

OMB No. 1545-0008

2023

Form **W-2 Wage and Tax Statement**

c Employer's name, address, and ZIP code
 THE BOARD OF TRUSTEES OF THE
 LELAND STANFORD JUNIOR UNIVERSITY
 485 BROADWAY, FLOOR 2
 REDWOOD CITY CA 94063-8838

e Employee's name, address, and ZIP code
 MANISH KUMAR BILLAIYA
 124 ASH CT
 HERCULES CA 94547-1153

7 Social security tips	1 Wages, tips, other compensation 107460.18	2 Federal income tax withheld 13336.00	
8 Allocated tips	3 Social security wages 118960.57	4 Social security tax withheld 7375.56	
9	5 Medicare wages and tips 118960.57	6 Medicare tax withheld 1724.93	
10 Dependent care benefits 4999.92	11 Nonqualified plans	12a See instructions for box 12 E 11500.39	
b Employer identification number (EIN) 94-1156365	14 Other VPDI 1070.65	12b BB 6389.11	
a Employee's social security number XXX-XX-5667		12c DD 7990.97	
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12d	
15 State CA 910-0464-8	16 State wages, tips, etc. 107460.18	17 State income tax 6889.77	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy—2 To Be Filed with Employee's State, City, or Local Income Tax Return

Dept. of the Treasury - IRS

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.

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Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

OMB No. 1545-0008

2023

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 485 BROADWAY, FLOOR 2
 REDWOOD CITY CA 94063-8838

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STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0040

Official Business
Penalty for Private Use, \$300

FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
SACRAMENTO, CA
PERMIT NO. 312

2154636-T2375-G



IMPORTANT TAX RETURN DOCUMENT ENCLOSED

For Addressee Only



MANISH K BILLAIYA
124 ASH CT
HERCULES, CA 94547-1153

Report of State Income Tax Refund
From the California Franchise Tax Board

Copy B - For Recipient

STATE OF CALIFORNIA FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0040	RECIPIENT'S TIN XXX-XX-5667	2 State or local income tax refunds, credits, or offsets \$3,728.00	OMB No. 1545-0120 2023 FORM 1099-G
PAYER'S TIN 68-0204061	3. Tax year 2022		

RECIPIENT'S Name
MANISH K BILLAIYA

IMPORTANT TAX DOCUMENT
THIS FORM IS FOR YOUR RECORDS - DO NOT ATTACH WITH YOUR TAX RETURN

INSTRUCTIONS FOR RECIPIENT

Box 2. Shows refunds, credits, or offsets of state or local income tax you received. It may be taxable to you if you deducted the state or local income tax paid on Schedule A (Form 1040). Even if you did not receive the amount shown, for example, because (a) it was credited to your state or local estimated tax, (b) it was offset against federal or state debts, (c) it was offset against other offsets, or (d) you made a charitable contribution from your refund, it is still taxable if it was deducted. If you received interest on this amount, you may receive Form 1099-INT for the interest. See your tax return instructions.

Box 3. Identifies the tax year for which the box 2 refunds, credits, or offsets shown were made. If there is no entry in this box, the refund is for the 2022 tax year.

NOTE: THIS IS IMPORTANT TAX INFORMATION AND 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 THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

For information on how to report the refund amount shown, please refer to the instructions in your state and federal tax booklets when filing your tax return. For information about this notice, call us at one of the following appropriate phone numbers:

Phone: 800.852.5711 from within the United States

PAYER:

BMO BANK N.A.
 111 WEST MONROE STREET
 CHICAGO IL 60603

EE9DLE

PAYER'S FEDERAL EIN:

36-2085229
 TELEPHONE:
 1-888-340-BANK

RECIPIENT:

MANISH KUMAR BILLAIYA
 124 ASH CT
 HERCULES CA 94547-1153

RECIPIENT'S

IDENTIFYING NUMBER:

XXX-XX-5667

NOTE: This is important tax information and is being furnished to the Internal Revenue Service. 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.

ACCOUNT TYPE	ACCOUNT NUMBER	BOX 1/ BOX 5/ BOX 10	BOX 2/ BOX 6/ BOX 11	BOX 3/ BOX 8/ BOX 12	BOX 4/ BOX 9/ BOX 13
BMO CHECKING	XXXXXXXXXX8126	8.86	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
BMO CHECKING	XXXXXXXXXX8134	2.51	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00

TOTALS: (The following TOTALS are being furnished to the IRS.)

Box 1 - Interest Income	\$	11.37
Box 2 - Early withdrawal penalty	\$	0.00
Box 3 - Interest: U.S. Savings Bonds and Treasury Obligations	\$	0.00
Box 4 - Federal Income tax withheld	\$	0.00
Box 5 - Investment expenses	\$	0.00
Box 6 - Foreign tax paid	\$	0.00
Box 7 - Foreign country or U.S. possession		
Box 8 - Tax-exempt interest	\$	0.00
Box 9 - Specified private activity bond interest	\$	0.00
Box 10 - Market discount	\$	0.00
Box 11 - Bond premium	\$	0.00
Box 12 - Bond premium on Treasury obligations	\$	0.00
Box 13 - Bond premium on tax-exempt bond	\$	0.00
Box 14 - Tax-exempt and tax credit bond CUSIP no.		
Box 15 - State		
Box 16 - State Identification number		
Box 17 - State tax withheld	\$	0.00

----- COPY B, FOR RECIPIENT -----

DEPARTMENT OF TREASURY - INTERNAL REVENUE SERVICE

VOID
 CORRECTED

OMB No. 1545-2251

2023

1095-C 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.

Part I Employee

1 Name of employee (first name, middle initial, last name) **K BILLIAYA**

2 Social security number (SSN) **XXX-XX-5667**

3 Street address (including apartment no.) **24 ASH CT**

4 City or town **MERCUCLES** 5 State or province **CA**

6 Country and ZIP or foreign postal code **94547-1153**

7 Name of employer **LELAND STANFORD JUNIOR UNIVERSITY**

8 Employer identification number (EIN) **94-1156365**

9 Street address (including room or suite no.) **505 BROADWAY, 5th FLOOR**

10 Contact telephone number **877-905-2985**

11 City or town **REDWOOD CITY** 12 State or province **CA**

13 Country and ZIP or foreign postal code **94063-3122**

Part II Employee Offer of Coverage

Employee's Age on January 1: **01** Plan Start Month (enter 2-digit number): **01**

All 12 Months	Employee's Age on January 1												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
1A													
Employee's contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Section 4980H Harbor and Relief (enter 1, 2, or 3, if applicable)													
IP Code													

Cat. No. 60705M Form **1095-C** (2023)

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