

Form **1095-C**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-2251

2022

B00J20

Part I Employee

Applicable Large Employer Member (Employee)

1 Name of employee (first name, middle initial, last name) | 2 Social security number (SSN) | 7 Name of employer | 8 Employer identification number (EIN)

SOURISH | MOTLEY | *****-**-7530 | INTELLIGRATED SERVICES LLC | 46-3306859

3 Street address (including apartment no.) | 4 City or town | 5 State or province | 6 Country and ZIP or foreign postal code | 9 Street address (including room or suite no.) | 10 Contact telephone number

3933 RAVENSFIELD DR | CANTON | MI | 48188-7925 | 1209 ORANGE STREET | WILLMINGTON | DE | (877) 258-3699

11 City or town | 12 State or province | 13 Country and ZIP or foreign postal code

WILLMINGTON | DE | 19801

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (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	
18 Sourish Moley	*****-**-7530		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
INTELLIGRATED SERVICES, LLC
 855 S. MINT ST.
 17TH FLOOR PAYROLL
 CHARLOTTE NC 28202

e Employee's name, address, and ZIP code
SOURISH MOTEY
 3933 RAVENSFIELD DR
 CANTON MI 48188

7 Social security tips			1 Wages, tips, other comp. 28542.21	2 Federal income tax withheld 3849.02		
8 Allocated tips			3 Social security wages	4 Social security tax withheld		
9			5 Medicare wages and tips	6 Medicare tax withheld		
10 Dependent care benefits			11 Nonqualified plans	12a See instructions for box 12 C 14.64		
13 <small>Statutory employee</small> <small>Retirement plan</small> <small>Third party sick pay</small>			14 Other	12b W 510.21		
b Employer identification number (EIN) 46-3306859				12c DD 1705.62		
a Employee's social security no. 330-27-7530				12d		
15 State MI	Employer's state ID no. 46-3306859	16 State wages, tips, etc. 28542.21	17 State income tax 1212.43	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
 OMB No. 1545-0008

Dept. of the Treasury - IRS
 Visit the IRS Web Site at www.irs.gov/efile

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

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15 State Employer's state ID no. OH 530555218	16 State wages, tips, etc.	17 State income tax
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		20 Locality name MASON

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