E400E C		Employ	er-Provid	led Hea	alth Insu	rance	Offer and	d Cover	rage	VOID		OMB No. 1545-2251	60012
1095-C Department of the Treasur	. 1		▶ Do n	ot attach to yo s.gov/Form109	our tax return. K 95C for instructi	eep for you ons and the				CORRE	CTED	50	22
Part I Employe					security number (: *-**-0587	A	pplicable Large E	mployer Mer	mber (Employ	er)		8 Employer identifica 38-054919	
Name of employee (first SHOBHA R CH	AVA	tial, last name)				F	me of employer ORD MOTOR C						
3 Street address (includin 27422 STRAW	BERRY LA					O	eet address (including NE AMERICAN			ROOM 612		10 Contact telephone 800-248-4	
4 City or town FARMINGTON		5 State or provino MI	e	6 Country and 48334	ZIP or foreign pos		ity or town DEARBORN		12 State or pro-	vince		13 Country and ZIP of	r foreign postal coo
Part II Employe				Employee	s's Age on Jan	uary 1			Plan Start M	lonth (enter 2-digi	t number):	01	
-	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	19	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	-	,	3	5	5	\$	\$	<u> </u>	s
		- 20	20	20	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code For Privacy Act and P	penuark Reduc	Alex A children			E DE				22				
To a mady moralid r	sperwork Reduc	tion Act Notice, s	see separate instruc	tions.		Cat.	No. 60705M					Form 10	95-C (2022)
												, s , e	(2022)

Form 1095-C (2022)	10000												PO	032	
Part III Covered Individuals - If Employer provided self-insured coverage, check the box and en	ter the information for	each individual enrolle	ed in coverage	ae, in	cludir	na the	e em	nlove		×				Page	
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN										overa	ge	_		
18 SHOBHA R CHAVA	***-**-0587	rin is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	e July	Aug	Sep	ot Oc	t No	Dec
19	~~~~~~0587		-	 	×	×	×	1×	+×	4×	1×	()×	(>	13	××
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Form 1095-C (2022)



AKL 8888 A0047 000000303

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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.

P00750

Form 109	5-C	Em	nployer-F	rovide	d Health In	surance	Offer	and	Cove	erage	•		VOID		I	OMB N	o. 1545-2	2251
Department of the	ne Treasury	(370		Do not atte	ach to your tax ref	turn. Keep fo	r your rec	ords.					CORRE	CTE	D	90	22)
Part I E	-	L	Go to w	ww.irs.gov/i	Form 1095C for Inc	structions ar	nd the late			ores	Em-1-	war 1ª		/E-	1	4		<u> </u>
	ployee (first name	middle initial. I	last name)	2 S	ocial security number	(SSN)	7 Name of			Large	Emplo	yer M	ember		ployer) Employe	r identific	ation ru	mber (FIM
	ANK KODE		1251 (1011)		XX-XX-1083	(1,000)	MERCE			RES	EARC	H AN	D DE					moer (Lity
	ss (including apart TRAWBER		, APT-10	2	E.		9 Street ad	idress (in	cluding roo	om or su	ite no.)			10	0 Contact 770-7	telephone	number	-
4 City or town		5 State or pro-	vince	1000	untry and ZIP or foreign	n postal code	11 City or to	wn		12 S	tate or pre	ovince		13	3 Country	and ZIP or	foreign p	postal code
	GTON HIL			MI US	SA 48334		SANDY		INGS	1					USA			
Pairtil En	All 12 Months	Jan	Feb Feb	Mar	Employee's	Age on J	June		liska				$\overline{}$		git numb		01	
Offer of	All 12 Montains	Jan	1 00	Ivial	1 04	iviery	June	-	July	+-	Aug	Se	pt	00	71	Nov	+	Dec
overage (enter quired code)		1H	1H	1H	1H	1H	1H		1H	1	Н	11		11	1	1E		1E
Employee quired			10	No.			8.1		100000	1000								
ntribution (see tructions)	s	5	\$	\$	6	Olive	6	\$		s		s		8		67	.83	67.83
ection 4980H Harbor and Relief (enter if applicable)	1 1	2A	2A	2A	2A	2A	2A	V.	2A		2A	2	A	2	.D			
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rt III Cove	ered Individ	uals	red coverage	check th	e box and enter	the informs	ation for e	ach in	dividual	enrolle	ed in co	verage	includ	ling th	he emni	ovee	П	Ý
	of covered indivi-			r other TIN	(a) DOB (I SSN or ot			30011111	arria aar	0111011			s of cover		io diripi	oyou.		0.
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ANNUAL TAX AND INTEREST STATEMENT 1098-2022

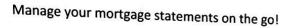


Principal Balance

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

RETURN SERVICE REQUESTED

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



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.

