

**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-0047 600320  
**2022**

**Part I Employee**

**Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) AMBROSE G TUSCANO		2 Social security number (SSN) XXX-XX-6428	7 Name of employer AMAZON WEB SERVICES INC		8 Employer identification number (EIN) 20-4938068
3 Street address (including apartment no.) 13221 COPPERMILL DRIVE			9 Street address (including room or suite no.) PO BOX 81226		10 Contact telephone number 855-644-2696
4 City or town HERNDON	5 State or province VA	6 Country and ZIP or foreign postal code US 20171	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

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$ 33.00	\$ 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	2A	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	AMBROSE G TUSCANO	XXX-XX-6428											X	X	X	X	X	X
19																		
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VOID  
 CORRECTED

OMB No. 1545-2251 600120  
**2022**

**Part I Employee**

**Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) AMBROSE G TUSCANO			2 Social security number (SSN) XXX-XX-6428		7 Name of employer AMAZON.COM SERVICES LLC			8 Employer identification number (EIN) 82-0544687			
3 Street address (including apartment no.) 13221 COPPERMILL DRIVE						9 Street address (including room or suite no.) PO BOX 81226			10 Contact telephone number 866-644-2696		
4 City or town HERNDON		5 State or province VA		6 Country and ZIP or foreign postal code US 20171		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

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 33.00	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2C	2A	2A	2A	2A	2A	2A
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2022)

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600320  
Page 3

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					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
18	AMBROSE G TUSCANO	XXX-XX-6428										X	X							
19																				
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Form 1095-C (2022)





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**

Control number: 068318 LOS2/YPT 734000  
Dept: 734000  
Corp: T  
Employer use only: 40890

Employer's name, address, and ZIP code:  
**AMAZON COM SERVICES LLC**  
PO BOX 80726  
SEATTLE WA 98108

Batch #02742

Employee's name, address, and ZIP code:  
**AMBROSE G TUSCANO**  
13221 COPPERMILL DRIVE  
HERNDON VA 20171

Employer's FED ID number: 82-0544687  
Employee's SSA number: XXX-XX-6428

1 Wages, tips, other comp.: 59188.97  
2 Federal income tax withheld: 11889.73

3 Social security wages  
4 Social security tax withheld

5 Medicare wages and tips  
6 Medicare tax withheld

7 Social security tips  
8 Allocated tips

9  
10 Dependent care benefits

11 Nonqualified plans  
12a See instructions for box 12  
C 24.94

14 Other  
12b D 430.00  
12c W 66.36  
12d DD 1277.62

13 Stat emp. Ret. plan 3rd party sick pay  
X

15 State Employer's state ID no. VA 30820544687F001  
16 State wages, tips, etc.: 59188.97

17 State income tax: 3229.89  
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	VA State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	59,712.31	59,712.31	59,712.31	59,712.31
Plus GTL (C-Box 12)	24.94	24.94	24.94	24.94
Less 401(k) (D-Box 12)	430.00	N/A	N/A	430.00
Less Other Code 125	104.00	104.00	104.00	104.00
Less Code 125 HSA (W-Box 12)	14.28	14.28	14.28	14.28
Less Exempt Wages	N/A	59,618.97	59,618.97	N/A
Reported W-2 Wages	59,188.97	0.00	0.00	59,188.97

Note - Fringe benefits include : Other \$7,000.00

2. Employee Name and Address.

**AMBROSE G TUSCANO**  
13221 COPPERMILL DRIVE  
HERNDON VA 20171

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1 Wages, tips, other comp.: 59188.97  
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d Control number: 068318 LOS2/YPT 734000  
Dept: 734000  
Corp: T  
Employer use only: 40890

c Employer's name, address, and ZIP code:  
**AMAZON COM SERVICES LLC**  
PO BOX 80726  
SEATTLE WA 98108

b Employer's FED ID number: 82-0544687  
Employee's SSA number: XXX-XX-6428

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X

e/f Employee's name, address and ZIP code:  
**AMBROSE G TUSCANO**  
13221 COPPERMILL DRIVE  
HERNDON VA 20171

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16 State wages, tips, etc.: 59188.97

17 State income tax: 3229.89  
18 Local wages, tips, etc.

19 Local income tax  
20 Locality name

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2022**

Copy 2 to be filed with employee's Federal Income Tax Returns.

