



# 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.

VOID  
 CORRECTED

OMB No. 1545-2251

# 2022

### Part I Employee

1 Name of employee (first name, middle initial, last name) **Rana** 2 Social security number (SSN) **XXX-XX-5212** 7 Name of employer **ASML US LP** 8 Employer identification number (EIN) **822530621**

3 Street address (including apartment no.) **White Oaks at Wilton Apt Number 5211 116 Danbury Rd** 9 Street address (including room or suite no.) **2650 W Geronimo Place** 10 Contact telephone number **(858) 385-5544**

4 City or town **Wilton, Connecticut** 5 State or province **CT** 6 Country and ZIP or foreign postal code **06897** 11 City or town **Chandler** 12 State or province **AZ** 13 Country and ZIP or foreign postal code **85224**

### Applicable Large Employer Member (Employee)

### Part II Employee Offer of Coverage

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





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.

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
 Copy C for employee's records  
 OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
701215 LOS2/TDF			A 1931

c Employer's name, address, and ZIP code  
**ASML US LP A DELAWARE LIMITED PARTNERSHIP**  
 2625 W GERONIMO STE 200  
 CHANDLER AZ 85224

Batch #02842

e/f Employee's name, address, and ZIP code  
**AALAP RANA**  
 116 DANBURY RD  
 APT 5211  
 WILTON, CONNECTICUT CT 06897

b Employer's FED ID number	a Employee's SSA number
82-2530621	XXX-XX-5212
1 Wages, tips, other comp.	2 Federal income tax withheld
98703.35	14825.24
3 Social security wages	4 Social security tax withheld
12875.68	798.29
5 Medicare wages and tips	6 Medicare tax withheld
12875.68	186.70
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   97.30
14 Other	12b D   6652.93
526.78 CIPL	12c W   444.82
	12d DD   5822.98
	13 Stat emp. Ret. plan 3rd party sick pay
	X
15 State Employer's state ID no.	16 State wages, tips, etc.
CT 73220238-000	98703.35
17 State income tax	18 Local wages, tips, etc.
5210.22	
19 Local income tax	20 Locality name

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	CT. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	106,137.93	106,137.93	106,137.93	106,137.93
Plus GTL (C-Box 12)	97.30	97.30	97.30	97.30
Less 401(k) (D-Box 12)	6,652.93	N/A	N/A	6,652.93
Less Other Cafe 125	611.00	611.00	611.00	611.00
Less Cafe 125 HSA (W-Box 12)	267.95	267.95	267.95	267.95
Less Exempt Wages	N/A	92,480.60	92,480.60	N/A
<b>Reported W-2 Wages</b>	<b>98,703.35</b>	<b>12,875.68</b>	<b>12,875.68</b>	<b>98,703.35</b>

2. Employee Name and Address.

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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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**CT. State Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

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