, , , , , , , , , , , , , , , , , , ,		ECTED (if checked)	91 (6)	1	
RECIPIENT'S/LENDER'S name, stre province, country, ZIP or foreign post LAKE MICHIGAN CREDIT 4027 LAKE DR SE	al code, and telephone no. ΓUNION	*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,	OMB No. 1545-1380 Form 1098 (Rev. January 2022)		Mortgage Interest Statement
GRAND RAPIDS, MI 4954 Phone: 844-754-6280	16	actually paid by you, and not reimbursed by another person.	For calendar year 2022		The second secon
		1 Mortgage interest received fr \$	om payer(s)/borrower(s \$1,569		Copy B For Payer/
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal \$0.00	3 Mortgage originatio		The information in boxes through 9 and 11 is
38-1215360	***-**-1083	4 Refund of overpaid interest	5 Mortgage insurance premiums	ig.	important tax information and is being furnished to the IRS. If you are required
PAYER'S/BORROWER'S name		\$ \$0.00	<u> \$ </u>		to file a return, a negligence
SHASHANK KODEDHALA SHOBHA RAO CHAVA		6 Points paid on purchase of p	1050	0.00	penalty or other sanction may be imposed on you if the IRS determines
Street address (including apt. no.) 27422 STRAWBERRY LN		7 If address of property se as PAYER'S/BORROWER'S a the address or description is en	ddress, the box is check		that an underpayment of tax results because you overstated a deduction for
100 Mg - 100 Mg 1 May 1, 64 Mg		8 Address or description of pro	anarti annurina madaa		this mortgage interest or for these points, reported in
City or town, state or province, countries FARMINGTON HILLS MI 483		6 Address of description of pro	openy securing monga(ye	boxes 1 and 6; or because you didn't report the refund of interest (box 4); or
9 Number of properties securing the	10 Real Estate Taxes Paid	25597 CRYSTAL CRE			because you claimed a
mortgage	and the second second	SOUTH LYON MI 4817	В		nondeductible item.
	\$0.00				11 Mortgage
Account number (see instructions)					acquisition date
0170304255	CONSTRUCTION				

Form 1098 (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1098

Department of the Treasury - Internal Revenue Service



P.O. BOX 44921 INDIANAPOLIS IN 46244-4921

Recipient's Information

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.

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

Sum	mary of Form 1099-INT Inter	est Income					/ANA 11
Box 1. 2. 3. 4. 5. 6 7. 8.	Description Interest income Early withdrawal penalty Interest on U.S. Savings Bonds Treasury Obligations Federal income tax withheld Investment expenses Foreign tax paid Foreign country or U.S. posses Tax exempt interest	and	\$2.46 \$0.00 \$0.00 \$0.54 \$0.00 \$0.00 (See Details) \$0.00	9. 10. 11. 12. 13. 14. 15.	Description Specified private active Market discount Bond premium Bond premium on Trace Bond premium on tax and tax an	easury obligations c-exempt bond credit bond CUSIP no.	(OMB No. 1545-0112) Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 (See Details) (See Details) (See Details) (See Details) (See Details) (See Details)
100 100000	ails of Form 1099-INT Interes	t Income			3 1		(OMB No. 1545-0112)
Acc	ount Description	Box #1 Interest income	Box #/ withdrawal p	2 Early enalty			(OMB NO. 1545-0112)
3602 SAVI	361371 NGS	\$2.46		\$0.00		#4 Federal inc tax w/held #15 State FATCA Filing requirement	\$0.54 MI NO



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

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



TRUSTEE'S/PAYER'S name, s or foreign postal code, and telep Alegeus Tech, LLC dba 1601 Trapelo Road Waltham, MA 02451 1-866-287-5675	treet address, city or town, state or province, country, ZIP	RECTED (if checked)	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 90-0808825	RECIPIENT'S TIN XXX-XX-0587	1. Gross Distribution \$109.51	2. Earnings on excess cont. \$0.00	Copy B For Recipient
RECIPIENT'S name SHOBHA CHAVA Street address (including apt. r	10.)	3. Distribution code	4. FMV on date of death \$0.00	This information
27422 STRAWBERRY	LANE APT 102 , country, and ZIP or foreign postal code	5.HSA 🖾 Archer MSA 🗆 MA MSA		is being furnished to the IRS.
Account number (see instruct 601010272391 Form 1099-SA (Rev. 11-	0.83	www.irs.gov/Form1099S/	A Department of the Treasu	ry - 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 HSA; an Archer MSA may be rolled over to another HSA; an Archer MSA may be rolled over to another HSA; an Yellow 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 may owe a penalty. 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 includible 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 8883. 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. 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, ly 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

contributions that remain in the account. See Form 5329, Additionar 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

