

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	109820.96	16929.54
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a refundable penalty or other action may be imposed on you if this income is taxable and you fail to report it.	3 Social security wages	4 Social security tax withheld
	117193.20	7265.98
	5 Medicare wages and tips	6 Medicare tax withheld
	117193.20	1699.30

e Employer's name, address, and ZIP code
 LOWE'S HOME CENTERS, LLC
 1-844-475-6937
 1000 LOWE'S BLVD
 MOORESVILLE, NC 28117

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 37.68
12b D 7372.24	12c DD 6627.12	12d
12e	b Employer identification number (EIN) 56-0748358	a Employee's social security number ***-**-4238
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code
 ARJUN JUJJURI
 APT 14105
 4400 W UNIVERSITY BLVD
 DALLAS, TX 75209-3888

Form W-2 Wage and Tax Statement 2022

15 State Employer's state ID number
 16 State wages, tips, etc.
 17 State income tax
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

Import Code: W6WTDNCF

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

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Copy 2 - To Be Filed with Employee's State, City, or Local Income Tax Return.

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 4400 W UNIVERSITY BLVD
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Copy B - To Be Filed With Employee's FEDERAL Tax Return.

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 LOWE'S HOME CENTERS, LLC
 1-844-475-6937
 1000 LOWE'S BLVD
 MOORESVILLE, NC 28117

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Form W-2 Wage and Tax Statement 2022

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

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.

Applicable Large Employer Member (Employer)

Form 1095-C
Department of the Treasury
Internal Revenue Service

Part I Employee
1 Name of employee (first name, middle initial, last name) ARJUN JUJURI
2 Social security number (SSN) ****-**-4238
8 Employer identification number (EIN) 56-0748358

3 Street address (including apartment no.) 4400 W UNIVERSITY BLVD APT 14105
9 Street address (including room or suite no.) LOWES HOME CENTERS, INC.
PO BOX 1111 HWY 268E
10 Contact telephone number (844) 475-6937

4 City or town DALLAS 5 State or province TX
6 Country and ZIP or foreign postal code 75209-3888
11 City or town N WILKESBORO 12 State or province NC
13 Country and ZIP or foreign postal code 28656

Part II Employee Offer of Coverage
Employee's Age on January 1 Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	Employee's Age on January 1													
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
1E	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84	\$ 101.84
2C															

16 Section 4980H
Sole Harbor and
Other Reflet (enter
code, if applicable)

17 ZIP Code

Part III Covered Individuals

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

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Arjun Jujuri	****-**-4238		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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