

b Employer identification number (EIN)		58-0566256		12a See Instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322		DD 2260.05	17632.00	1751.53
e/f Employee's name, address, and ZIP code		FNU AMADUDDIN APT 6 2194 N DECATUR RD DECATUR, GA 30033-5320		12b	3 Social security wages	4 Social security tax withheld
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				12d	7 Social security tips	8 Allocated tips
				12e	9	10 Dependent care benefits
				This information is being furnished to the Internal Revenue Service		11 Nonqualified plans
				Copy B--To Be Filed With Employee's FEDERAL Tax Return		13 Statutory employee Retirement plan Third-party sick pay
				a Employee's social security number		14 Other Pre Tax Benefits 288.00
				699-29-4179		
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
GA	3745984-FU	17632.00	906.64			

Form **W-2** Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B--To Be Filed With Employee's FEDERAL Tax Return

b Employer identification number (EIN)		58-0566256		12a See Instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322		DD 2260.05	17632.00	1751.53
e/f Employee's name, address, and ZIP code		FNU AMADUDDIN APT 6 2194 N DECATUR RD DECATUR, GA 30033-5320		12b	3 Social security wages	4 Social security tax withheld
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				12d	7 Social security tips	8 Allocated tips
				12e	9	10 Dependent care benefits
				This information is being furnished to the Internal Revenue Service		11 Nonqualified plans
				Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return		13 Statutory employee Retirement plan Third-party sick pay
				a Employee's social security number		14 Other Pre Tax Benefits 288.00
				699-29-4179		
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
GA	3745984-FU	17632.00	906.64			

Form **W-2** Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return

b Employer identification number (EIN)		58-0566256		12a See Instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322		DD 2260.05	17632.00	1751.53
e/f Employee's name, address, and ZIP code		FNU AMADUDDIN APT 6 2194 N DECATUR RD DECATUR, GA 30033-5320		12b	3 Social security wages	4 Social security tax withheld
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				12d	7 Social security tips	8 Allocated tips
				12e	9	10 Dependent care benefits
				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.		11 Nonqualified plans
				Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return		13 Statutory employee Retirement plan Third-party sick pay
				a Employee's social security number		14 Other Pre Tax Benefits 288.00
				699-29-4179		
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
GA	3745984-FU	17632.00	906.64			

Form **W-2** Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return

b Employer identification number (EIN)		58-0566256		12a See Instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322		DD 2260.05	17632.00	1751.53
e/f Employee's name, address, and ZIP code		FNU AMADUDDIN APT 6 2194 N DECATUR RD DECATUR, GA 30033-5320		12b	3 Social security wages	4 Social security tax withheld
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				12d	7 Social security tips	8 Allocated tips
				12e	9	10 Dependent care benefits
				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.		11 Nonqualified plans
				Copy C--For EMPLOYEE'S RECORDS (see Notice to Employee on back)		13 Statutory employee Retirement plan Third-party sick pay
				a Employee's social security number		14 Other Pre Tax Benefits 288.00
				699-29-4179		
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
GA	3745984-FU	17632.00	906.64			

Form **W-2** Wage and Tax Statement 2022 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C--For EMPLOYEE'S RECORDS (see Notice to Employee on back)

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

GMB No. 1545-2251

**2022**

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) FNU AMADUDDIN		2 Social security number (SSN) 699-29-4179		7 Name of employer EMORY UNIVERSITY		8 Employer identification number (EIN) 58-0566256	
3 Street address (including apartment no.) 2194 N DECATUR RD APT 6				9 Street address (including room or suite no.) 1599 CLIFTON ROAD SUITE 1.105		10 Contact telephone number (404) 727-7613	
4 City or town DECATUR		5 State or province GA		6 Country and ZIP or foreign postal code 30033-5320		11 City or town ATLANTA	
						12 State or province GA	
						13 Country and ZIP or foreign postal code 30322	

Part II Employee Offer of Coverage	Employee's Age on January 1							Plan Start Month (enter 2-digit number): 00					
	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	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		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. <input type="checkbox"/>																					
18	19	20	21	22	23	(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
									<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"/>	<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"/>	<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"/>	<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"/>				

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

Form **1095-C** (2022)