

YAHOO HOLDINGS INC
770 BROADWAY 9TH FLOOR
NEW YORK, NY 10003



APQPNA95CPW0000050512A422A985

011069 RO9MYT01 APQ 8888 C8657 000001773
ARJUN GOVINDARAJU
43010 PARIS GAP SQ
ASHBURN, VA 20148

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

2023

Part I Employee		Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) ARJUN GOVINDARAJU		2 Social security number (SSN) XXX-XX-8761		7 Name of employer YAHOO HOLDINGS INC	
3 Street address (including apartment no.) 43010 PARIS GAP SQ		9 Street address (including room or suite no.) 770 BROADWAY 9TH FLOOR		8 Employer identification number (EIN) 81-3443155	
4 City or town ASHBURN	5 State or province VA	6 Country and ZIP or foreign postal code USA 20148	11 City or town NEW YORK	12 State or province NY	10 Contact telephone number 866-772-3182
		13 Country and ZIP or foreign postal code USA 10003			

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) 1E													
15 Employee Required Contribution (see instructions) \$ 106.25													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
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 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 ARJUN GOVINDARAJU	XXX-XX-8761		<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"/>	
19 SAANVI OLETY		07/20/2021	<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"/>	
20 SARAYU OLETY		08/05/2017	<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"/>	
21 SANDHYA RANI RATHNAIA	XXX-XX-6959		<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"/>	
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"/>	
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"/>	

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2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2023

Copy C for employee's records. OMB No. 1545-0008

d Control number Dept. Corp. Employer use only
0000000840 7CY 513650 DNXA E S 1815

c Employer's name, address, and ZIP code
YAHOO HOLDINGS INC
770 BROADWAY 9TH FLOOR
NEW YORK, NY 10003

e/f Employee's name, address, and ZIP code
ARJUN GOVINDARAJU
43010 PARIS GAP SQ
ASHBURN, VA 20148

b Employer's FED ID number 81-3443155 a Employee's SSA number XXX-XX-8761

1 Wages, tips, other comp. 243121.19	2 Federal income tax withheld 49188.23
3 Social security wages 160200.00	4 Social security tax withheld 9932.40
5 Medicare wages and tips 265621.19	6 Medicare tax withheld 4442.10
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 190.08
14 Other	12b D 22500.00
	12c DD 26760.00
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State VA Employer's state ID no. 30-813443155F-001	16 State wages, tips, etc. 243121.19
17 State income tax 13138.23	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	271,243.03	SOCIAL SECURITY TAX WITHHELD	9,932.40
FED. INCOME TAX WITHHELD	49,188.23	BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX WITHHELD	4,442.10
BOX 06 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	13,138.23	SUI/SDI	0.00
BOX 17 OF W-2		BOX 14 OF W-2	
LOCAL INCOME TAX	0.00		
BOX 19 OF W-2			

To change your employee W-4 profile information file a new W-4 with your payroll department

ARJUN GOVINDARAJU
43010 PARIS GAP SQ
ASHBURN, VA 20148

Social Security Number: XXX-XX-8761



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Federal Filing Copy W-2 Wage and Tax Statement 2023

Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

VA. State Filing Copy W-2 Wage and Tax Statement 2023

Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy W-2 Wage and Tax Statement 2023

Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008