

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2 Wage and Tax Statement		2022	
Copy C for employee's records. OMB No. 1545-0008			
d Control number 0000061978 V5Q	Dept. LJK5	Corp. S	Employer use only 12612
c Employer's name, address, and ZIP code FARMERS GROUP INC 6301 OWENSMOUTH AVE WOODLAND HILLS, CA 91367 70284428			
e/f Employee's name, address, and ZIP code RUPA MINUPURI 2442 ROBIN WAY NORTHLAKE, TX 76247			
b Employer's FED ID number 95-0725935	a Employee's SSA number XXX-XX-4679		
1 Wages, tips, other comp. 71388.61	2 Federal income tax withheld 16224.34		
3 Social security wages 75542.47	4 Social security tax withheld 4683.63		
5 Medicare wages and tips 75542.47	6 Medicare tax withheld 1095.37		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 34.47		
14 Other	12b D 4153.86		
	12c W 200.00		
	12d DD 10573.98		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. GA 2086274-YA	16 State wages, tips, etc. 38007.83		
17 State income tax 2049.36	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	78,880.57	SOCIAL SECURITY TAX WITHHELD	4,683.63
FED. INCOME TAX WITHHELD	16,224.34	BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX WITHHELD	1,095.37
BOX 06 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	2,049.36	SUI/SDI	0.00
BOX 17 OF W-2		BOX 14 OF W-2	
LOCAL INCOME TAX	0.00		
BOX 19 OF W-2			

To change your employee W-4 profile information
file a new W-4 with your payroll department

**RUPA MINUPURI
2442 ROBIN WAY
NORTHLAKE, TX 76247**

Social Security Number: XXX-XX-4679



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PAGE 01 OF 01

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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	

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W-2 Wage and Tax Statement 2022	
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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	

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
294812 LOS2/XAW T 15411

c Employer's name, address, and ZIP code
INFOSYS LIMITED
2400 N GLENVILLE DR C150
RICHARDSON TX 75082

Batch #02832

e/f Employee's name, address, and ZIP code
RUPA MINUPURI
ISABELLINE BLUFF
4280
CUMMING GA 30040

b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-4679
1 Wages, tips, other comp. 89896.42	2 Federal income tax withheld 18834.58
3 Social security wages 89896.42	4 Social security tax withheld 5573.58
5 Medicare wages and tips 89896.42	6 Medicare tax withheld 1303.50
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 20.80
14 Other	12b DD 2735.10
	12c
	12d
13 Stat emp./Ret. plan/3rd party sick pay	
15 State Employer's state ID no. GA 1945856-QS	16 State wages, tips, etc. 89896.42
17 State income tax 4796.23	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	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	90,750.07	90,750.07	90,750.07	90,750.07
Plus GTL (C-Box 12)	20.80	20.80	20.80	20.80
Less Other Cafe 125	874.45	874.45	874.45	874.45
Reported W-2 Wages	89,896.42	89,896.42	89,896.42	89,896.42

2. Employee Name and Address.

RUPA MINUPURI
ISABELLINE BLUFF
4280
CUMMING GA 30040

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1 Wages, tips, other comp. 89896.42	2 Federal income tax withheld 18834.58
3 Social security wages 89896.42	4 Social security tax withheld 5573.58
5 Medicare wages and tips 89896.42	6 Medicare tax withheld 1303.50
d Control number Dept. Corp. Employer use only 294812 LOS2/XAW T 15411	

c Employer's name, address, and ZIP code
INFOSYS LIMITED
2400 N GLENVILLE DR C150
RICHARDSON TX 75082

b Employer's FED ID number 58-1760235	a Employee's SSA number XXX-XX-4679
7 Social security tips	8 Allocated tips
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RUPA MINUPURI
ISABELLINE BLUFF
4280
CUMMING GA 30040

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17 State income tax 4796.23	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 Return.