1 Wages, tips, other comp.: 59188.97  
2 Federal income tax withheld: 11889.73

3 Social security wages  
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Dept: 734000  
Corp: T  
Employer use only: 40890

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**AMAZON COM SERVICES LLC**  
PO BOX 80726  
SEATTLE WA 98108

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e/f Employee's name, address and ZIP code:  
**AMBROSE G TUSCANO**  
13221 COPPERMILL DRIVE  
HERNDON VA 20171

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17 State income tax: 3229.89  
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19 Local income tax  
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**VA State Reference Copy**  
**W-2 Wage and Tax Statement 2022**

Copy 2 to be filed with employee's State Income Tax Returns.

1 Wages, tips, other comp.: 59188.97  
2 Federal income tax withheld: 11889.73

3 Social security wages  
4 Social security tax withheld

5 Medicare wages and tips  
6 Medicare tax withheld

d Control number: 068318 LOS2/YPT 734000  
Dept: 734000  
Corp: T  
Employer use only: 40890

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**AMAZON COM SERVICES LLC**  
PO BOX 80726  
SEATTLE WA 98108

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Employee's SSA number: XXX-XX-6428

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8 Allocated tips

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**AMBROSE G TUSCANO**  
13221 COPPERMILL DRIVE  
HERNDON VA 20171

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18 Local wages, tips, etc.

19 Local income tax  
20 Locality name

**VA State Filing Copy**  
**W-2 Wage and Tax Statement 2022**

Copy 2 to be filed with employee's State Income Tax Returns.



2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy  
**W-2** Wage and Tax Statement 2022  
OMB No. 1545-0008

Copy C for employee's records  
d Control number Dept. Corp. Employer use only  
035994 LOS2/JTU 734000 A 15253

c Employer's name, address, and ZIP code  
AMAZON WEB SERVICES INC  
PO BOX 80726  
SEATTLE WA 98108

Batch #02721

e/f Employee's name, address, and ZIP code  
AMBROSE G TUSCANO  
13221 COPPERMILL DRIVE  
HERNDON VA 20171

b Employer's FED ID number 20-4938068  
a Employee's SSA number XXX-XX-6428

1 Wages, tips, other comp. 62615.36  
2 Federal income tax withheld 10370.21

3 Social security wages 32560.25  
4 Social security tax withheld 2018.74

5 Medicare wages and tips 32560.25  
6 Medicare tax withheld 472.12

7 Social security tips  
8 Allocated tips

9  
10 Dependent care benefits

11 Nonqualified plans  
12a See instructions for box 12 C 74.82

14 Other  
12b D 2579.98  
12c W 331.80  
12d DD 3832.86

13 Stat emp. Ret. plan 3rd party sick pay X  
15 State Employer's state ID no. 16 State wages, tips, etc.  
VA 30204938068F001 62615.36

17 State income tax 3286.92  
18 Local wages, tips, etc.

19 Local income tax  
20 Locality name

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	VA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	65,503.92	65,503.92	65,503.92	65,503.92
Plus GTL (C-Box 12)	74.82	74.82	74.82	74.82
Less 401(k) (D-Box 12)	2,579.98	N/A	N/A	2,579.98
Less Other Cafe 125	312.00	312.00	312.00	312.00
Less Cafe 125 HSA (W-Box 12)	71.40	71.40	71.40	71.40
Less Exempt Wages	N/A	32,635.09	32,635.09	N/A
<b>Reported W-2 Wages</b>	<b>62,615.36</b>	<b>32,560.25</b>	<b>32,560.25</b>	<b>62,615.36</b>

2. Employee Name and Address.

AMBROSE G TUSCANO  
13221 COPPERMILL DRIVE  
HERNDON VA 20171

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1 Wages, tips, other comp. 62615.36	2 Federal income tax withheld 10370.21
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AMAZON WEB SERVICES INC  
PO BOX 80726  
SEATTLE WA 98108

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

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AMAZON WEB SERVICES INC  
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**W-2** Wage and Tax Statement 2022  
OMB No. 1545-0008  
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SEATTLE WA 98108

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VA. State Filing Copy  
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Copy 2 to be filed with employee's State Income Tax Return.