

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

2022

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) KRANTHI KUMAR NEKKALAPUDI		2 Social security number (SSN) XXX-XX-2910		7 Name of employer AMAZON.COM SERVICES LLC		8 Employer identification number (EIN) 82-0544687	
3 Street address (including apartment no.) 1320 S ELMHURST RD APT 221				9 Street address (including room or suite no.) PO BOX 81226			
4 City or town MT PROSPECT		5 State or province IL		11 City or town SEATTLE		12 State or province WA	
				6 Country and ZIP or foreign postal code US 60056		13 Country and ZIP or foreign postal code US 98108	

Part II Employee Offer of Coverage	Employee's Age on January 1:												Plan Start Month (enter 2-digit number): 04		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) 1E															
15 Employee Required Contribution (see instructions) \$ 33.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C															
17 ZIP Code															

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

Cat. No. 60705M

Form 1095-C (2022)

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. <input checked="" type="checkbox"/>																
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DCB (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 KRANTHI KUMAR NEKKALAPUDI	XXX-XX-2910		X													
19 ISHAN NEKKALAPUDI	XXX-XX-3749		X													
20 RADHIKA NARRA	XXX-XX-2572		X													
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																

a Employee's SSN 753-40-0712		b Employer identification number (EIN) 83-4642304				OMB No. 1545-0008	
c Employer's name, address, and ZIP code RISUS ORTHODONTICS LLC 1340 SHERMER RD ST 200 NORTHBROOK IL 60062		1 Wgs, tips, other compn 5845.10	2 Fed inc tax withheld 300.00	3 Social security wages 5845.10		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.	
		4 SS tax withheld 362.40	5 Medicare wages & tips 5845.10	6 Medicare tax withheld 84.75			
		7 Social security tips	8 Allocated tips	9			
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a			
e Employee's name, address, and ZIP code Suff. RADHIKA NARRA 1320 S ELMHURST RD APT # 221 MOUNT PROSPECT IL 60056		13 Statutory employee <input type="checkbox"/>	14 Other		12b		
		Retirement plan <input type="checkbox"/>			12c		
		Third-party sick pay <input type="checkbox"/>			12d		
15 State IL	Employer's state ID number 83-4642304 000	16 State wages, tips, etc 5845.10	17 State income tax 300.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 12/21/22 Q8DT

Department of the Treasury — IRS

a Employee's SSN 753-40-0712		b Employer identification number (EIN) 83-4642304				OMB No. 1545-0008	
c Employer's name, address, and ZIP code RISUS ORTHODONTICS LLC 1340 SHERMER RD ST 200 NORTHBROOK IL 60062		1 Wgs, tips, other compn 5845.10	2 Fed inc tax withheld 300.00	3 Social security wages 5845.10		Form W-2 Wage and Tax Statement 2022 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	
		4 SS tax withheld 362.40	5 Medicare wages & tips 5845.10	6 Medicare tax withheld 84.75			
		7 Social security tips	8 Allocated tips	9			
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		Retirement plan <input type="checkbox"/>			12c		
		Third-party sick pay <input type="checkbox"/>			12d		
15 State IL	Employer's state ID No. 83-4642304 000	16 State wages, tips, etc 5845.10	17 State income tax 300.00	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

REV 12/21/22 Q8DT

a Employee's SSN 753-40-0712		b Employer identification number (EIN) 83-4642304				OMB No. 1545-0008	
c Employer's name, address, and ZIP code RISUS ORTHODONTICS LLC 1340 SHERMER RD ST 200 NORTHBROOK IL 60062		This information is being furnished to the IRS. 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.					
		1 Wgs, tips, other compn 5845.10	2 Fed inc tax withheld 300.00	3 Social security wages 5845.10		Form W-2 Wage and Tax Statement 2022 Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)	
		4 SS tax withheld 362.40	5 Medicare wages & tips 5845.10	6 Medicare tax withheld 84.75			
7 Social security tips	8 Allocated tips	9					
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REV 12/21/22 Q8DT



