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Part Employee 2 Social security number (SSN) 1 Name of employee (first name, middle initial, last name) 2 XXX—XX—7.2.3.7						SSN) 7 Name of en	7 Name of employer AIRBNB, INC.					8 Employer identification number (EIN) 26-3051428 10 Contact telephone number				
SUDHEER PEDDINENT KALAVA			XXX	-XX-7237			oom or suite no.)	OOR								
Street address (including 6701 S CUST)	g apartment no.) ER RD APT	6423				888 BR	RANNAN S	T 3RD FL	12 State or provin	ce ce		13 C	ountry and ZIF S 94103	or foreig	gn postal	code
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17 ZIP Code																
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Form 1095-C (2022)	od Individuals									I⊠				Pad	1320 Page 3	
Form 1095-C (2022) Part III Covere H Emple	d Individuals byer provided se	elf-insured cov	verage, check th	e box and ent	er the informatio	n for each individu	ual enrolled in	coverage, inc	cluding the empl	d l			hs of coverage		Page 3	
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