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



	СО	RRECTED (if checked)		Distributions
TRUSTEE'S/PAYER'S name, str or foreign postal code, and telep Alegeus Tech, LLC dba 1601 Trapelo Road Waltham, MA 02451 1-866-287-5675	reet address, city or town, state or province, country, ZIP hone number WealthCare Saver	page of grant to the	OMB No. 1545 - 1517 Form 1099-SA (Rev. November 2019) For calendar year 2022	From an HSA Archer MSA, o Medicare Advantag MSA
PAYER'S TIN 90-0808825	RECIPIENT'S TIN XXX-XX-1083	1. Gross Distribution \$1,472.64	2. Earnings on excess cont. \$0.00	Copy E For Recipient
RECIPIENT'S name SHASHANK KODEDHA	LA	3. Distribution code	4. FMV on date of death	
Street address (including apt. no	o.)	1	\$0.00	This information
27422 Strawberry Lane	Apt 102	5. HSA 🗵		is being furnished
		Archer MSA		to the IRS.
City or town, state or province, or	ountry, and ZIP or foreign postal code	MA MSA		
Farmington Hills, MI 483	334	MSA LI		
Account number (see instruction	s)		们主要是连续	
601010238210			Department of the Tre	asury - Internal Revenue Service
Form 1099-SA (Rev. 11-20	(keep for your records)	www.irs.gov/Form1099SA	Department of the Tre	addity intomat forting control

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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 if 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 distribution for the form of the payment.

ror 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

you inherited an HSA because of the death of your spouse, see the Instructions for

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 includible 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

Account number. May show an account or other unique number the payer

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

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-Prohibid transaction; 6-Death distribution after year of death to a nonspouse