1 Wages, tips, other comp. 89896.42	2 Federal income tax withheld 18834.58
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2400 N GLENVILLE DR C150
RICHARDSON TX 75082

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ISABELLINE BLUFF
4280
CUMMING GA 30040

15 State Employer's state ID no. GA 1945856-QS	16 State wages, tips, etc. 89896.42
17 State income tax 4796.23	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

GA. State Reference Copy W-2 Wage and Tax Statement 2022

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

1 Wages, tips, other comp. 89896.42	2 Federal income tax withheld 18834.58
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5 Medicare wages and tips 89896.42	6 Medicare tax withheld 1303.50
d Control number Dept. Corp. Employer use only 294812 LOS2/XAW T 15411	

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INFOSYS LIMITED
2400 N GLENVILLE DR C150
RICHARDSON TX 75082

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RUPA MINUPURI
ISABELLINE BLUFF
4280
CUMMING GA 30040

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GA. State Filing Copy W-2 Wage and Tax Statement 2022

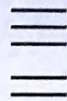
Copy 2 to be filed with employee's State Income Tax Return.

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy			
W-2		Wage and Tax Statement	
Copy C for employee's records		OMB No. 1545-0008	
d Control number	Dept.	Corp.	Employer use only
032903 ATLA/46K	SF0150	T	1410
c Employer's name, address, and ZIP code			
STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202			
Batch #06787			
e/f Employee's name, address, and ZIP code			
RUPA MINUPURI 4280 ISABELLINE BLUFF CUMMING GA 30040			
b Employer's FED ID number	a Employee's SSA number		
59-3455070	XXX-XX-4679		
1 Wages, tips, other comp.	2 Federal income tax withheld		
24200.00	2626.41		
3 Social security wages	4 Social security tax withheld		
24200.00	1500.40		
5 Medicare wages and tips	6 Medicare tax withheld		
24200.00	350.90		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.		
GA 2102993-LZ	24200.00		
17 State income tax	18 Local wages, tips, etc.		
1311.10			
19 Local income tax	20 Locality name		

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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	GA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	24,200.00	24,200.00	24,200.00	24,200.00
Reported W-2 Wages	24,200.00	24,200.00	24,200.00	24,200.00

2. Employee Name and Address.

RUPA MINUPURI
4280 ISABELLINE BLUFF
CUMMING GA 30040

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1 Wages, tips, other comp.	24200.00	2 Federal income tax withheld	2626.41
3 Social security wages	24200.00	4 Social security tax withheld	1500.40
5 Medicare wages and tips	24200.00	6 Medicare tax withheld	350.90
d Control number	Dept.	Corp.	Employer use only
032903 ATLA/46K	SF0150	T	1410
c Employer's name, address, and ZIP code			
STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202			
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59-3455070	XXX-XX-4679		
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RUPA MINUPURI 4280 ISABELLINE BLUFF CUMMING GA 30040			
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GA 2102993-LZ	24200.00		
17 State income tax	18 Local wages, tips, etc.		
1311.10			
19 Local income tax	20 Locality name		
Federal Filing Copy			
W-2		Wage and Tax Statement	
Copy B to be filed with employee's Federal Income Tax Return.		OMB No. 1545-0008	

1 Wages, tips, other comp.	24200.00	2 Federal income tax withheld	2626.41
3 Social security wages	24200.00	4 Social security tax withheld	1500.40
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032903 ATLA/46K	SF0150	T	1410
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STRATEGIC STAFFING SOLUTIONS 3011 W GRAND BLVD # 2100 DETROIT MI 48202			
b Employer's FED ID number	a Employee's SSA number		
59-3455070	XXX-XX-4679		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
14 Other	12b		
	12c		
	12d		
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e/f Employee's name, address and ZIP code			
RUPA MINUPURI 4280 ISABELLINE BLUFF CUMMING GA 30040			
15 State Employer's state ID no.	16 State wages, tips, etc.		
GA 2102993-LZ	24200.00		
17 State income tax	18 Local wages, tips, etc.		
1311.10			
19 Local income tax	20 Locality name		
GA. State Reference Copy			
W-2		Wage and Tax Statement	
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 1545-0008	

