

| Copy B--To Be Filed With Employee's FEDERAL Tax Return | | | OMB No. 1545-0008 | | |
|--|--|---|--------------------------------|--|--|
| This information is being furnished to the Internal Revenue Service. | | | | | |
| a. Employee's social security number 692-17-3333 | 1. Wages, tips, other compensation 15030.40 | 2. Federal income tax withheld 2577.23 | | | |
| b. Employer ID number (EIN) 36-3130008 | 3. Social security wages 15342.90 | 4. Social security tax withheld 951.26 | | | |
| d. Control number 4037-2776 | 5. Medicare wages and tips 15342.90 | 6. Medicare tax withheld 222.47 | | | |
| c. Employer's name, address, and ZIP code Svanaco, Inc 2600 S River Road Des Plaines, IL 60018-0000 | | | | | |
| e. Employee's name, address, and ZIP code Arjun Ankathatti Chandrashekara 8536 W. Gregory Street Apt 1S Chicago, IL 60656 | | | | | |
| 7. Social security tips | 8. Allocated tips | 9. | | | |
| 10. Dependent care benefits | 11. Nonqualified plans | 12a. Code See inst. for Box 12 DD 855.95 | | | |
| 13. Statutory employee | 14. Other | 12b. Code D 312.50 | | | |
| Retirement plan Y | | 12c. Code | | | |
| Third-party sick pay | | 12d. Code | | | |
| 15. State IL | Employer's state ID number 36-3130008 | 16. State wages, tips, etc. 15030.40 | 17. State income tax 729.00 | | |
| 18. Local wages, tips, etc. | 19. Local income tax | 20. Locality name | | | |

Form W-2 Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

| Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return | | | OMB No. 1545-0008 | | |
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Form W-2 Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

| Copy C--For EMPLOYEE'S RECORDS(See Notice to Employee.) | | | OMB No. 1545-0008 | | |
|--|--|---|--------------------------------|--|--|
| 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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Form W-2 Wage and Tax Statement **2022** Department of the Treasury - Internal Revenue Service

Svanaco, Inc
 2600 S River Road
 Des Plaines IL, 60018-0000

Ariun Ankathatti Chandrashekara
 8536 W. Gregory Street Apt 1S
 Chicago, IL 60656

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.

VOID

CORRECTED

OMB No. 1545-2251

2022

| Part I Employee | | | Applicable Large Employer Member (Employer) | | | |
|--|----------------------------------|---|--|-----------------------------------|---|--|
| 1 Name of employee (first name, middle initial, last name) Arjun Ankathatti Chandrashekara | | 2 Social security number (SSN) 692-17-3333 | 7 Name of employer Svanaco, Inc | | 8 Employer identification number (EIN) 36-3130008 | |
| 3 Street address (including apartment no.) 8536 W. Gregory Street Apt 1S | | | 9 Street address (including room or suite no.) 2600 S River Road | | 10 Contact telephone number 847-699-0300 x3010 | |
| 4 City or town Chicago | 5 State or province IL | 6 Country and ZIP or foreign postal code US 60656 | 11 City or town Des Plaines | 12 State or province IL | 13 Country and ZIP or foreign postal code US 60018-0000 | |

| 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) | | 1A | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H | 1H |
| 15 Employee Required Contribution (see instructions) | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2C | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2A | 2A |
| 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 Arjun | Ankathatti | 692-17-3333 | | X | | | | | | | | | | | | | |
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