L'Add I ha Copy B To Be Filed With Employee's 2022^{OMB No.} 1545-0008 **FEDERAL Tax Return** a Employee's social 1 Wages, tips, other comp. 2 Federal income tax withheld security number 24392.01 2887.24 669-72-0124 3 Social security wages 4 Social security tax withheld b Employer ID number 25985.37 1611.08 5 Medicare wages and tips 6 Medicare tax withheld 45-3309488 25985.37 376.77 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 Ponnapalli 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 Code C 14.76 13 Statutory employee Other 12b Code ח 1593.36 Retirement plan 12c DD 570.64 3rd party sick pay 12d Code WI 036-1027777286-02 24392.01 1323.93
 15 State Empir.'s state I.D. #
 16 State wages, tips, etc.
 17 State

 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name
 17 State income tax Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

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Copy 1 To Be Filed With Employee's State. 2022^{OMB No.} 1545-0008 City, or Local Income Tax Return a Employee's social 1 Wages, tips, other comp 2 Federal income tax withheld security number 24392.01 2887.24 3 Social security wages 669-72-0124 4 Social security tax withheld b Employer ID number 25985.37 1611.08 5 Medicare wages and tips tax withheld 45-3309488 25985.37 376.77 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 Ponnapalli 1280 Greenway Ter Apt #105 Brookfield, WI 53005 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 D 1593.36 Retirement plan 12c Code DD 570.64 3rd party sick pay 12d Code WI 036-1027777286-02 24392.01 1323.93
 15 State Empir.'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

					2						
Copy C For EMPLOY Notice to Employee		2022 ^{OMB N} 1545-00									
a Employee's social	1 W	ages, tips, other comp		2 Federal in	ncome tax withheld						
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669-72-0124	3 Sc	cial security wages		4 Social se	curity tax withheld						
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45-3309488	5 Me	edicare wages and tip	s	6 Medicare tax withheld							
		25985.	37		376.77						
c Employer's name, addre	ess, and	ZIP code									
COMMON GROUN	т н	ZALTHCARE C	001		ים						
120 Bishops		manificants C	OOF	EKAIIV	E						
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Ramakrishna	Ponn	apalli									
1280 Greenwa											
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orm W-2 Wage and Tax St	atomes		L	5							
on w-z waye and rax st		Dept. of t	he 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.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return													
a Employee's social	1 W	ages, tips, other comp.	2 F	ederal income tax withheld									
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Form 1095-C

Department of the Treasury Internal Revenue Service

instructions.

Employer-Provided Health Insurance Offer and Coverage Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOIE

600120

CORRECTED OMB No. 1545-22

2022

D-41	F							1														
Part I	Employe										Appli	cable	Large	Emplo	yer N	lembe	er (Em	ployer)			
1 Name of employee (firs	irst name, middle initial, last name) 2 Social security number (SSN)								7 Name	of employ	er		8 Er	8 Employer Identification Number (EIN)								
Ramakrishna	Ponnapalli 669-72-0124								соммо	N GROU	ND HEALTH	HCARE CO	45-3	45-3309488								
3 Street address (including apartment no.)								1	9 Street	address (i	ncluding ro	om or suite	10 (10 Contact Telephone Number								
1280 Greenway Ter Apt #105									1	ops Way,		14) 455-0500										
4 City or town	5 State or province 6 Country and ZIP or foreign postal code								11 City or town 12 State or province 13 Country and ZIP or f											reign postal code		
Brookfield WI 53005									Brookfield WI								53005					
Part II Employee Offer of Coverage								Employee's Age on Plan Start Month: January 1									01					
140"	All 12 Months	Jan	Feb	Mai		Apr	May		Ju	ne	July		Aug	Sep	ıt	Oct		Nov	D	ec		
14 Offer of Coverage (enter required code)		1E	1E	1H	1H	1	н	ļ	1H		1H	1H		1H	11-	1	1H		1H			
15 Employee Required Contribution (see instructions)		\$45.92	\$45.92																			
16 Section 4980H Safe		2C	2C	2A	2A		A		2A		2A	2A		0.1					 			
Harbor and Other Relief (enter code, if applicable)							^		24		2A	ZA		2A	2A		2A		2A			
17 ZIP Code												\top			_							
			als if Employe										1							15		
(a) Name of covered individual(s) (b) SSN (c) DOB (if SSN is not all 12				(d) Covered all 12		(e) Months of Coverage																
First name, middle initial, last name			(2, 23		available)			Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
18		-																				
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21								()														
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For Privacy A	ot and Da	norwork	Poduation	A A at N	ation or												_	400				

Form **1095-C** (2022)