| 1057 Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | <u>_</u> _ | 1 Wages, tips, other con | | 2 Feder | | tax withheld |
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| 15 State Employer's state ID no. | 5 | 2300.44 | • | | | | | |
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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.

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 (ACI) 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. 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.
Cost of employer-sponsored health coverage (if such cost Is

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 \$\$,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.

(See also Instructions for Employee on the back of Copy C.)

Instructions for Employee (See also Notice to Employee on the back of Cpy B.)

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

Box 2. Enter this amount on the federal boome tax withhald line of your tax return

Box 6. You may be required to report this amount on Form 8950, Additional Medica

Tax. See the Form 1040 instructions to determine if you are required to complete

From ISSISI.

Box 6. This smount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 6, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shows 2500,000.

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 1000 instructions.

tips on your tax return, see the Form 1000 historications. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your Income tax return to report at least the aflocated tip amount unless you can prove with adequate records tibly you notewhed, amount out that the records that show the actual amount of tips you received, report that emount 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 form 4137, your social security tips will be cradited to your social security monoth (used to figure you benefits), but the social security of the social to you tax remains included the total dependent care benefits that your employer paid to you or incurred on your behalf (recluding amounts from a social middle) (all celebrating the 1000 or 100

to you or inclusion of your behald, including shrouths from a section 1.5 general permitting that Any similar from your employer's plant first is a lost included in box 1.5 see Form 2441, Box 11. This emount is (ii) reported in box 1 if it is a distribution made to you from a nonqualified deferred compressation or nongovernmental section 457(b) piam, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified deferred compressation or nongovernmental section 457(b) piam that became table for section 457(b) piam that became table to be compressed to no longer a substitution into of forefations of your right to the deferred became breath on to longer a substitution into 6 forefation of your right to the deferred became breath on the became and the section of your report of your display of the deferred selector (year, and you are or will be age 62 by the end of the calendar year, your employer should be form \$52.4.31, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Sex 1.2. The following Lat explains the codes shown in box 12. You may need this information to complete your tax mann. Bective defended goode D, E, E and S) and designated Refrix contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only) have SMPIE, plans; \$23,500 for section 405(b) plans if you qualify for the 15-year nize explanded in Pub. 571, Deformals under code G are finited to \$20,500. Deferrab 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 determal of up to \$15,500 (\$3,000 for section 401)(\$131 and 405(\$) SIMPLE plane). This additional deferral amount is not subject to the overall limit on elective determals. For cook 0, the limit on elective determals may be higher for the last 3 years before your reach retirement age. Contact your plan admirable to to make information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1940 instructions.

the ream tives instructions. As the state of the state of

A —Uncollected social security or RRTA tax on tips, include this tax on Form 1040 or ID40-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,

B – Uncollected Medicars 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 wags base), and 5)

D – Becthe deferrals to a section 401(6) cash or deferred arrangement. Also Includes offerends under SIMPLE retirement account that is part of a section 401(6) carmygement.

E – Becthe deferrals under a section 405(6) salary reduction sgreenent.

F – Becthe deferrals and employer contributions (including nonelective deferrals) to a section 405(6) deferred compensation plan.

H – Becthe deferrals as a section 501(6)(18(0)) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

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

K – 20% excite its on excess golden prandrate payments. See the Form 1040 instructions.

L – Substantished employee business expense reimbursements (nortaxable) and Indian Medican tax on excess golden prandrates active contribution over \$50,000 (former employees only). See the Form 1040 instructions.

M – Uncoelected Medicans tax on actable cost of group-term life Insurance over \$50,000 (former employees only). See the Form 1040 instructions.

M – Uncoelected Medicans tax on actable 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

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

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

T—Adoption benefits (not included in box 1). Complete Form 8339, Quasified 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.

for reporting requirements. We Employee contributes (including amounts the amployee elected to contribute using a section 125 (categoria) plant to your health savings account. Report on Form 8889, Health Savings Accounts (1524).

**Purplements under a section 409A nonsquasted deterred compensation plan Z—Income under a nonqualified deferred compensation plan that falls to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% fixx plus interest. See the Form 1040 instructions.

