

Form W-2 Wage and Tax Statement 2022

Copy C, for employee's records

d Control number 0943-12113980 0000002168 - MICHIG		Void	c Employer's name, address, and ZIP code BROADGATE INC 830 KIRTS BLVD STE 400 TROY MI 48084-4892		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer identification number (EIN) 20-4904093		a Employee's social security number XXX-XX-4162		1 Wages, tips, other compensation 18304.00		2 Federal income tax withheld 2851.18		
13 Statutory employee Retirement plan Third-party sick pay		14 Other		3 Social security wages 18304.00		4 Social security tax withheld 1134.85		
12 See instructions for box 12		14 Other		5 Medicare wages and tips 18304.00		6 Medicare tax withheld 265.41		
15 State MI		Employer's state ID number 20-4904093		16 State wages, tips, etc. 18304.00		17 State income tax 777.92		
				18 Local wages, tips, etc.		19 Local income tax		
						20 Locality name		

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.

Form W-2 Wage and Tax Statement 2022

Copy B, to be filed with employee's FEDERAL tax return

d Control number 0943-12113980 0000002168 - MICHIG		Void	c Employer's name, address, and ZIP code BROADGATE INC 830 KIRTS BLVD STE 400 TROY MI 48084-4892		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
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Form W-2 Wage and Tax Statement 2022

Copy 2, to be filed with employee's tax return for MI

d Control number 0943-12113980 0000002168 - MICHIG		Void	c Employer's name, address, and ZIP code BROADGATE INC 830 KIRTS BLVD STE 400 TROY MI 48084-4892		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
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b Employer identification number (EIN)		a Employee's social security number		1 Wages, tips, other compensation		2 Federal income tax withheld		
13 Statutory employee Retirement plan Third-party sick pay		14 Other		3 Social security wages		4 Social security tax withheld		
12 See instructions for box 12		14 Other		5 Medicare wages and tips		6 Medicare tax withheld		
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		

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2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2022	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept	Corp.	Employer use only
0000269893 NMY	9946F6	BUU0	A S 238693
c Employer's name, address, and ZIP code			
SAFeway INC PO BOX 52131 PHOENIX, AZ 85072-2131			
e/f Employee's name, address, and ZIP code			
VIKRAM CHOUDHARY 1250 HUNT STREET #2311 RICHARDSON, TX 75082			
b Employer's FED ID number	a Employee's SSA number		
94-3019135	XXX-XX-4162		
1 Wages, tips, other comp.	2 Federal income tax withheld		
188757.85	36739.86		
3 Social security wages	4 Social security tax withheld		
147000.00	9114.00		
5 Medicare wages and tips	6 Medicare tax withheld		
195712.92	2837.84		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 162.96		
	12b D 6955.07		
	12c DD 5215.56		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
MI	94-3019135	48276.56	
17 State income tax	18 Local wages, tips, etc.		
2051.77			
19 Local income tax	20 Locality name		

VIKRAM CHOUDHARY
1250 HUNT STREET #2311
RICHARDSON, TX 75082

Social Security Number: XXX-XX-4162



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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

MI. 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

City or Local Filing Copy

W-2

Wage and Tax Statement

2022

Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

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.

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) VIKRAM CHAUDHARY		2 Social security number (SSN) ****-**-4162		7 Name of employer SAFEWAY INC		8 Employer identification number (EIN) 94-3019135	
3 Street address (including apartment no.) 1250 HUNT ST APT 2311				9 Street address (including room or suite no.) PO BOX 52131		10 Contact telephone number 18882552269	
4 City or town RICHARDSON		5 State or province TX		6 Country and ZIP or foreign postal code 75082-0023		11 City or town PHOENIX	
						12 State or province AZ	
				13 Country and ZIP or foreign postal code 85072-2131			

Part II Employee Offer of Coverage													Employee's Age on January 1			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)		1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E					
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$ 69.68	\$ 69.68	\$ 69.68	\$ 69.68	\$ 69.68	\$ 69.68	\$ 69.68	\$ 69.68	\$ 69.68					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C					
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	Vikram Choudhary	****-**-4162		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
19				<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"/>
20				<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"/>
21				<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"/>
22				<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"/>
23				<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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