat emp. Ret. plan 3rd party sick p
e/f Employee's name, address SHRADHA JUNEJA 1122 23RD AVE B633 SEATTLE WA 9812	
15 State Employer's state ID	no. 16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
M-2 Wage	Filing Copy and Tax 2022 ement OMB NO 1545-0008

			CORRECTED (if checked	d)	Date Printed 01/18/20	23				
PAYER'S name, street address, city or town, province, country, ZIP or foreign postal code EMPOWER TRUST COMPAN PO BOX 173764 D999	, and telephone no.		1 Gross distribution \$24,4 2a Taxable amount	36.94	OMB No. 1545-0119 2022	Annuities	ons From Pensions , Retirement or aring Plans, IRAs,			
DENVER, CO 80217-3764				\$0.00	Form 1099-R		Contracts, etc.			
1-877-215-4015			2b Taxable amount not determined		Total distributio	n X	Copy B Report this income			
A STATE OF THE STA			3 Capital gain (included in box 2	2a)	4 Federal income tax withheld	V - 170	on your federal tax return, if this form			
PAYER'S TIN 84-1455663 RECIPIENT'S name, street address (including	RECIPIENT ***-**-518 ng apt. no.), city or to	7	5 Employee contributions/Desig Roth contributions or insurand premiums	nated ce	6 Net unrealized appreciation securities	in employer's	shows federal income tax withheld in box 4, attach this			
country, and ZIP or foreign postal code SHRADHA JUNEJA			7 Distribution code(s) IRA / SE SIMPLE	P/ 🔲	8 Other	%	copy to your return.			
344 SHILOH STREET APT 204	APT 204				9b Total employee contribution		This information is being furnished to the			
CINCINNATI, OH 45220		14 State tax withheld	%	15 State/Payer's state no.	STATE STATE	IRS. 16 State distribution				
			14 Giate tax Willing				14.			
					OH/52519724					
10 Amount allocable to IRR within 5 years Roth	st year of desig.	12 FATCA filing requirement	17 Local tax withheld		18 Name of locality		19 Local distribution			
Account number (see instructions)		13 Date of payment								
150093 Form 1099-R	n de la consecuencia de la	W	ww.irs.gov/Form1099R		Department of the Trea	sury-Interna	al Revenue Service			
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		To See See	CORRECTED (if checked	d)	Date Printed 01/18/20	23				
PAYER'S name, street address, city or town,		Consistence for an arm	1 Gross distribution		OMB No. 1545-0119		A STATE OF THE STATE OF THE			
province, country, ZIP or foreign postal code, EMPOWER TRUST COMPAN			The state of the s	36.94	2022	Annuities	ons From Pension , Retirement or			
PO BOX 173764 D999 DENVER, CO 80217-3764			2a Taxable amount	\$0.00	Form 1099-R	Profit-Sha	aring Plans, IRAs, Contracts, etc.			
1-877-215-4015			2b Taxable amount not	\$0.00	Total distributio		Copy C			
			3 Capital gain (included in box 2	2a)	4 Federal income tax withheld		For Recipient's Records			
PAYER'S TIN	RECIPIENT	STIN	- Capital galli (moladed ili bex			J Kerins	and subjects some			
84-1455663	***-**-518		5 Employee contributions/Design Roth contributions or insurance	nated	6 Net unrealized appreciation i securities	n employer's	Carlo marine			
RECIPIENT'S name, street address (including country, and ZIP or foreign postal code	ng apt. no.), city or to	wn, state or province,	7 Distribution code(s) IRA / SE	D. [8 Other		This information is			
SHRADHA JUNEJA 344 SHILOH STREET			7 Distribution code(s) IRA / SE SIMPLE 9a Your percentage of total dist		9b Total employee contribution	%	being furnished to			
APT 204 CINCINNATI, OH 45220			9a Your percentage of total dist	%	35 Total employee contribution	A Many Language (the IRS. and the transport			
and the state of t	alega a Recollect		14 State tax withheld		15 State/Payer's state no.	A print dial non	16 State distribution			
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10 Amount allocable to IRR within 11 1	st year of desig.	12 FATCA filling	17 Local tax withheld	and the same of	18 Name of locality	China Change and the	19 Local distribution			
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		AND PROPERTY OF STREET	CORRECTED (if checked	4)	Date Printed 01/18/20	23				
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province, country, ZIP or foreign postal code	, and telephone no.		The second secon	36.94	2022	Annuities	ons From Pension , Retirement or			
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1-877-215-4015			2b Taxable amount not	\$0.00	Total distribution		Copy 2			
			determined 3 Capital gain (included in box 2	2a)	4 Federal income tax withheld		File this copy with your state,			
PAYER'S TIN	YER'S TIN RECIPIENT'S TIN				the sign register with registers a	may Surate les	city, or local			
84-1455663	7	5 Employee contributions/Design Roth contributions or insurance	gnated ce	6 Net unrealized appreciation securities	in employer's	return, when				