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

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	reasury-Internal Revenue Service 38-0549190	ce OMB No. 1545-0008	The instruction is being full	nished to the Internal Revenue Service as 1 Wages, tips other compensation	2 Federal Income tax withheld
Identification Number(E	IN). FORD MOTOR COMPAN	Υ		90,800.55	10,487.76
Name, Address, And Zip Code:	ONE AMERICAN ROAD DEARBORN, MI 48126			3 Social security wages 95,267.95	4 Social security tax withheld 5,906.61
Employee's Social Security Number,	KODEDHALA SHASHANK 27422 STRAWBERRY LN, APT 102		174-61-1083	5 Medicare wages and tips	6 Medicare tax withheld
Name, Address,	FARMINGTON HILL MI 48334			95,267.95 10 Dependent care benefits	1,381.39
And Zip Code:	0 2470 S100	S		0.00 12C Group Term Life Insurance	0.00 12D 401 (k) TESP
				88.64	4,467.40
				12M Uncollected soc sec tax 0.00	12N Uncollected medicare tax 0.00
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	12T Adoption benefits 0.00	12V Non statutory stock options 0.00
20 Name of locality DETROIT	Employer's Local I.D. No.	18 Local wages, tips, etc.	19 Local income tax withheld	12W Health Savings Account	1200 Employer Sponsored Health Cove
DETROIT	38-0549190	35,927.66	431.15	1,666.64 12AA Roth 401(k)	3,454.20 13 Statutory employee Retirement Pi
	-			0.00	X
				0.00	
				14 United Way 0.00	30 Union dues 0.00
orm W-2 Wage and	Tax Statement 2022		***************************************		with employee's FEDERAL tax ret
enartment of the Trea	asury-Internal Revenue Service	OMB No. 1545-0008	This information is boing furn	nished to the Internal Revenue Service a	nd appropriate State and local offici
mployer	38-0549190	ONID NO. 1343-0006	This information is being furn	1 Wages, tips other compensation	2 Federal income tax withheld
entification Number(EIN)	FORD MOTOR COMPANY			90,800.55	10,487.76
ame, Address, nd Zip Code:	ONE AMERICAN ROAD DEARBORN, MI 48126			3 Social security wages 95,267.95	4 Social security tax withheld 5,906.61
mployee's Social	KODEDHALA SHASHANK		174-61-1083	5 Medicare wages and tips	6 Medicare tax withheld
ecurity Number, ame, Address,	27422 STRAWBERRY LN, APT 102			95,267.95	1,381.39
nd Zip Code:	FARMINGTON HILL MI 48334 0 2470 \$100	S		0.00	0.00
				12C Group Term Life Insurance 88.64	12D 401 (k) TESP 4,467.40
				12M Uncollected soc sec tax	12N Uncollected medicare tax
Name of state	Employer's State I.D. No.	16 State wages, tips, etc.	17 State income tax withheld	0.00 12T Adoption benefits	12V Non statutory stock options
MICHIGAN	ME-2700439	90,800.55	3,681.95	0.00	0.00 1200 Employer Sponsored Health Cove
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	12W Health Savings Account 1,666.64	3,454.20
DETROIT	30-0349190	33,327.00		12AA Roth 401(k) 0.00	13 Statutory employee Retirement Pla
				14 Other	
				0.00	30 Union dues
				14 United Way 0.00	0.00
rm W-2 Wage and 1	Tax Statement 2022				State, City, or Local Tax Departme
nartment of the Treas	sury-Internal Revenue Service	OMB No. 1545-0008	This information is being furnis	shed to the Internal Revenue Service an	d appropriate State and local officia
ployer	38-0549190			1 Wages, tips other compensation	2 Federal income tax withheld 10,487.76
ntification Number(EIN),	FORD MOTOR COMPANY			90,800.55 3 Social security wages	4 Social security tax withheld
ne, Address, d Zip Code:	ONE AMERICAN ROAD DEARBORN, MI 48126			95,267.95	5,906.61
	KODEDHALA, SHASHANK		174-61-1083	5 Medicare wages and tips 95,267.95	6 Medicare tax withheld 1,381.39
urity Number, ne, Address,	27422 STRAWBERRY LN, APT 102			10 Dependent care benefits	11 Nonqualified plans 0.00
Zip Code:	FARMINGTON HILL MI 48334 0 2470 S100	S		0.00 12C Group Term Life Insurance	12D 401 (k) TESP
				88.64	4,467.40
				12M Uncollected soc sec tax	12N Uncollected medicare tax 0.00
	To 1 to Chata II D. No.				0.00
ame of state		16 State wages, tips, etc.	17 State income tax withheld	0.00	12V Non statutory stock options
MICHIGAN	Employer's State I.D. No. ME-2700439	16 State wages, tips, etc. 90,800.55	3,681.95	0.00 12T Adoption benefits 0.00	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove
MICHIGAN ame of locality	ME-2700439 Employer's r Local I.D. No.			0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove 3.454.20
	ME-2700439	90,800.55 18 Local wages, tips, etc.	3,681.95 19 Local income tax withheld	0.00 12T Adoption benefits 0.00 12W Health Savings Account	
ame of locality	ME-2700439 Employer's r Local I.D. No.	90,800.55 18 Local wages, tips, etc.	3,681.95 19 Local income tax withheld	0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64 12AA Roth 401(k) 0.00	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove 3.454.20
ame of locality	ME-2700439 Employer's r Local I.D. No.	90,800.55 18 Local wages, tips, etc.	3,681.95 19 Local income tax withheld	0.00	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove 3,454.20 13 Statutory employee Retirement Pla X
ame of locality	ME-2700439 Employer's r Local I.D. No.	90,800.55 18 Local wages, tips, etc.	3,681.95 19 Local income tax withheld	0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64 12AA Roth 401(k) 0.00 14 Other 0.00 14 United Way 0.00	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove 3,454.20 13 Statutory employee Retirement Plat X
