

OMB No. 1545-0008

d Control Number E455051	1 Wages, tips, other compensation 43941.97	2 Federal income tax withheld 7464.80
b Employer identification number (EIN) 31-0676865	3 Social security wages 46356.84	4 Social security tax withheld 2874.12
a Employee's social security number XXX-XX-5187	5 Medicare wages and tips 46356.84	6 Medicare tax withheld 672.17

e Employer's name, address and ZIP code
FIFTH THIRD BANK, N.A.
38 FOUNTAIN SQUARE PLAZA
CINCINNATI OH 45263

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C 10.68
12b Code D 2414.87	12c Code W 250.00	12d Code DD 2658.99
13 Statutory employee	Retirement plan	Third-party sick pay
	X	

e Employee's name, address and ZIP code
SHRADHA JUNEJA
344 SHILOH STREET
APT 204
CINCINNATI OH 45220

2022 Form W-2

15 State Employer's state I.D. no. OH 51-086128	16 State wages, tips, etc. 43941.97
--	--

Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

17 State income tax 1288.30	18 Local wages, tips, etc. 46356.84
19 Local income tax 834.43	20 Locality name CINCI

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.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

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e Employee's name, address and ZIP code
SHRADHA JUNEJA
344 SHILOH STREET
APT 204
CINCINNATI OH 45220

2022 Form W-2

15 State Employer's state I.D. no. OH 51-086128	16 State wages, tips, etc. 43941.97
--	--

Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

17 State income tax 1288.30	18 Local wages, tips, etc. 46356.84
19 Local income tax 834.43	20 Locality name CINCI

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

d Control Number E455051	1 Wages, tips, other compensation 43941.97	2 Federal income tax withheld 7464.80
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	X	

e Employee's name, address and ZIP code
SHRADHA JUNEJA
344 SHILOH STREET
APT 204
CINCINNATI OH 45220

2022 Form W-2

15 State Employer's state I.D. no. OH 51-086128	16 State wages, tips, etc. 43941.97
--	--

Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

17 State income tax 1288.30	18 Local wages, tips, etc. 46356.84
19 Local income tax 834.43	20 Locality name CINCI

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

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e Employee's name, address and ZIP code
SHRADHA JUNEJA
344 SHILOH STREET
APT 204
CINCINNATI OH 45220

2022 Form W-2

15 State Employer's state I.D. no. OH 51-086128	16 State wages, tips, etc. 43941.97
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Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

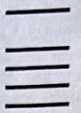
17 State income tax 1288.30	18 Local wages, tips, etc. 46356.84
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Department of the Treasury - Internal Revenue Service

2022 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 2022
 Copy C for employee's records. OMB No. 1545-0008

d Control number 112570 LOS2/MU5	Dept. 173100	Corp. A	Employer use only 15022
c 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			
b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-5187		
1 Wages, tips, other comp. 91573.51	2 Federal income tax withheld 17813.09		
3 Social security wages 93513.49	4 Social security tax withheld 5797.84		
5 Medicare wages and tips 93513.49	6 Medicare tax withheld 1355.95		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 60.34		
14 Other	12b D 1939.98		
	12c DD 4789.33		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. WA	16 State wages, tips, etc.		
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	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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Fold and Detach Here

1 Wages, tips, other comp. 91573.51	2 Federal income tax withheld 17813.09		
3 Social security wages 93513.49	4 Social security tax withheld 5797.84		
5 Medicare wages and tips 93513.49	6 Medicare tax withheld 1355.95		
d Control number 112570 LOS2/MU5	Dept. 173100	Corp. A	Employer use only 15022
c Employer's name, address, and ZIP code 602-201-54 AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108			
b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-5187		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 60.34		
14 Other	12b D 1939.98		
	12c DD 4789.33		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code SHRADHA JUNEJA 1122 23RD AVE B633 SEATTLE WA 98122			
15 State Employer's state ID no. WA	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

Federal Filing Copy
W-2 Wage and Tax Statement 2022
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 91573.51	2 Federal income tax withheld 17813.09		
3 Social security wages 93513.49	4 Social security tax withheld 5797.84		
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c Employer's name, address, and ZIP code 602-201-54 AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108			
b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-5187		
7 Social security tips	8 Allocated tips		
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11 Nonqualified plans	12a C 60.34		
14 Other	12b D 1939.98		
	12c DD 4789.33		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code SHRADHA JUNEJA 1122 23RD AVE B633 SEATTLE WA 98122			
15 State Employer's state ID no. WA	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

WA. State Reference Copy
W-2 Wage and Tax Statement 2022
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