RECIPIENT'S name, street address (including country, and ZIP or foreign postal code SHRADHA JUNEJA	ng apt, no.), city or to	wn, state or province,	premiums		8 Other		required.			
344 SHILOH STREET			7 Distribution code(s) IRA / SE SIMPLE			%	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
APT 204 CINCINNATI, OH 45220			9a Your percentage of total dist	tribution %	9b Total employee contribution	og kodent.	The last value of the last			
			14 State tax withheld	70	15 State/Payer's state no.	AND THE REAL PROPERTY.	16 State distribution			
The second pro-			4.45		OH/52519724		A SHEAD IN NO.			
10 Amount allocable to IRR within 11 1	st year of desig.	12 FATCA filing	17 Local tax withheld		18 Name of locality		19 Local distribution			
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Account number (see instructions) 150093	and placed in general to	13 Date of payment	Maria Company				Amenal School at			
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E 1095-C Department of the Treasury Internal Revenue Service	Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.						age	CORRECTED				OMB No. 1545-2251 600120						
Part I Employee					al security number (S	SN)	ge Employer Mem	per (Employe	r)			8	Employ	ver ident	tification r	number (EIN)	
ame of employee (first name, SHRADHA JUNEJA	middle initia	il, last name)				7 Name of employer FIFTH THI	RD BANK, N.	١.			19,			- 10				
treet address (including apartr 344 SHILOH STRE	ment no.)	T 204					9 Street address (including room or suite no.) 3 B FOUNTAIN SQUARE PLAZA 10 Contact teleph 877-534							hone num	one number -7482			
ity or town CINCINNATI		State or province OH		6 Country and	d ZIP or foreign posta	estal code 11 City or town CINCINNATI 12 State or province OH							13 Country and ZIP or foreign p				tal co	
Part II Employee Offe					e's Age on Janu					0.1								
All 12 I		Jan	Feb	Mar	Apr	May June	July	Aug	Total Control 2 digit number).		v	Dec						
Offer of Coverage nter required code)		1E	1E	1E	1E	1E 1E	1н	1н	1	.H		1н		1н	H	11	H	
Employee Required attribution (see tructions)	\$	123.13	123.13	s 123.13	s 123.13 s	, 123.13 , 123.	13 \$	\$	\$		\$		\$		\$			
Section 4980H Parthor and Other ef (enter code, plicable)		2C	2C	2C	2C	2C 2C	2A	2A	2	2A		2A		21	A	2	A	
IP Code Privacy Act and Paperwork I						Cat. No. 60705M									Form 10			
	riduale _	If Employer or	nvidad salf.ins	sured overage	check the box a	nd enter the information t	or each individual a	nrolled in cov	erage in	cludina	the en	nplove		×		6003 Pa	120 ege :	
orm 1095-C (2022) Part III Covered Indiv	riduals –	(a) Name of o	covered individua	al(s)	, check the box a	nd enter the information ((c) DOB (if SSN or	other (d) Cove	red			(e) N	Months	of cover		Pa	ige :	
		(a) Name of o		al(s)	, check the box a		(c) DOB (if SSN or TIN is not availa	other (d) Cove	red	Feb M		(e) May	Months June	of cover	rage ug Sept	Pa	ige :	
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E 1095-C Department of the Treas Internal Revenue Service	ury	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.						age	□VOID □ CORREC		OMB No. 1545-2251 LO			
Part I Emplo	yee	Applicable Large Employer Member (Em									7)			
1 Name of employee (finished) SHRADHA 3 Street address (include)		JUNEJA			ocial security number (S		A	N.COM	SERVICES I				8 Employer identificat 82-0544687	
1122 23RD		'						X 8122					866-644-2	
4 City or town SEATTLE		5 State or prov WA	ince	6 Country US 9	and ZIP or foreign posts 8122	al code	11 City or tov SEATT			12 State or provi WA	nce		US 98108	r foreign postal code
	yee Offer of C	overage		Employee	e's Age on January	y 1:			Plan Start Mo	nth (enter 2-digit i	number): 04			
	All 12 Months	Jan	Feb	Mar	Apr	N	lay	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1н	1н	1	Н	1н	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	s	\$	\$	\$		\$		\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.0	0 \$ 33.00	\$ 33.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2.	A	2D	2C	2C	2C	2C	2C	2C
17 ZIP Code														
For Privacy Act and F	aperwork Reduc	tion Act Notice,	see separate ins	tructions.				Cat. No. 60	0705M				Fo	rm 1095-C (2022)

Form 1095-C (2022)

600320 Page 3

Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.															
(a) Name of	covered individual(s)	(b) SSN or other TIN													
First name, mi	iddle initial, last name		TIN is not available)	all 12 months	Jan	Feb	Mar	Apr	1000					0.0	of Barrier
18 SHRADHA	JUNEJA	XXX-XX-5187				- 1/4			;	<	××	×	×	×	×
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Form1095-C (2022)