

Copy B To Be Filed With Employee's FEDERAL Tax Return		2022 OMB No. 1545-0008	
a Employee's social security number 669-72-0124	1 Wages, tips, other comp. 24392.01	2 Federal income tax withheld 2887.24	
b Employer ID number 45-3309488	3 Social security wages 25985.37	4 Social security tax withheld 1611.08	
	5 Medicare wages and tips 25985.37	6 Medicare tax withheld 376.77	
c Employer's name, address, and ZIP code COMMON GROUND HEALTHCARE COOPERATIVE 120 Bishops Way Ste 150 Brookfield, WI 53005			
d Control Number N9776 276			
e Employee's name, address, and ZIP code Ramakrishna Ponnappalli 1280 Greenway Ter Apt #105 Brookfield, WI 53005			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code C	14.76
13 Statutory employee	14 Other	12b Code D	1593.36
Retirement plan X		12c Code DD	570.64
3rd party sick pay		12d Code	
WI 036-1027777286-02		24392.01	1323.93
15 State Emplr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2022 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty/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 Dept. of the Treasury - IRS

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

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 CORRECTED

600120
 OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) Ramakrishna		2 Social security number (SSN) Ponnappalli 669-72-0124	
3 Street address (including apartment no.) 1280 Greenway Ter Apt #105			
4 City or town Brookfield	5 State or province WI	6 Country and ZIP or foreign postal code 53005	

Part II Employee Offer of Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)		1E	1E	1H	1H	1H
15 Employee Required Contribution (see instructions)		\$45.92	\$45.92			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	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 covered individual

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer COMMON GROUND HEALTHCARE COOPERATIVE		8 Employer Identification Number (EIN) 45-3309488	
9 Street address (including room or suite no.) 120 Bishops Way, Ste 150		10 Contact Telephone Number (414) 455-0500	
11 City or town Brookfield	12 State or province WI	13 Country and ZIP or foreign postal code 53005	

Employee's Age on January 1: _____ Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec
1H	1H	1H	1H	1H	1H	1H
2A	2A	2A	2A	2A	2A	2A

(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"/>
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<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"/>

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