AA-Designated Roth contributions under a section 40180 plan. BB - Designated Roth contributions under a section 403(b) plan

 Cost of employer-sponsored health coverage. The autexable. orted with code DD

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)

pasr. FF--Pennitted benefits under a qualified small employer health reimbu

| 0980 | 7 Spaint popurity tion | 1 Wages, tips, other comp. | 2 Federal income tax withheld |
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| GRANITE CITY IL 62040-4513 | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 |
| e Employee's name, address, and ZIP code Suff. | 13 Statutory Retirement Third-party skick pay | 14 Other | 12b |
| NIKHIL C TADAKA | b Employer identification number (E | NN | 12c |
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| GRANITE CITY, IL 62040 | 171-19-6973 | _ | Con |
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| 1L 37-6001424 12726.50 | 629.95 | | |
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| 0980 | 7 Social security tips | negligence penalty or other sanction may be import 1 Wages, tips, other comp. | levenue Service. If you are required to file a tax return, a sed on you if this income is taxable and you fall to report if 2 Federal income tax withheld |
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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 correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable. information only. The amount reported with code IDI is not taxable. Credit for excess taxes. If you had more than one employer in 2022 and more than \$3,114 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.

(See also Instructions for Employee on the back of Copy C.)

ctions for Employee (See also Notice to Employee on the back of Cpy B.)

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.

Form 8959, Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips almount in box 5, so well as the 6.5% 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 figs on your text nature, see the form 1000 instructions.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report figs on your tax return, see the form 1040 instructions.

You must file Form 4137, Social Security and Medicare Xx on thresported Tip income, with your honor tax return from the proport at least the allocated tip amount unless you can prove with adequate repords that you received a smaller amount. If you have records that show the extural amount of tips you received, report that amount of tips you creative, report that affects that show the extural amount of tips you creative, report that show the extural amount of tips you creative, report that show the extural amount of tips you creative. It is not so that show the extural amount of tips you creative. The tips is not received to the exturbed to th

However, if you were at least age 60 in 2022, your employer may have allowed an additional defermit of up to \$5,900 (\$3,000 for section 401(0)(11) and 405(c) SMPLE plants). This abclosural defermal remount is not subject to the ownsit limit on stactive deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before your result militerment age. Contract your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be bributed in income. See the form 1040 instructions.

the form 1040 instructions. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up person contribution for a prior year(s) when you were in military service, To figure whether you made excess defermits, consider these emounts for the year-chown, 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. 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,

Form 1040 instructions, C—Taxable cost of group-term life insurance over \$30,000 (included in boxes 1, 3 (up to the social security wage base), and 5) D—Elective deferrals to a section 401(h) cash or deferred arrangement. Also includes defends under a SIMP-IE retirement account that is part of a section 401(h) arrangement.

defends under a SIMPLE retirement account that is part of a section 401 (k) errangeme E-Bochhy defends under a section 405(k) salary reduction agreement. F-Becthe defermats under a section 405(k)(ii) salary reduction SEP G-Becthe defermats and employer combinations final defending ponelective defermats) to a section 457(k) deferred compression plan. H-Becthe defermats to a section 501(k)(18(M) tax-exempt organization plan. See the Ferm 1040 instructions for how to deduct.

From 1040 (Battactions in From to docume).

— Horitarsible sick prey (information only, not included in box 1, 3, or 5)

K—2014 cocise tax on excess golden parantuse payments. See the Form 1040 instructions.

Le-Substantished employee business expenses enhancemental injectiousable)

M—Uncollected social security or FIRTA fax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Term 1040 Instructions.

N — Lincobe Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 ner 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)

taxable combat pay. See the Form 1040 instructions for details on reporting this

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

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

To applicate from 8339, Quatified Adoption Expenses, to figure any taxable and nontaxable emounts.

xperiese, to figure any taxable and nontaxable amounts.

— Income from excited an onstatutory stock option(s) (included in boxes 1, 3 (up to re-social security ways base), and 5). See Pub. \$25, Taxable and Nontaxable income, or reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using section 125 (calisteria) plan) to your health servings account. Report on Form 8899, section 130 (calisteria) plan) to your health servings account. Report on Form 8899,

Y-Deferrals under a section 409A conqualified deferred compensation plan

— veremas under a section 409A conquelled deferred compensation plan.
Z— income under a nonquelled deferred compensation plan that field to satisfy section 409A. This amount is also included in lost 1. It is extipact to an authorial 20% tax plus interest. See the Form 1040 instructions.
A— Designated Roth contributions under a section 407(n) plan.
BB—Designated Roth contributions.

