

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. 1545-7281 **600320**
2022

Part I Employee		2 Social security number (SSN) ***-**-0587	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 38-0549190
1 Name of employee (first name, middle initial, last name) SHOBHA R CHAVA			7 Name of employer FORD MOTOR COMPANY		
3 Street address (including apartment no.) 27422 STRAWBERRY LANE APT 102			9 Street address (including room or suite no.) ONE AMERICAN ROAD TAX OFFICE ROOM 612		10 Contact telephone number 800-248-4444
4 City or town FARMINGTON HILL	5 State or province MI	6 Country and ZIP or foreign postal code 48334	11 City or town DEARBORN	12 State or province MI	13 Country and ZIP or foreign postal code 48126

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)			1A	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)			2C	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)

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) 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 SHOBHA R CHAVA	***-**-0587			X	X	X	X	X	X	X	X	X	X	X	
19															
20															
21															
22															
23															
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29															
30															



AKL 8888 A0047 000000303
 000001458 J0391323
 MERCEDES-BENZ RESEARCH AND DEVEL
 ONE MERCEDES-BENZ DR
 SANDY SPRINGS, GA 30328



AKLPNA95CPD0000035616A425A815

001458 RO9MTS01 AKL 8888 A0047 000000303
 SHASHANK KODEDHALA
 27422 STRAWBERRY LANE, APT-102
 FARMINGTON HILLS, MI 48334

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

600120

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.

VOID

CORRECTED

OMB No. 1545-2251

2022

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SHASHANK KODEDHALA		2 Social security number (SSN) XXX-XX-1083		7 Name of employer MERCEDES-BENZ RESEARCH AND DEVEL		8 Employer identification number (EIN) 13-3793058	
3 Street address (including apartment no.) 27422 STRAWBERRY LANE, APT-102				9 Street address (including room or suite no.) ONE MERCEDES-BENZ DR		10 Contact telephone number 770-705-3200	
4 City or town FARMINGTON HILLS		5 State or province MI	6 Country and ZIP or foreign postal code USA 48334	11 City or town SANDY SPRINGS		12 State or province GA	13 Country and ZIP or foreign postal code USA 30328

14 Offer of Coverage (enter required code)	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		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D			

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"/>												
18	(a) Name of covered individual(e) 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"/>	<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"/>	<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"/>

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

Form 1095-C (2022)

ANNUAL TAX AND INTEREST STATEMENT 1098-2022



4027 LAKE DR SE
GRAND RAPIDS, MI 49546

Principal Balance	
Current Payment	\$568.96
Ending Balance	\$173,600.00
Principal Applied	\$0.00

RETURN SERVICE REQUESTED

076632
SHASHANK KODEDHALA
SHOBHA RAO CHAVA
27422 STRAWBERRY LN
FARMINGTON HILLS MI 48334

Manage your mortgage statements on the go!

Visit LMCU.org and sign in to online banking to manage your mortgage and get access to our 24/7 educational center, right from your phone or tablet! Plus, sign up for eStatements and you'll receive a notification within online banking letting you know that your statement's ready instead of cluttering your mailbox. Just sign in to online banking at LMCU.org, click your address under Loans, and change your statement delivery preferences to paperless.

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. LAKE MICHIGAN CREDIT UNION 4027 LAKE DR SE GRAND RAPIDS, MI 49546 Phone: 844-754-6280		*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 2022	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.
RECIPIENT'S/LENDER'S TIN 38-1215360		1 Mortgage interest received from payer(s)/borrower(s)* \$ 1,569.55		
PAYER'S/BORROWER'S TIN ***-**-1083	PAYER'S/BORROWER'S name SHASHANK KODEDHALA SHOBHA RAO CHAVA Street address (including apt. no.) 27422 STRAWBERRY LN City or town, state or province, country, and ZIP or foreign postal code FARMINGTON HILLS MI 48334	2 Outstanding mortgage principal \$ 0.00	3 Mortgage origination date 08/26/2022	
9 Number of properties securing the mortgage Account number (see instructions) 0170304255	10 Real Estate Taxes Paid \$0.00 CONSTRUCTION	4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$	
		6 Points paid on purchase of principal residence \$ 0.00	7 <input 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.	
		8 Address or description of property securing mortgage 25597 CRYSTAL CREEK W SOUTH LYON MI 48178		
		11 Mortgage acquisition date		



P. O. BOX 44921
INDIANAPOLIS IN 46244-4921

**Tax Year 2022 Form 1099-INT
Interest Income (Copy B)**

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.



Recipient's Information



0075456 103 NSP0TAS0 1Z3 000000000000 0802 NY
SHOBHA RAO CHAVA
27422 STRAWBERRY LN APT 102
FARMINGTON HILLS MI 48334-5068

Payer's Information

Federal ID Number: 13-4994650
JPMORGAN CHASE BANK, N.A.

