

FORM W-2 Wage and Tax Statement
Copy C for Employee's Records

Department of Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service. 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.

All copies of your W-2 are on this page, separated by perforations. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		2023	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER COMPENSATION	144233.75	2. FEDERAL INCOME TAX WITHHELD	11002.29
B. EMPLOYER IDENTIFICATION NUMBER (EIN)			A. EMPLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES	153552.77	4. SOCIAL SECURITY TAX WITHHELD	9520.27
38-1889682			XXX-XX-1642			5. MEDICARE WAGES AND TIPS	153552.77	6. MEDICARE TAX WITHHELD	2226.52
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS	
REINALT-THOMAS CORPORATION & SUBSIDIARIES 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255						9.		10. DEPENDENT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL						11. NONQUALIFIED PLANS		12. a-d See instructions for box 12	
SURYA NARAYANA VEMURI						14. OTHER		D	9319.02
3505 E PIKE ST								DD	21144.76
PHOENIX, AZ 85050									
F. EMPLOYEE'S ADDRESS AND ZIP CODE									
15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			
AZ	0381889682	144233.75	4953.21						

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PHOENIX, AZ 85050									
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AZ	0381889682	144233.75	4953.21						

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return **2023** Dept. of the Treasury - Internal Revenue Service

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PHOENIX, AZ 85050									
F. EMPLOYEE'S ADDRESS AND ZIP CODE									
15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			
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AZ	0381889682	144233.75	4953.21						

Copy B To be filed with Employee's FEDERAL tax return **2023** Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

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

2023

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) Surya Narayana Murti		2 Social security number (SSN) ***-**-1642		7 Name of employer The Reinalt Thomas Corporation		8 Employer identification number (EIN) 38-1889682	
3 Street address (including apartment no.) 3505 E Pike St		5 State or province AZ		6 Country and ZIP or foreign postal code US 85050		9 Street address (including room or suite no.) 20225 N Scottsdale Rd	
4 City or town Phoenix		11 City or town Scottsdale		12 State or province AZ		10 Contact telephone number 480-606-6000	

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	Employee's Age on January 1												
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1E	\$107.77	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2C														

17 ZIP Code

Cat. No. 60705M

Form 1095-C (2023)

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

Instructions for Recipients

This form reports information about the health insurance coverage that your employer provided to you or your family in 2023. You should keep this form for your records. You may need to provide a copy of this form to your tax preparer or to the IRS. You may also need to provide a copy of this form to your state or local government agency. You should also keep a copy of this form for your records.

Part I provides information about the employer and the health insurance coverage that was offered to you or your family. **Part II** provides information about the employee offer of coverage. **Part III** provides information about the employee's age on January 1, 2023. **Part IV** provides information about the plan start month. **Part V** provides information about the employee's age on January 1, 2023.

Section 1095-C requires an applicable large employer to provide health insurance coverage to its employees and their families. An applicable large employer is an employer with at least 50 full-time equivalent employees in the United States in either 2022 or 2023. An applicable large employer must offer health insurance coverage to its employees and their families. The employer must also provide information about the health insurance coverage that was offered to you or your family. This information is reported on Form 1095-C.

The information reported on this form is based on the information that the employer provided to the IRS. The information may not be complete or accurate. You should verify the information with your employer. You should also keep a copy of this form for your records.

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.

	(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	Surya Narayan Vemuri	***-**-1642		<input checked="" 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"/>
19	Bhuvan Teja Vemuri	***-**-2665		<input checked="" 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"/>
20	Lakshya Vemuri	***-**-2672		<input checked="" 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"/>
21	Laxmi Saraswa Boyilla	***-**-2662		<input checked="" 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"/>
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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<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"/>
25				<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"/>
26				<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"/>
27				<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"/>
28				<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"/>
29				<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"/>
30				<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"/>

RS Americas
7151 Jack Newell Blvd. S
Fort Worth, TX 76118

0096001**000261**000001*****AUTO**ALL FOR AADC 852**5



0096001

LAXMI BOYILLA
3505 E PIKE ST
PHOENIX AZ 85050-0061

600120

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID

CORRECTED

OMB No. 1545-2251

2023

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Laxmi S Boyilla		2 Social security number (SSN) xxx-xx-5049		7 Name of employer RS Americas		8 Employer identification number (EIN) 75-2110357	
3 Street address (including apartment no.) 3505 E Pike Street				9 Street address (including apartment no.) 7151 Jack Newell Blvd. S		10 Contact telephone number 866-433-5722	
4 City or town Phoenix		5 State or province AZ		6 Country and ZIP or foreign postal code USA 85050		11 City or town Fort Worth	
						12 State or province TX	
						13 Country and ZIP or foreign postal code USA 76118	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month: 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
1A															
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G														
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.

(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	Jun	Jul	Aug	Sep	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"/>
24			<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"/>
25			<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"/>
26			<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.

Cat. No. 60705M

Form 1095-C (2023)



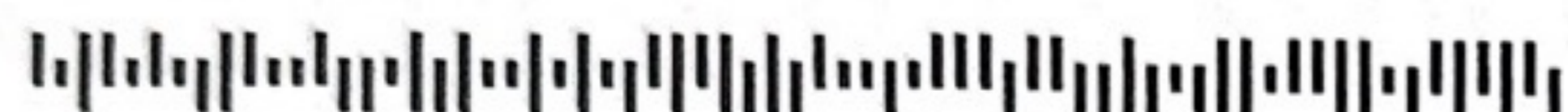
0096001

AZ Families Tax Rebate
ADOR - Div Code 1734
1600 W. Monroe St.
Phoenix, AZ 85007



698211-02-02870

SURYA NARAYANA VEMURI
3505 E PIKE ST
PHOENIX, AZ 85050



Dear Taxpayer,

You are receiving this notice because you qualified for and received the Arizona Families Tax Rebate for tax year 2023. This rebate was issued pursuant to Senate Bill 1734, as passed by the fifty-sixth legislature, first regular session, and signed into law by the governor. Most taxpayers received this rebate via a direct deposit to their account on or about November 13, 2023.

The Internal Revenue Service has determined that the rebate **is** subject to **federal** income tax and, thus, requires it to be reported as part of your federal adjusted gross income on your 2023 federal income tax return. For this reason, the Arizona Department of Revenue (ADOR) is issuing you a Form 1099-MISC, Miscellaneous Information, which reports miscellaneous compensation and other payments such as this rebate.

Note that the rebate **is not** subject to **Arizona** income tax and should be subtracted from your federal adjusted gross income on your 2023 Arizona individual income tax return.

ADOR will provide you with your Form 1099-MISC online through its secure portal. You will be able to access your Form 1099-MISC **on and after January 31, 2024** by visiting azdor.gov/arizona-families-tax-rebate and clicking on "View my 1099-MISC." Once there, you will be prompted to enter certain identifying information, which will then permit you to download a copy of your Form 1099-MISC.

If you do not have a computer or internet access, or are otherwise unable to successfully download your Form 1099-MISC, you can request a copy of it by contacting ADOR's Arizona Families Tax Rebate team at (602) 716-6855.

For more information on the Arizona Families Tax Rebate taxability and frequently asked questions, visit azdor.gov/arizona-families-tax-rebate.

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