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)

FF—Permitted benefits under a qualified small employer health reimburs

GG-income from qualified equity grants under section 63(i)

GG—Income from qualified equity grants under section 83g 164—Aggregate defensely under accident 83g 164—Aggregate defensely under accident 83g elections as of the close of the calendar year Box 13. If the "Retirement plan" box is checked, special finitial mice gapty to the amount of the defensely accident accident and the second section of the contributions to the defensely accident acci

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NIKHIL C TADAKA 4033 SARA ST GRANITE CITY IL 62040

| Form 1 U95 |)-[; | Emp | oloyer-Pr | 'ovided | Health Ins | surance | e Uffer | and | Cove | rage | | _ | | | | OWR MO | . 1545-22 | 51 | | |
|---|--------------------|---|-------------|--------------|-----------------------|-------------|-------------|--|--------------|---------|---------|----------|-----------|---------|---------|---|-----------|-----|--|--|
| Department of the | Treasury | | | | ch to your tax rel | • | | | | | | | | | | 2022 | | | | |
| Part I - Em | | | Go to ww | | orm1095C for ins | tructions a | | | | argo | Emple | vor M | ombor | /Cmr | lovor) | | | · | | |
| | SSNI | - Applicable Large Employer Member (Employer) 7 Name of employer 8 Employer identification number | | | | | | | | | | | | | | | | | | |
| 1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) NIKHIL C TAPAKA 171–19–6973 | | | | | | | | CITY OF GRANITE CITY 37–6001424 | | | | | | | | | | | | |
| 3 Street address (including apartment no.) | | | | | | | | 9 Street address (including room or suite no.) 10 Contact telephone number | | | | | | | | | | | | |
| 4033 SARA ST | | | | | | | | 2000 EDISON AVENUE 618-452-6235 | | | | | | | | | | | | |
| 4 City or town 5 State or province 6 Country and ZIP or foreign postal of CPANITE CITY III 62040 | | | | | | | | 11 City or town CRANTIE CITY 12 State or province IL | | | | | | | | 13 Country and ZIP or foreign postal code 62040-4513 | | | | |
| Part II Em | ployee Off | er of Cover | age | | Employee's | Age on J | January : | 1 2 | 25 | Pla | n Star | t Mont | h (ente | r 2-dig | it numb | er): | 01 | | | |
| | All 12 Months | | Feb | Mar | Apr | May | June | , | July | _ | Aug | Se | | Oct | | Nov | | Dec | | |
| 14 Offer of Coverage (enter required code) | | 1H | 1H | 1H | 1A | 1A | 1A |] | IA. | 124 | 1A 1A | | | 1A | | 1A | | | | |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | t | \$ | \$ | | * | | \$ | \$ | | • | | s | | | |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2A. | 2A | 2A | 200 | 2C | 2c | <u>¥_</u> | c | 20 | | 2C | | 2C | 2 | 2C | 20 | ; | | |
| | vered Indiv | | red coverag | e, check th | ne box and enter | the inform | ation for e | each inc | dividual | enrolle | d in co | verage, | includi | ng the | employ | ее. [|] | | | |
| | e of covered Ind | | (b) SSN o | or other TIN | (c) DOB (if SSN or of | | | | | | |) Months | of covera | age | | | | | | |
| First nam | e, middle initial, | last name | | | TIN is not available | all 12 mor | ntha Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
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Instructions for Recipient

INSTRUCTIONS for Heciphent
You are receiving this Form 1095-C because your amployer is an Applicable Large Employer subject to
the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes
information about the health insurance coverage offered to you by your employer. Form 1095-C, Part
II, Includes information about the coverage, if any, your employer offered to you and your spouse and
dependent(s). If you purchased health insurance coverage through the Health insurance Marketplace
and wish to claim the peralitim tax credit, its information will essist you in determining whether you
are eligible. For more information about the promition tax credit, see Pub. 974, Prenium Tax Credit
(PTC). You are yecceive multiple Forms 1095-C if you had matiple employers during the year that were
Applicable Large Employers
(PTC). You are new position of employment with another Applicable Large Employer
and began a new position of employment with another Applicable Large Employer
and began anew position of employment with another Applicable Large Employer
the employer is not form 1095-C would have information only about the health insurance coverage offered to you by
the employer identified on the form. If your employer is not an Applicable Large Employer, it is not
required to furnish you a Form 1095-C providing information about the health coverage it offered.
In addition, if you, or any offers highly who is offered health coverage because of their relationship

required to furnish you a Form 1085-C providing information about the health coverage it offered. In addition, if you, or any other hidvidual who is offered health overage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan reterred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, by many not be eligible for the premium tax credit. If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the overage separately on Form 1095-B. Health Coverage. Similarly, If you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a report information about that coverage on Form 1095-B. In you or a family member enrolled in expect information about that coverage on Form 1095-B. Health insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to early family members covered under a self-insured employer-sponsored plan isted in Part III they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.frs.gov/ACA or call the IRS Healthcare Hotline for ACA questions (800-918-0452).