ame of locality DETROIT	ME-2700439 Employer's r Local I.D. No. 38-0549190	90.800.55 18 Local wages, tips, etc. 35.927.66	3,681.95 19 Local income tax withheld 431.15	0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64 12AA Roth 401(k) 0.00 14 Other 0.00 14 United Way 0.00 Copy 2 - To be filed with employee's	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove 3,454.20 13 Statutory employee Retirement Pla X 30 Union dues 0.00 State, City, or Local Income tax ret
nme of locality DETROIT NW-2 Wage and Tax	ME-2700439 Employer's r Local I.D. No. 38-0549190 x Statement 2022	90.800.55 18 Local wages, tips, etc. 35.927.66	3,681.95 19 Local income tax withheld 431.15	0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64 12AA Roth 401(k) 0.00 14 Other 0.00 14 United Way 0.00 Copy 2 - To be filed with employee's	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove 3,454.20 13 Statutory employee Retirement Pix X 30 Union dues 0.00 State, City, or Local Income tax ret
nme of locality DETROIT NW-2 Wage and Tax	ME-2700439 Employer's r Local I.D. No. 38-0549190	90.800.55 18 Local wages, tips, etc. 35.927.66	3,681.95 19 Local income tax withheld 431.15	0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64 12AA Roth 401(k) 0.00 14 Other 0.00 Copy 2 - To be filed with employee's shed to the Internal Revenue Service and It Wages, tips other compensation	12V Non statutory stock options 12DD Employer Sponsored Health Cover 3, 454.20 13 Statutory employee Retirement Pix X 30 Union dues State, City, or Local Income tax ret d appropriate State and local official Pederal income tax withheld
n W-2 Wage and Tax	ME-2700439 Employer's r Local I.D. No. 38-0549190 x Statement 2022 ry-Internal Revenue Service	90.800.55 18 Local wages, tips, etc. 35.927.66	3,681.95 19 Local income tax withheld 431.15	0.00	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cova 3,454.20 13 Statutory employee Retirement Pia X 30 Union dues 0.00 State, City, or Local Income tax ret d appropriate State and local offici 2 Federal income tax withheld 10,487.76
n W-2 Wage and Tax rtment of the Treasur	ME-2700439 Employer's r Local I.D. No. 38-0549190 x Statement 2022 ry-Internal Revenue Service 88-0549190 CORD MOTOR COMPANY ONE AMERICAN ROAD	90.800.55 18 Local wages, tips, etc. 35.927.66	3,681.95 19 Local income tax withheld 431.15	0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64 12AA Roth 401(k) 0.00 14 Other 0.00 Copy 2 - To be filed with employee's shed to the Internal Revenue Service and It Wages, tips other compensation	12V Non statutory stock options 12DD Employer Sponsored Health Cove 3,454.20 13 Statutory employee Retirement Pia X 30 Union dues 0.00 State, City, or Local Income tax ret d appropriate State and local offici 2 Federal income tax withheld 10,487.76 4 Social security tax withheld 5,906.61
n W-2 Wage and Tarrtment of the Treasuroyer fication Number(EIN), F. Address, is contact.	ME-2700439 Employer's r Local I.D. No. 38-0549190 x Statement 2022 ry-Internal Revenue Service 88-0549190 ORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126	90.800.55 18 Local wages, tips, etc. 35.927.66	3,681.95 19 Local income tax withheld 431.15 This information is being furnis	0.00 12T Adoption benefits 0.00 12W Health Savings Account 1,666.64 12AA Roth 401(k) 0.00 14 Other 0.00 14 United Way 0.00 Copy 2 - To be filed with employee's shed to the Internal Revenue Service ar 1 Wages, tips other compensation 90,800.55 3 Social security wages 95,267.95	12V Non statutory stock options 0.00 12DD Employer Sponsored Health Cove 3,454.20 13 Statutory employee Retirement Pla X 30 Union dues 0.00 State, City, or Local Income tax ret d appropriate State and local offici 2 Federal income tax withheld 10,487.76 4 Social security tax withheld 5,906.61
n W-2 Wage and Tax rtment of the Treasur over fication Number(EIN), F Address,	ME-2700439 Employer's r Local I.D. No. 38-0549190 x Statement 2022 ry-Internal Revenue Service 88-0549190 ORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126	90.800.55 18 Local wages, tips, etc. 35.927.66	3,681.95 19 Local income tax withheld 431.15	0.00	12V Non statutory stock options 12DD Employer Sponsored Health Cove 3,454.20 13 Statutory employee Retirement Pix X 30 Union dues State, City, or Local Income tax ret d appropriate State and local offici 2 Federal income tax withheld 10,487.76 4 Social security tax withheld 5,906.61 6 Medicare tax withheld 1,381.38
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n W-2 Wage and Tarrtment of the Treasuroyer fication Number(EIN), F. Address, is contact.	ME-2700439 Employer's r Local I.D. No. 38-0549190 x Statement 2022 ry-Internal Revenue Service 88-0549190 ORD MOTOR COMPANY ONE AMERICAN ROAD DEARBORN, MI 48126	90.800.55 18 Local wages, tips, etc. 35.927.66 OMB No. 1545-0008	3,681.95 19 Local income tax withheld 431.15 This information is being furnis	12T Adoption benefits	12V Non statutory stock options 12DD Employer Sponsored Health Cow 3,454.20 13 Statutory employee Retirement Pix X 30 Union dues 13 Statutory employee Retirement Pix 4 Social security tax withheld 10,487.76 4 Social security tax withheld 1,381.35 11 Nonqualified plans 12D 401 (k) TESP 4,467.40 12N Uncollected medicare tax 0,000
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22 Code	me, Address,	ONE AMERICAN ROAD			3 Social sequelly	114,262.47		10,657.7
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Mother 0.00	DETROIT	38-0549190	35.543.84	426.51	12AA Roth 401(k)	100.00	13 Statutory employee	4,145.04
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