Employee Reference Copy
W-2 Wage and Tax Statement 2022
OMB No. 1545-0048

Copy C for employee's records.
d Control number Dept. Corp. Employer use only
093395 LOS2/MU5 870400 A 22509

c Employer's name, address, and ZIP code
AMAZON COM SERVICES LLC
PO BOX 80726
SEATTLE WA 98108

Batch #02724

e/f Employee's name, address, and ZIP code
KRANTHI KUMAR NEKKALAPUDI
1320 S ELMHURST RD
APT 221
MT PROSPECT IL 60056

b Employer's FED ID number 82-0544687	a Employee's SSA number XXX-XX-2910
1 Wages, tips, other comp. 195119.31	2 Federal income tax withheld 28394.77
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
5 Medicare wages and tips 201818.27	6 Medicare tax withheld 2942.72
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 306.37
14 Other 30891.89 RSU	12b D 6698.96
	12c W 4875.00
	12d DD 21266.28
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. IL 82-0544687 000 8	16 State wages, tips, etc. 195119.31
17 State income tax 9643.24	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	IL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	208,999.90	208,999.90	208,999.90	208,999.90
Plus GTL (C-Box 12)	306.37	306.37	306.37	306.37
Less 401(k) (D-Box 12)	6,698.96	N/A	N/A	6,698.96
Less Other Cafe 125	4,488.00	4,488.00	4,488.00	4,488.00
Less Cafe 125 HSA (W-Box 12)	3,000.00	3,000.00	3,000.00	3,000.00
Wages Over Limit	N/A	54,818.27	N/A	N/A
Reported W-2 Wages	195,119.31	147,000.00	201,818.27	195,119.31

2. Employee Name and Address.

KRANTHI KUMAR NEKKALAPUDI
1320 S ELMHURST RD
APT 221
MT PROSPECT IL 60056

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Fold and Detach Here

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5 Medicare wages and tips 201818.27	6 Medicare tax withheld 2942.72

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093395 LOS2/MU5 870400 A 22509

c Employer's name, address, and ZIP code
AMAZON COM SERVICES LLC
PO BOX 80726
SEATTLE WA 98108

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 a Employee's SSA number XXX-XX-2910 |

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e/f Employee's name, address and ZIP code
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1320 S ELMHURST RD
APT 221
MT PROSPECT IL 60056

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IL 82-0544687 000 8
 16 State wages, tips, etc. 195119.31 |

17 State income tax
9643.24
 18 Local wages, tips, etc. |

19 Local income tax
 20 Locality name |

Federal Filing Copy
W-2 Wage and Tax Statement 2022
OMB No. 1545-0048
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 195119.31	2 Federal income tax withheld 28394.77
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
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093395 LOS2/MU5 870400 A 22509

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PO BOX 80726
SEATTLE WA 98108

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APT 221
MT PROSPECT IL 60056

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 20 Locality name |

IL State Reference Copy
W-2 Wage and Tax Statement 2022
OMB No. 1545-0048
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 195119.31	2 Federal income tax withheld 28394.77
3 Social security wages 147000.00	4 Social security tax withheld 9114.00
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AMAZON COM SERVICES LLC
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SEATTLE WA 98108

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APT 221
MT PROSPECT IL 60056

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9643.24
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 20 Locality name |

IL State Filing Copy
W-2 Wage and Tax Statement 2022
OMB No. 1545-0048
Copy 2 to be filed with employee's State Income Tax Return.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. KUNNEL DENTAL CENTER PC 9933 LAWLER AVE, SUITE 401 SKOKIE IL 60077 (847) 675-7090 JESSIE KUNNEL		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 22	Nonemployee Compensation
PAYER'S TIN 33-1046898	RECIPIENT'S TIN 753-40-0712	FDEA2002 09/20/22	
RECIPIENT'S name RADHIKA NARRA		Copy B For Recipient This 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 this income is taxable and the IRS determines that it has not been reported.	
Street address (including apt. no.) 1320 S ELMHURST RD, APT 221			
City or town, state or province, country, and ZIP or foreign postal code MOUNT PROSPECT IL 60056		1 Nonemployee compensation \$ 2521.71	
Account number (see instructions)		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
		3	
		4 Federal income tax withheld \$	
		5 State tax withheld \$	6 State/Payer's state no.
			7 State income \$

Form 1099-NEC

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury — Internal Revenue Service

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, *Independent Contractor or Employee*.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, *Request for Taxpayer Identification Number and Certification*, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.