Part I. Employee

Lines 1-6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)

Lines 7–13. Part I, lines 7 through 13, reports information about your employer.

Lino 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information reported on the form or to report errors in the information on the form and ask

Part II. Employer Offer of Coverage, Lines 14-17

Part II. Employer Offer of Coverage, Lines 14–17
Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (if you received an offer of coverage through a historication on line 14 states to alightlift you coverage through a minor part of the state of the coverage state of the state of

Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your apouse or dependent(s).

coverage NOI offered to your apouse or dependentles.

10. All initime essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependentle) but NOT your spouse.

10. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

15. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F, Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

10. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxee for all 12 calendar months on line 14.

uma 1a.
HI. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

11. Reserved for future use.

1.1. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your

seperationary.

IX. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

IL Individual coverage health rolimbursement arrangement (FIRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

determined by using employee's primary residence ZIP code.

IN. Individual coverage HRA offered to you, spouse, and dependent(e) with effordability determined by using employee's primary residence ZIP code.

10. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability asfo harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment is 2IP code affordability safe harbor.

10. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

employment site ZiP code acroadant salts narror.

IR. Individual coverage HRA that is NOT effortable offered to you; employee and spouse or dependentle); or employee, spouse, and dependents.

S. Individual coverage HRA offered to an Individual who was not a full-time employee, 11. Individual coverage HRA offered to employee and spouse (no dependents) with affordable determined using employee's primary residence ZIP code.

Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code effordability safe harbor.
 Reserved for future use.

1W. Reserved for future use. 1X. Reserved for future use

IW. Reserved for future use.

17. Reserved for future use.

18. Reserved for future use.

19. Re

Part III. Covered Individuals, Lines 18-30

Part III covered Individuals, Lines 18–30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual including any hill-line employee and non-hill-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "saif-insured." A date of birth will be entered in column (o) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (o). Column (o) will be checked if the individual was covered for at least one day in every morth of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which those individuals were covered. If there are more than 13 covered individuals, sedditional copies of page 3 may be used.

NIKHIL C TADAKA 4033 SARA ST GRANITE CITY IL 62040

| Employer-Provided Health Insurance Offer and Coverage | | | | | | | | | | , | □ ' | OID | | 1 | OMB No | 10120 81 | | | | |
|--|-----------------|--------------|--------------|---------------|---|-------------|-------------------|-------------------------------|--------------------|----------|------------------------|----------|---------|--------------|---|-----------------------------------|---------------|-----------|--|--|
| Department of the Treasury Do not attach to your tax return. Reep | | | | | | | | cords. | | | | | CORRI | ECTE | D ☐ | 2022 | | | | |
| Internal Revenue Service Go to www.irs.gov/Form1095C for instructions | | | | | | | | | mation. cable l | 'OFAG | Emple | war M | amhar | - (Em | nlover | === | | <u> </u> | | |
| 1 Name of emplo | | | | | ial security number (S | SSN) | 7 Name of | | | Large | Emple | yei iri | ennei | | Employer) | identifica | ation num | ber (EIN) | | |
| NIKHIL C TADAKA 171-19-6973 | | | | | | | CITY (| | | | | | | | 37-6001424 | | | | | |
| 3 Street address (including apartment no.) 4033 SARA ST | | | | | | | | | | | | | | | | act telephone number -452-6235 | | | | |
| 4 City or town CRANITE CITY 5 State or province IL | | | | | 8 Country and ZIP or foreign postal code 62040 | | | 11 City or town CRANLIE CITY | | | | ovince | | 1: | 13 Country and ZIP or foreign postal code 62040-4513 | | | | | |
| Part II Em | ployee O | ffer of Cove | rage | | Employee's | Age on J | anuary ' | 1 . | 25 | Pla | Plan Start Month (ente | | | | git numb | 01 | | | | |
| | All 12 Mon | ths Jan | Feb | Mar | Apr | May | June | , | July | , , | Aug | Se | pt | Oc | 1 | Nov | 1 | Dec | | |
| 14 Offer of Coverage (enter required code) | | 1A | 1A | 1A | 1H | 1H | 1H | : | 1H | 115 | | 1H | | 1H | : | lH | 114 | I | | |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ \$ | ; | €9 | \$ | | \$ | | - \$ | \$ | i | \$ | | \$ | | | |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2c | 2c | 2C | 2A | 2A. | 2A_ | | 2A | 27 | | 2A | | 2A | | 2A | 2P | 1 | | |
| | vered Ind | | ured coverac | ne check th | e box and enter | the informa | ation for a | each inc | dividual | enrolle | d in co | verage | includi | na the | employ | | <u> </u> 1 | | | |
| | e of covered | | | or other TIN | (c) DOB (if SSN or ot) | | | acii iii | <u>urridual</u> | 01110110 | |) Months | | | employ | ъс | | | | |
| | e, middle initi | | (D) 55W | Or Other 1114 | T(N is not available | | | | | Apr | | | July | _ | | Sept Oct | | Nov Dec | | |
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Form 1095-C (2022)

