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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.

P00750 VOID Form 1095-C OMB No. 1545-2251 **Employer-Provided Health Insurance Offer and Coverage** Do not attach to your tax return. Keep for your records. CORRECTED 23 Department of the Treasury Go to www.irs.gov/Form1095C for instructions and the latest information. Internal Revenue Service Part I Employee Applicable Large Employer Member (Employer) 2 Social security number (SSN) 1 Name of employee (first name, middle initial, last name) 8 Employer identification number (EIN) ARJUN GOVINDARAJU XXX-XX-8761 YAHOO HOLDINGS INC 81-3443155 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number 43010 PARIS GAP SQ 770 BROADWAY 9TH FLOOR 866-772-3182 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 foreign postal code **ASHBURN** USA 20148 **NEW YORK** USA 10003 Part II Employee Offer of Coverage Plan Start Month (enter 2-digit number): 01 Employee's Age on January 1 All 12 Months 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 2C code, if applicable) Part III Covered Individuals X If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. (c) DOB (if SSN or other TIN is not available) all 12 months (a) Name of covered individual(s) (e) Months of coverage (b) SSN or other TIN First name, middle initial, last name Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec X 18 ARJUN GOVINDARAJU XXX-XX-8761 X SAANVI OLETY 07/20/2021 X SARAYU OLETY 08/05/2017 X SANDHYA RANI RATHNAIA XXX-XX-6959

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

22

Form 1095-C(2023)

## 2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy 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 Wage and Tax Statement any adjustments made by your employer. Copy C for employee's records. Control number Employer use only GROSS PAY 271,243.03 SOCIAL SECURITY 9,932,40 0000000840 7CY 513650 DNXA TAX WITHHELD E S 1815 BOX 04 OF W-2 c Employer's name, address, and ZIP code FED. INCOME 49,188.23 MEDICARE TAX 4,442.10 YAHOO HOLDINGS INC TAX WITHHELD WITHHELD 770 BROADWAY 9TH FLOOR BOX 02 OF W-2 BOX 06 OF W-2 **NEW YORK, NY 10003** STATE INCOME TAX 13.138.23 SUI/SDI 0.00 BOX 17 OF W-2 LOCAL INCOME TAX BOX 14 OF W-2 0.00 BOX 19 OF W-2 e/f Employee's name, address, and ZIP code ARJUN GOVINDARAJU 43010 PARIS GAP SQ

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

> > Social Security Number: XXX-XX-8761

2 Federal income tax withheld

4 Social security tax withheld

49188.23

ARJUN GOVINDARAJU 43010 PARIS GAP SQ ASHBURN, VA 20148



1 Wages, tips, other comp.

243121.19

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	cial security wage 160200	.00	4 Social security tax withheld 9932.40			
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19 Lo	ocal income tax		20 Local	ity name		

Federal Filing Copy Wage and Tax

Statement

B to be filed with employee's Federal Income Tax Return.

ASHBURN, VA 20148

b Employer's FED ID number

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30-813443155F-001

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81-3443155 Wages, tips, other comp.

3 Social security wages

Social security tips

11 Nonqualified plans

17 State income tax

19 Local income tax

14 Other

VA

5 Medicare wages and tips

a Employee's SSA number

XXX-XX-8761
2 Federal income tax withheld

4 Social security tax withheld

10 Dependent care benefits

12a See instructions for box 12 C | 190.08

18 Local wages, tips, etc.

20 Locality name

6 Medicare tax withheld

8 Allocated tips

12b D

12c DD

15 State Employer's state ID no. 16 State wages, tips, etc.

12d | 13 Stat emp.

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Ret, plan 3rd party sick pa

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19 Local income tax		20 Local	ity name		19 Loca	al income tax	
W-2 VA. Sta	te Filin /age an		y 2	023	\//	City o	r L Wag

Statement

Copy 2 to be filed with employee's State Income Tax Return.

3 Social Security Wages			4 Social security tax withheld				
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17 State	income tax 1313	8.23	18 Local	wages, t	ips, etc.		
10   000	Income tou		00 1				

20 Locality name

City or Local Filing Copy

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Local Income Tax