COPIES OF YOUR 2022 FORM 1099 STATEMENTS
ARE AVAILABLE ONLINE AT WWW.CHASE.COM

Form 1099-INT Questions

Phone Support: 1-800-935-9935

Recipient's ID Number: XXX-XX-0587

Original

Summary of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Box	Description	Amount	Box	Description	Amount
1.	Interest income	\$2.46	9.	Specified private activity bond interest	\$0.00
2.	Early withdrawal penalty	\$0.00	10.	Market discount	\$0.00
3.	Interest on U.S. Savings Bonds and Treasury Obligations	\$0.00	11.	Bond premium	\$0.00
4.	Federal income tax withheld	\$0.54	12.	Bond premium on Treasury obligations	\$0.00
5.	Investment expenses	\$0.00	13.	Bond premium on tax-exempt bond	\$0.00
6.	Foreign tax paid	\$0.00	14.	Tax-exempt and tax credit bond CUSIP no.	(See Details)
7.	Foreign country or U.S. possession	(See Details)	15.	State	(See Details)
8.	Tax exempt interest	\$0.00	16.	State identification no.	(See Details)
			17.	State tax withheld	(See Details)
				FATCA Filing requirement	(See Details)

Details of Form 1099-INT Interest Income

(OMB No. 1545-0112)

Account Number	Account Description	Box #1 Interest income	Box #2 Early withdrawal penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes	Amount
3602361371	SAVINGS	\$2.46	\$0.00	\$0.00	#4 Federal inc tax w/held #15 State FATCA Filing requirement	\$0.54 MI NO

0094017002103152300010000000

WealthCare Saver Prime
 PO Box 162177
 Altamonte Springs, FL 32716
 012023011617_PNC_1099 013510 013510 000001 016000

ID# 601010272391

SHOBHA CHAVA
 27422 STRAWBERRY LANE APT 102
 FARMINGTON HILL, MI 48334

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 Alegeus Tech, LLC dba WealthCare Saver 1601 Trapelo Road Waltham, MA 02451 1-866-287-5675		OMB No. 1545 - 1517 Form 1099-SA (Rev. November 2019) For calendar year 2022		Distributions From an HSA, Archer MSA, or Medicare Advantage MSA Copy B For Recipient This information is being furnished to the IRS.
PAYER'S TIN 90-0808825	RECIPIENT'S TIN XXX-XX-0587	1. Gross Distribution \$109.51	2. Earnings on excess cont. \$0.00	
RECIPIENT'S name SHOBHA CHAVA Street address (including apt. no.) 27422 STRAWBERRY LANE APT 102 City or town, state or province, country, and ZIP or foreign postal code FARMINGTON HILL, MI 48334		3. Distribution code 1	4. FMV on date of death \$0.00	
Account number (see instructions) 601010272391		5. HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Form 1099-SA (Rev. 11-2019) (keep for your records)		www.irs.gov/Form1099SA Department of the Treasury - Internal Revenue Service		

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.

WealthCare Saver Prime
 PO Box 162177
 Altamonte Springs, FL 32716
 012023011619_PNC_1099 011491 011491 000001 016000

ID# 601010238210



SHASHANK KODEDHALA
 27422 Strawberry Lane Apt 102
 Farmington Hills, MI 48334



CORRECTED (if checked)

**Distributions
 From an HSA,
 Archer MSA, or
 Medicare Advantage
 MSA**

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number Alegeus Tech, LLC dba WealthCare Saver 1601 Trapelo Road Waltham, MA 02451 1-866-287-5675		OMB No. 1545 - 1517 Form 1099-SA (Rev. November 2019) For calendar year 2022	
PAYER'S TIN 90-0808825	RECIPIENT'S TIN XXX-XX-1083	1. Gross Distribution \$1,472.64	2. Earnings on excess cont. \$0.00
RECIPIENT'S name SHASHANK KODEDHALA Street address (including apt. no.) 27422 Strawberry Lane Apt 102 City or town, state or province, country, and ZIP or foreign postal code Farmington Hills, MI 48334		3. Distribution code 1	4. FMV on date of death \$0.00
Account number (see instructions) 601010238210		5. HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>	

**Copy B
 For
 Recipient**

This information
 is being furnished
 to the IRS.

Form 1099-SA (Rev. 11-2019)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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.

Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation 90,800.55		2 Federal income tax withheld 10,487.76	
Employee's Social Security Number, Name, Address, And Zip Code:		KODEDHALA SHASHANK 27422 STRAWBERRY LN, APT 102 FARMINGTON HILL MI 48334 0 2470 S100 S		3 Social security wages 95,267.95		4 Social security tax withheld 5,906.61	
15 Name of state MICHIGAN		Employer's State I.D. No. ME-2700439		16 State wages, tips, etc. 90,800.55		17 State income tax withheld 3,681.95	
20 Name of locality DETROIT		Employer's Local I.D. No. 38-0549190		18 Local wages, tips, etc. 35,927.66		19 Local income tax withheld 431.15	
				5 Medicare wages and tips 95,267.95		6 Medicare tax withheld 1,381.39	
				10 Dependent care benefits 0.00		11 Nonqualified plans 0.00	
				12C Group Term Life Insurance 88.64		12D 401 (k) TESP 4,467.40	
				12M Uncollected soc sec tax 0.00		12N Uncollected medicare tax 0.00	
				12T Adoption benefits 0.00		12V Non statutory stock options 0.00	
				12W Health Savings Account 1,666.64		12DD Employer Sponsored Health Coverage 3,454.20	
				12AA Roth 401(k) 0.00		13 Statutory employee Retirement Plan X	
				14 Other 0.00			
				14 United Way 0.00		30 Union dues 0.00	

Form W-2 Wage and Tax Statement 2022

Copy B - To be filed with employee's FEDERAL tax return

Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation 90,800.55		2 Federal income tax withheld 10,487.76	
Employee's Social Security Number, Name, Address, And Zip Code:		KODEDHALA SHASHANK 27422 STRAWBERRY LN, APT 102 FARMINGTON HILL MI 48334 0 2470 S100 S		3 Social security wages 95,267.95		4 Social security tax withheld 5,906.61	
15 Name of state MICHIGAN		Employer's State I.D. No. ME-2700439		16 State wages, tips, etc. 90,800.55		17 State income tax withheld 3,681.95	
20 Name of locality DETROIT		Employer's Local I.D. No. 38-0549190		18 Local wages, tips, etc. 35,927.66		19 Local income tax withheld 431.15	
				5 Medicare wages and tips 95,267.95		6 Medicare tax withheld 1,381.39	
				10 Dependent care benefits 0.00		11 Nonqualified plans 0.00	
				12C Group Term Life Insurance 88.64		12D 401 (k) TESP 4,467.40	
				12M Uncollected soc sec tax 0.00		12N Uncollected medicare tax 0.00	
				12T Adoption benefits 0.00		12V Non statutory stock options 0.00	
				12W Health Savings Account 1,666.64		12DD Employer Sponsored Health Coverage 3,454.20	
				12AA Roth 401(k) 0.00		13 Statutory employee Retirement Plan X	
				14 Other 0.00			
				14 United Way 0.00		30 Union dues 0.00	

Form W-2 Wage and Tax Statement 2022

Copy 1 - For State, City, or Local Tax Department

Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation 90,800.55		2 Federal income tax withheld 10,487.76	
Employee's Social Security Number, Name, Address, And Zip Code:		KODEDHALA SHASHANK 27422 STRAWBERRY LN, APT 102 FARMINGTON HILL MI 48334 0 2470 S100 S		3 Social security wages 95,267.95		4 Social security tax withheld 5,906.61	
15 Name of state MICHIGAN		Employer's State I.D. No. ME-2700439		16 State wages, tips, etc. 90,800.55		17 State income tax withheld 3,681.95	
20 Name of locality DETROIT		Employer's Local I.D. No. 38-0549190		18 Local wages, tips, etc. 35,927.66		19 Local income tax withheld 431.15	
				5 Medicare wages and tips 95,267.95		6 Medicare tax withheld 1,381.39	
				10 Dependent care benefits 0.00		11 Nonqualified plans 0.00	
				12C Group Term Life Insurance 88.64		12D 401 (k) TESP 4,467.40	
				12M Uncollected soc sec tax 0.00		12N Uncollected medicare tax 0.00	
				12T Adoption benefits 0.00		12V Non statutory stock options 0.00	
				12W Health Savings Account 1,666.64		12DD Employer Sponsored Health Coverage 3,454.20	
				12AA Roth 401(k) 0.00		13 Statutory employee Retirement Plan X	
				14 Other 0.00			
				14 United Way 0.00		30 Union dues 0.00	

Form W-2 Wage and Tax Statement 2022

Copy 2 - To be filed with employee's State, City, or Local Income tax return

Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation 90,800.55		2 Federal income tax withheld 10,487.76	
Employee's Social Security Number, Name, Address, And Zip Code:		KODEDHALA SHASHANK 27422 STRAWBERRY LN, APT 102 FARMINGTON HILL MI 48334 0 2470 S100 S		3 Social security wages 95,267.95		4 Social security tax withheld 5,906.61	
15 Name of state MICHIGAN		Employer's State I.D. No. ME-2700439		16 State wages, tips, etc. 90,800.55		17 State income tax withheld 3,681.95	
20 Name of locality DETROIT		Employer's Local I.D. No. 38-0549190		18 Local wages, tips, etc. 35,927.66		19 Local income tax withheld 431.15	
				5 Medicare wages and tips 95,267.95		6 Medicare tax withheld 1,381.39	
				10 Dependent care benefits 0.00		11 Nonqualified plans 0.00	
				12C Group Term Life Insurance 88.64		12D 401 (k) TESP 4,467.40	
				12M Uncollected soc sec tax 0.00		12N Uncollected medicare tax 0.00	
				12T Adoption benefits 0.00		12V Non statutory stock options 0.00	
				12W Health Savings Account 1,666.64		12DD Employer Sponsored Health Coverage 3,454.20	
				12AA Roth 401(k) 0.00		13 Statutory employee Retirement Plan X	
				14 Other 0.00			
				14 United Way 0.00		30 Union dues 0.00	

Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation	114,262.47	2 Federal income tax withheld	10,657.79
Employee's Social Security Number, Name, Address, And Zip Code:		CHAVA SHOBHA RAO 27422 STRAWBERRY LANE APT 102 FARMINGTON HILL MI 48334 1 2470 J2107 S		3 Social security wages	120,343.14	4 Social security tax withheld	7,461.27
15 Name of state		Employer's State I.D. No.	16 State wages, tips, etc.	17 State income tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	1,744.98
MICHIGAN		ME-2700439	114,262.47	4,599.36	10 Dependent care benefits	11 Nonqualified plans	0.00
20 Name of locality		Employer's Local I.D. No.	18 Local wages, tips, etc.	19 Local income tax withheld	12C Group Term Life Insurance	12D 401 (k) TESP	6,080.67
DETROIT		38-0549190	35,543.84	426.51	12M Uncollected soc sec tax	12N Uncollected medicare tax	0.00
					12T Adoption benefits	12V Non statutory stock options	0.00
					12W Health Savings Account	12DD Employer Sponsored Health Coverage	4,145.04
					12AA Roth 401(k)	13 Statutory employee Retirement Plan	X
					14 Other		
					14 United Way	30 Union dues	0.00
					0.00	0.00	

Form W-2 Wage and Tax Statement 2022

Copy B - To be filed with employee's FEDERAL tax return

Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation	114,262.47	2 Federal income tax withheld	10,657.79
Employee's Social Security Number, Name, Address, And Zip Code:		CHAVA SHOBHA RAO 27422 STRAWBERRY LANE APT 102 FARMINGTON HILL MI 48334 1 2470 J2107 S		3 Social security wages	120,343.14	4 Social security tax withheld	7,461.27
15 Name of state		Employer's State I.D. No.	16 State wages, tips, etc.	17 State income tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	1,744.98
MICHIGAN		ME-2700439	114,262.47	4,599.36	10 Dependent care benefits	11 Nonqualified plans	0.00
20 Name of locality		Employer's Local I.D. No.	18 Local wages, tips, etc.	19 Local income tax withheld	12C Group Term Life Insurance	12D 401 (k) TESP	6,080.67
DETROIT		38-0549190	35,543.84	426.51	12M Uncollected soc sec tax	12N Uncollected medicare tax	0.00
					12T Adoption benefits	12V Non statutory stock options	0.00
					12W Health Savings Account	12DD Employer Sponsored Health Coverage	4,145.04
					12AA Roth 401(k)	13 Statutory employee Retirement Plan	X
					14 Other		
					14 United Way	30 Union dues	0.00
					0.00	0.00	

Form W-2 Wage and Tax Statement 2022

Copy 1 - For State, City, or Local Tax Department

Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation	114,262.47	2 Federal income tax withheld	10,657.79
Employee's Social Security Number, Name, Address, And Zip Code:		CHAVA SHOBHA RAO 27422 STRAWBERRY LANE APT 102 FARMINGTON HILL MI 48334 1 2470 J2107 S		3 Social security wages	120,343.14	4 Social security tax withheld	7,461.27
15 Name of state		Employer's State I.D. No.	16 State wages, tips, etc.	17 State income tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	1,744.98
MICHIGAN		ME-2700439	114,262.47	4,599.36	10 Dependent care benefits	11 Nonqualified plans	0.00
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DETROIT		38-0549190	35,543.84	426.51	12M Uncollected soc sec tax	12N Uncollected medicare tax	0.00
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Employer Identification Number(EIN), Name, Address, And Zip Code:		38-0549190 FORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126		1 Wages, tips other compensation	114,262.47	2 Federal income tax withheld	10,657.79
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MICHIGAN		ME-2700439	114,262.47	4,599.36	10 Dependent care benefits	11 Nonqualified plans	0.00
20 Name of locality		Employer's Local I.D. No.	18 Local wages, tips, etc.	19 Local income tax withheld	12C Group Term Life Insurance	12D 401 (k) TESP	6,080.67
DETROIT		38-0549190	35,543.84	426.51	12M Uncollected soc sec tax	12N Uncollected medicare tax	0.00
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