Kranthi Nekkhalapudi
 1320 s elmhurst rd Apt 221
 Mt Prospect, IL 60056



CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number UMB Bank, n.a. 1010 Grand Blvd Kansas City, MO 64106 844-383-9826		OMB No. 1545 - 1517 Form 1099-SA (Rev. November 2019) For calendar year 2022		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA	
PAYER'S TIN 44-0194180	RECIPIENT'S TIN XXX-XX-2910	1. Gross Distribution \$2,551.00	2. Earnings on excess cont. \$0.00		Copy B For Recipient This information is being furnished to the IRS.
RECIPIENT'S name Kranthi Nekkhalapudi Street address (including apt. no.) 1320 s elmhurst rd Apt 221 City or town, state or province, country, and ZIP or foreign postal code Mt Prospect, IL 60056		3. Distribution code 1	4. FMV on date of death \$0.00		
Account number (see instructions) 72575270000961359		5. HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>			

Instructions for Recipient

Distributions from a health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage (MA) MSA are reported to you on Form 1099-SA. File Form 8853 or Form 8889 with your Form 1040 or 1040-SR to report a distribution from these accounts even if the distribution isn't taxable. The payer isn't required to compute the taxable amount of any distribution.

An HSA or Archer MSA distribution isn't taxable if you used it to pay qualified medical expenses of the account holder or eligible family member or you rolled it over. An HSA may be rolled over to another HSA; an Archer MSA may be rolled over to another Archer MSA or an HSA. An MA MSA isn't taxable if you used it to pay qualified medical expenses of the account holder only. If you didn't use the distribution from an HSA, Archer MSA, or MA MSA to pay for qualified medical expenses, or in the case of an HSA or Archer MSA, you didn't roll it over, you must include the distribution in your income (see Form 8853 or Form 8889). Also, you may owe a penalty.

You may repay a mistaken distribution from an HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake, providing the trustee allows the repayment.

For more information, see the Instructions for Form 8853 and the Instructions for Form 8889. Also see Pub. 969.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete identification number to the IRS.

Spouse beneficiary. If you inherited an Archer MSA or MA MSA because of the death of your spouse, special rules apply. See the Instructions for Form 8853. If you inherited an HSA because of the death of your spouse, see the Instructions for Form 8889.

Estate beneficiary. If the HSA, Archer MSA, or MA MSA account holder dies and the estate is the beneficiary, the fair market value (FMV) of the account on the date of death is includable in the account holder's gross income. Report the amount on the account holder's final income tax return.

Nonspouse beneficiary. If you inherited the HSA, Archer MSA, or MA MSA from someone who wasn't your spouse, you must report as income on your tax return the FMV of the account as of the date of death. Report the FMV on your tax return for the year the account owner died even if you received the distribution from the account in a later year. See the Instructions for Form 8853 or the Instructions for Form 8889. Any earnings on the account after the date of death (box 1 minus box 4 of Form 1099-SA) are taxable. Include the earnings on the "Other income" line of your tax return.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows the amount received this year. The amount may have been a direct payment to the medical service provider or distributed to you.

Box 2. Shows the earnings on any excess contributions you withdrew from an HSA or Archer MSA by the due date of your income tax return. If you withdrew the excess, plus any earnings, by the due date of your income tax return, you must include the earnings in your income in the year you received the distribution even if you used it to pay qualified medical expenses. This amount is included in box 1. Include the earnings on the "Other income" line of your tax return. An excise tax of 6% for each tax year is imposed on you for excess individual and employer contributions that remain in the account. See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts.

Box 3. These codes identify the distribution you received: 1-Normal distribution; 2-Excess contributions; 3-Disability; 4-Death distribution other than code 6; 5-Prohibited transaction; 6-Death distribution after year of death to a nonspouse beneficiary.

Box 4. If the account holder died, shows the FMV of the account on the date of death.

Box 5. Shows the type of account that is reported on this Form 1099-SA.

Future developments. For the latest information about developments related to Form 1099-SA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099SA.