1 Wages, tips, other comp.	24200.00	2 Federal income tax withheld	2626.41
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GA. State Filing Copy			
W-2		Wage and Tax Statement	
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 1545-0008	

To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. 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 C—For EMPLOYEE'S RECORDS

	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5
Gross Wages	53040.00	53040.00	53040.00
Tax Benefits			
Group Term Life			
Adoption			
Deferred Comp			
Section 125			
Other Pretax/Wage Limit			
W-2 Wages	53040.00	53040.00	53040.00

D. CONTROL NUMBER 000760685101		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 53040.00		2. FEDERAL INCOME TAX WITHHELD 7218.40	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 04-3496741		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 296-15-4679		3. SOCIAL SECURITY WAGES 53040.00		4. SOCIAL SECURITY TAX WITHHELD 3288.48	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Beacon Hill Staffing Group, LLC 152 Bowdoin Street Boston MA 02108				5. MEDICARE WAGES AND TIPS 53040.00		6. MEDICARE TAX WITHHELD 769.08	
E. EMPLOYEE'S FIRST NAME AND INITIAL Rupa 4280 Isabelline bluff Cumming GA 30040-1384 USA				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE GA 2300919-SS				16. STATE WAGES, TIPS, ETC. 53040.00		17. STATE INCOME TAX 2885.32	
				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
				20. LOCALITY NAME			

D. CONTROL NUMBER 000760685101		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 53040.00		2. FEDERAL INCOME TAX WITHHELD 7218.40	
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C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Beacon Hill Staffing Group, LLC 152 Bowdoin Street Boston MA 02108				5. MEDICARE WAGES AND TIPS 53040.00		6. MEDICARE TAX WITHHELD 769.08	
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				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
				20. LOCALITY NAME			

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

D. CONTROL NUMBER 000760685101		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 53040.00		2. FEDERAL INCOME TAX WITHHELD 7218.40	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 04-3496741		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 296-15-4679		3. SOCIAL SECURITY WAGES 53040.00		4. SOCIAL SECURITY TAX WITHHELD 3288.48	
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				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
				20. LOCALITY NAME			

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

D. CONTROL NUMBER 000760685101		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER COMPENSATION 53040.00		2. FEDERAL INCOME TAX WITHHELD 7218.40	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 04-3496741		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 296-15-4679		3. SOCIAL SECURITY WAGES 53040.00		4. SOCIAL SECURITY TAX WITHHELD 3288.48	
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F. EMPLOYEE'S ADDRESS AND ZIP CODE GA 2300919-SS				16. STATE WAGES, TIPS, ETC. 53040.00		17. STATE INCOME TAX 2885.32	
				18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
				20. LOCALITY NAME			

Form W-2 Wage and Tax Statement 2022
Copy B—To Be Filed With Employee's FEDERAL tax return
This information is being furnished to the Internal Revenue Service.
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 600120

2022

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) RUPA MINUPURI		2 Social security number (SSN) XXX-XX-4679	7 Name of employer FARMERS GROUP, INC.	8 Employer identification number (EIN) 95-0725935
3 Street address (including apartment no.) 2442 ROBIN WAY			9 Street address (including room or suite no.) 1299 ZURICH WAY EAST 2	10 Contact telephone number 888-275-9768
4 City or town NORTHLAKE	5 State or province TX	6 Country and ZIP or foreign postal code US 76247	11 City or town SCHAUMBURG	12 State or province IL
			13 Country and ZIP or foreign postal code US 60196-1056	

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1:											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 17.75	\$ 17.75	\$ 17.75	\$ 17.75	\$ 47.23	\$ 47.23	\$ 47.23	\$ 47.23
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2D	2G	2C	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.