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Instructions for Recipient

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to this employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependently, if you purchased health insurance coverage through the Health Insurance hashing the growth of the product of the product of the product of the Health Insurance hashing the your seedigible. For more information are premium tax credit, see Pub. 974, Premium This Credit [PTO]. You may receive multiple Forms 1095-C If you had multiple employers during the year that were Applicable Large Employer, for example, you left employmant with one Applicable Large Employer. In the stuation of the publication of th



Employers are required to furnish Form 1095-C only to the employee. As the recip this Form 1095-C, you should provide a copy to any family members covered und self-insured employer-sponsored plan listed in Part III if they request it for their rec

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/ACA or call the IRS Healthcare Hottine for ACA questions (500-918-0452).

Part I. Employee

Lines 1-6, Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)

Lines 7–13. Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a talephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask

that they be corrected.

Part II. Employer Offer of Coverage, Lines 14–17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependentle), if any, (if you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependentle). For more information about the promium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or isself an 9.5% (as adjusted) of the 40 contiguous state single federal poverty line and minimum essential coverage offered to your spouse and dependently (reformed to here as a Qualifying Offer, This code may be used to report for specific months for which Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5% (visit IRS.gov.

calendar year. For Information on the adjustment of the 9.5%, vist IRS.gov.

18. Minhrum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dopendent(s).

10. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

10. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

11. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F, Minimum assential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

10. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-opensored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on

TH. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage),

1L Reserved for future use.

In reserved or invariant use.

14. Minimum essential coverage providing minimum value offered to you; minimum essent conditionally offered to your spouse; and minimum essential coverage NOT offered to you dependent(s).

conditionally affered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

It Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

It Individual coverage health relimbursement arrangement (HPA) offered to you only with affordability determined by using employee's primary residence ZIP code.

ceremined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

10. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

employment site ZIP code affordability safe harbor.

RI. Individual coverage IRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

15. Individual coverage IRA offered to an individual who was not a full-time employee.

TI. Individual coverage IRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

IU. Individual coverage IRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

IV. Reserved for future use.

W. Reserved for future use.

1W. Reserved for future use 1X. Reserved for future use. 1Y. Reserved for future use.

1Z. Reserved for future use.

117. Reserved for future use.

127. Reserved for future use.

Line 18. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum assential coverage providing minimum value that your employer offered your. For an individual coverage HRA, the employer required contribution is the excess of the monthly premium based on the employee's applicable use for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12, 8ee the instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as famely coverage. Line 15 will show an amount only food 18, 10, 10, 11, 11, 11, 11, 11, 11, 10, 11, or 10, 11 or 11 is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the semiount power information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit 185, gov.

Line 16, This code provides the IRS information to administer the employer shared responsibility provisions. Chart than a code 2C, which reflects your entitlenent in your employer accertage, none of this information affects your cellpibility for the premium tax credit. For more information about the employer the area and provided the provisions. Alt, IRS, gov.

Line 17, This line reports the applicable 2IP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 11, 11, 11, 11, 11, 11 and 14, this will be your primary residence location. If code 10, 12, or 10, or 10, or 10 was used on line 14, this will be your primary exidence location. Information about individual coverage HRAs, visit IRS, gov.

Part III. Covered Individuals, Lines 18-30

Part III. Covered Induviduals, Lines 18–30
Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual finctuding any full-time employee and non-full-time employee, and any employee's family members) covered under the employee's health plan, if the plan is "self-insured." A data of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (c) Column (c) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 13 covered individuals, additional copies of page 3 may be used.