1 Wages, tips, other comp. 91573.51	2 Federal income tax withheld 17813.09		
3 Social security wages 93513.49	4 Social security tax withheld 5797.84		
5 Medicare wages and tips 93513.49	6 Medicare tax withheld 1355.95		
d Control number 112570 LOS2/MU5	Dept. 173100	Corp. A	Employer use only 15022
c Employer's name, address, and ZIP code 602-201-54 AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108			
b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-5187		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a C 60.34		
14 Other	12b D 1939.98		
	12c DD 4789.33		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
e/f Employee's name, address and ZIP code SHRADHA JUNEJA 1122 23RD AVE B633 SEATTLE WA 98122			
15 State Employer's state ID no. WA	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

WA. State Filing Copy
W-2 Wage and Tax Statement 2022
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

CORRECTED (if checked)

Date Printed 01/18/2023

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-877-215-4015			1 Gross distribution \$24,436.94	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S TIN 84-1455663			2a Taxable amount \$0.00	Total distribution <input checked="" type="checkbox"/>			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SHRADHA JUNEJA 344 SHILOH STREET APT 204 CINCINNATI, OH 45220			2b Taxable amount not determined <input type="checkbox"/>	4 Federal income tax withheld	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.		
RECIPIENT'S TIN ***-**-5187			3 Capital gain (included in box 2a)	5 Employee contributions/Designated Roth contributions or insurance premiums			
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	18 Name of locality OH/52519724	19 Local distribution
Account number (see instructions) 150093			13 Date of payment	16 State distribution			

Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

Date Printed 01/18/2023

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-877-215-4015			1 Gross distribution \$24,436.94	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S TIN 84-1455663			2a Taxable amount \$0.00	Total distribution <input checked="" type="checkbox"/>			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SHRADHA JUNEJA 344 SHILOH STREET APT 204 CINCINNATI, OH 45220			2b Taxable amount not determined <input type="checkbox"/>	4 Federal income tax withheld	Copy C For Recipient's Records		
RECIPIENT'S TIN ***-**-5187			3 Capital gain (included in box 2a)	5 Employee contributions/Designated Roth contributions or insurance premiums			
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	18 Name of locality OH/52519724	19 Local distribution
Account number (see instructions) 150093			13 Date of payment	16 State distribution			

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

Date Printed 01/18/2023

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 1-877-215-4015			1 Gross distribution \$24,436.94	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
PAYER'S TIN 84-1455663			2a Taxable amount \$0.00	Total distribution <input checked="" type="checkbox"/>			
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code SHRADHA JUNEJA 344 SHILOH STREET APT 204 CINCINNATI, OH 45220			2b Taxable amount not determined <input type="checkbox"/>	4 Federal income tax withheld	Copy 2 File this copy with your state, city, or local income tax return, when required.		
RECIPIENT'S TIN ***-**-5187			3 Capital gain (included in box 2a)	5 Employee contributions/Designated Roth contributions or insurance premiums			
10 Amount allocable to IRR within 5 years			11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	18 Name of locality OH/52519724	19 Local distribution
Account number (see instructions) 150093			13 Date of payment	16 State distribution			

Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251 600320
2022

Part I Employee			2 Social security number (SSN) ***-**-5187			Applicable Large Employer Member (Employer)			8 Employer identification number (EIN) 31-0676865			
1 Name of employee (first name, middle initial, last name) SHRADHA JUNEJA						7 Name of employer FIFTH THIRD BANK, N.A.						
3 Street address (including apartment no.) 344 SHILOH STREET APT 204						9 Street address (including room or suite no.) 38 FOUNTAIN SQUARE PLAZA						10 Contact telephone number 877-534-7482
4 City or town CINCINNATI		5 State or province OH		6 Country and ZIP or foreign postal code 45220		11 City or town CINCINNATI		12 State or province OH		13 Country and ZIP or foreign postal code 45263		

Part II Employee Offer of Coverage		Employee's Age on January 1 26												Plan Start Month (enter 2-digit number): 01
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)			1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)		\$	\$ 123.13	\$ 123.13	\$ 123.13	\$ 123.13	\$ 123.13	\$ 123.13	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2C	2C	2C	2C	2C	2C	2A	2A	2A	2A	2A	2A
17 ZIP Code														

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18 SHRADHA JUNEJA	***-**-5187			X	X	X	X	X	X								
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251 600120
2022

Part I Employee

1 Name of employee (first name, middle initial, last name) SHRADHA JUNEJA		2 Social security number (SSN) XXX-XX-5187	7 Name of employer AMAZON.COM SERVICES LLC		8 Employer identification number (EIN) 82-0544687
3 Street address (including apartment no.) 1122 23RD AVE B633			9 Street address (including room or suite no.) PO BOX 81226		10 Contact telephone number 866-644-2696
4 City or town SEATTLE	5 State or province WA	6 Country and ZIP or foreign postal code US 98122	11 City or town SEATTLE	12 State or province WA	13 Country and ZIP or foreign postal code US 98108

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 04

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)	\$	\$	\$	\$	\$	\$	\$	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2022)

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage														
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
18	SHRADHA JUNEJA	XXX-XX-5187											X	X	X	X	X	X	X
19																			
20																			
21																			
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