18	(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	
	RUPA MINUPURI	XXX-XX-4679									X	X	X	X	X	X	X
	ARJUN CHILUKURI	XXX-XX-6412									X	X	X	X	X	X	X
	ARVIN CHILUKURI	XXX-XX-7015									X	X	X	X	X	X	X
	SUBHASH CHILUKURI	XXX-XX-3353									X	X	X	X	X	X	X
22																	
23																	
24																	
25																	
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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

1 Name of employee (first name, middle initial, last name) **CHILUKURI** 2 Social security number (SSN) *****-**-3353** 7 Name of employer **RELTO INC** 8 Employer identification number (EIN) **45-2730536**

3 Street address (including apartment no.) **4280 ISABELLINE BLF** 6 Country and ZIP or foreign postal code **30040-1384** 9 Street address (including room or suite no.) **100 MARINE PARKWAY SUITE 275** 10 Contact telephone number **(650) 701-7350**

4 City or town **CUMMING** 5 State or province **GA** 11 City or town **REDWOOD CITY** 12 State or province **CA** 13 Country and ZIP or foreign postal code **94065**

Part II Employee Offer of Coverage

All 12 Months: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

14 Offer of Coverage (enter required code)	Employee's Age on January 1											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	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.

18	(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
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"/>

Infosys Limited
 2400 N. Glenville Drive, STE C150
 Richardson, TX 75082

0140314**000381**000001*****AUTO**ALL FOR AADC 760**000007



RUPA MINUPURI
 2442 ROBIN WAY
 JUSTIN TX 76247-1665

0140314

600120

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2251

2022

Department of the Treasury
 Internal Revenue Service

▶ 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) Rupa Minupuri		2 Social security number (SSN) xxx-xx-4679		7 Name of employer Infosys Limited		8 Employer identification number (EIN) 58-1760235	
3 Street address (including apartment no.) 2442 Robin Way				9 Street address (including apartment no.) 2400 N. Glenville Drive, STE C150		10 Contact telephone number 469-269-9314	
4 City or town Justin		5 State or province TX		6 Country and ZIP or foreign postal code USA 76247		11 City or town Richardson	
				12 State or province TX		13 Country and ZIP or foreign postal code USA 75082	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month: 04		
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$89.24	\$89.24	\$89.24	\$89.24	\$89.24	\$89.24	\$89.24	\$89.24	\$89.24	\$89.24	\$89.24
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2C	2C	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.

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
18 Rupa Minupuri	xxx-xx-4679		<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"/>	<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"/>	<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"/>
24			<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"/>
25			<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"/>
26			<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.

Cat. No. 60705M

Form 1095-C (2022)



0140314

Health Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID

CORRECTED

2022

Part I Responsible Individual

1 Name of responsible individual: First name, middle name, last name
SUBHASH CHILUKURI TRACKING #: 9923352T6

2 Social security number (SSN) or other TIN
XXX-XX-3353

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
2442 ROBIN WAY

5 City or town
JUSTIN

6 State or province
TX

7 Country and ZIP or foreign postal code
US 76247-1665

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): B

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
TRINET HR III, INC

11 Employer identification number (EIN)
XX-XXX9658

12 Street address (including room or suite no.)
1 PARK PLACE SUITE 600

13 City or town
DUBLIN

14 State or province
CA

15 Country and ZIP or foreign postal code
US 94568

16 Name
CALIFORNIA PHYSICIANS SERVICE

17 Employer identification number (EIN)
94-0360524

18 Contact telephone number
800-894-5565

19 Street address (including room or suite no.)
601 12TH STREET

20 City or town
OAKLAND

21 State or province
CA

22 Country and ZIP or foreign postal code
US 94607

Part IV Covered Individuals (Enter the information for each covered individual.)

	(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
23	SUBHASH CHILUKURI	XXX-XX-3353		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	RUPA MINUPURI	XXX-XX-4679		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	ARJUN R CHILUKURI	XXX-XX-6412		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	ARVIN R CHILUKURI	XXX-XX-7015		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<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"/>
28				<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"/>

mr. cooper
CHANGING THE FACE OF HOME LOANS

RETURN SERVICE ONLY
PLEASE DO NOT SEND MAIL TO THIS ADDRESS
PO Box 918000
5801 Portal Road
Cleveland, OH 44181

1/6/23



OUR INFO
ONLINE
www.mrcooper.com



YOUR INFO
LOAN NUMBER
0684476625
PROPERTY ADDRESS
4280 ISABELLINE BLUFF
CUMMING, GA 30040

0007344 01 AB 0 488 01 TR 00023 RN98E7G2 000000
SUBHASH CHANDRA REDDY CHILUKURI
2442 ROBIN WAY
JUSTIN TX 76247-1665

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION
ANNUAL ESCROW AND INTEREST STATEMENT

SUBHASH CHANDRA REDDY CHILUKURI Nationstar Mortgage LLC d/b/a Mr. Cooper YEAR: 2022
4280 ISABELLINE BLUFF 8950 Cypress Waters Blvd. ACCT #: 0684476625
CUMMING, GA 30040 Coppell, TX 75019 SSN/TIN: XXX-XX-3353
TIN#: 75-2921540

DISBURSEMENTS FROM ESCROW

CURRENT TOTAL PYMT: \$0.00
CURRENT ESCROW PYMT: \$0.00
CURRENT OPTIONAL INS PYMT: \$0.00

PRINCIPAL RECONCILIATION

BEG BAL: \$480,580.27
APPLIED BALANCE: \$480,580.27
ENDING BAL: \$0.00

INTEREST RECONCILIATION

INTEREST PAID: \$7,509.05
MORTGAGE INTEREST RECEIVED FROM
PAYER(S)/BORROWER(S): \$7,706.31

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Nationstar Mortgage LLC d/b/a Mr. Cooper 8950 Cypress Waters Blvd. Coppell, TX 75019 Customer Service: 888-480-2432		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form 1098 (Rev. January 2022) For calendar year 20 <u>22</u>	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item. 11 Mortgage acquisition date
1 Mortgage interest received from payer(s)/borrower(s) \$ 7,706.31		2 Outstanding mortgage principal \$ 480,580.27	3 Mortgage origination date 08/27/2021	
RECIPIENT'S/LENDER'S TIN 75-2921540	PAYER'S/BORROWER'S TIN XXX-XX-3353	4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
PAYER'S/BORROWER'S name SUBHASH CHANDRA REDDY CHILUKURI		6 Points paid on purchase of principal residence \$ 0.00		
Street address (including apt. no.) 4280 ISABELLINE BLUFF		7 <input checked="" type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
City or town, state or province, country, and ZIP or foreign postal code CUMMING, GA 30040		8 Address or description of property securing mortgage		
9 Number of properties securing the mortgage 01	10 Other			
Account number (see instructions) 0684476625				

Form **1098** (Rev. 1-2022) (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

S 00007344 RN98E7G2 009659 E

Mr. Cooper is a brand name for Nationstar Mortgage LLC. Nationstar Mortgage LLC is doing business as Nationstar Mortgage LLC d/b/a Mr. Cooper. Mr. Cooper is a registered service mark of Nationstar Mortgage LLC. All rights reserved.





46K 0030 A1127 000001220

000004515 J0437671

STRATEGIC STAFFING SOLUTIONS
3011 WEST GRAND BOULEVARD SUITE
DETROIT, MI 48202



46KPNA95CPY0000003440A427A122

004517 RO9MU701 46K 0030 A1127 000001220
RUPA MINUPURI
4280 ISABELLINE BLUFF
CUMMING, GA 30040

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

VOID

CORRECTED

OMB No. 1545-2251

2022

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.

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) RUPA MINUPURI		2 Social security number (SSN) XXX-XX-4679		7 Name of employer STRATEGIC STAFFING SOLUTIONS				8 Employer identification number (EIN) 59-3455070					
3 Street address (including apartment no.) 4280 ISABELLINE BLUFF				9 Street address (including room or suite no.) 3011 WEST GRAND BOULEVARD SUITE				10 Contact telephone number 313-596-6912					
4 City or town CUMMING		5 State or province GA		6 Country and ZIP or foreign postal code USA 30040		11 City or town DETROIT		12 State or province MI		13 Country and ZIP or foreign postal code USA 48202			
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)		1E	1E	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 181.45	\$ 181.45	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2B	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. <input 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			<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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

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