	OMB No. 1545-0008		
	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
Form W-2 Wage and Tax Statement Employer's name, address, and ZIP code	8 Allocated tips	107460.18 3 Social security wages	13336.00
THE BOARD OF TRUSTEES OF THE	• Anocated tips	118960.57	7375.56
LELAND STANFORD JUNIOR UNIVERSITY	9	5 Medicare wages and tips	6 Medicare tax withheld
485 BROADWAY, FLOOR 2		118960.57	1724.93
REDWOOD CITY CA 94063-8838	10 Dependent care benefits 4999.92	11 Nonqualified plans	[22a] §E   11500.39
e Employee's name, address, and ZIP code	b Employer identification number (EIN)	14 Other	12b
MANISH KUMAR BILLAIYA	94-1156365	VPDI 1070.65	§BB 6389.11
124 ASH CT	a Employee's social security number  XXX – XX – 5667		12c DD   7990.97
HERCULES CA 94547-1153	13 Statutory Retirement Third-party employee plan sick pay		12d
	X		o d e
15 State Employer's state ID number   16 State wages, tips, etc.	17 State income tax 18 Loc	cal wages, tips, etc. 19 Local incor	ne tax 20 Locality name
CA  910-0464-8 107460.1			
Copy—2 To Be Filed with Employee's State, City, or Local Income Tax	Return	D	ept. 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.	OMB No. 1545-0008		
W 2 Ware and Tax Statement 2023	7 Social security tips	1 Wages, tips, other compensation 107460.18	2 Federal income tax withheld
Form W-2 Wage and Tax Statement Employer's name, address, and ZIP code	8 Allocated tips	3 Social security wages	13336.00 4 Social security tax withheld
THE BOARD OF TRUSTEES OF THE		118960.57	7375.56
LELAND STANFORD JUNIOR UNIVERSITY	9	5 Medicare wages and tips 118960.57	6 Medicare tax withheld 1724.93
485 BROADWAY, FLOOR 2	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
REDWOOD CITY CA 94063-8838	4999.92		§E 11500.39
e Employee's name, address, and ZIP code	b Employer identification number (EIN)	14 Other	126
MANISH KUMAR BILLAIYA	94-1156365 a Employee's social security number	VPDI 1070.65	BB 6389.11
124 ASH CT	XXX-XX-5667		DD   7990.97
HERCULES CA 94547-1153	13 Statutory Retirement Third-party employee plan sick pay	The second second second	12d
	×		d c
15 State Employer's state ID number   16 State wages, tips, etc.	17 State income tax 18 Loc	cal wages, tips, etc. 19 Local incom	ne tax 20 Locality name
CA   910-0464-8 107460.1	.8 6889.77		
Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the b	ack of Copy B.)		Dept. of the Treasury - IRS
7077	OMB No. 1545-0008  7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
Form W-2 Wage and Tax Statement 2023	7 Social security tips	107460.18	13336.00
c Employer's name, address, and ZIP code	8 Allocated tips	3 Social security wages	4 Social security tax withheld
THE BOARD OF TRUSTEES OF THE	9	118960.57 5 Medicare wages and tips	7375.56
LELAND STANFORD JUNIOR UNIVERSITY		118960.57	1724.93
485 BROADWAY, FLOOR 2	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
REDWOOD CITY CA 94063-8838  e Employee's name, address, and ZIP code	4999.92 <b>b</b> Employer identification number (EIN)	14 Olhar	E 11500.39
	94 - 1156365	14 Other	BB
MANISH KUMAR BILLAIYA	a Employee's social security number	VPDI 1070.65	12c
124 ASH CT	XXX-XX-5667	]	DD 7990.97
HERCULES CA 94547-1153	13 Statutory Retirement Third-party employee plan sick pay		12d
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	147 00-1-1-1-1-1-1	cal wages, tips, etc. 19 Local incon	ne tax 20 Locality name
15 State Employer's state ID number 16 State wages, tips, etc.		To accommod	,
15 State         Employer's state ID number         16 State wages, tips, etc.           CA         910-0464-8         107460.1			Secretary and the second

	OMB No. 1545-0008 7 Social security tips		
Form W-2 Wage and Tax Statement	7 Gucial Security tipS	1 Wages, tips, other compensation 107460.18	2 Federal income tax withheld 13336.00
c Employer's name, address, and ZIP code THE BOARD OF TRUSTEES OF THE	8 Allocated tips	3 Social security wages 118960.57	4 Social security tax withheld 7375.56
LELAND STANFORD JUNIOR UNIVERSITY	9	5 Medicare wages and tips	6 Medicare tax withheld
485 BROADWAY, FLOOR 2	10 Dependent care benefits	118960.57	1724.93
REDWOOD CITY CA 94063-8838	4999.92		11500.39
e Employee's name, address, and ZIP code	b Employer identification number (EIN) 94 - 1156365	14 Other 1070.65	12b BB 6389.11
MANISH KUMAR BILLAIYA	a Employee's social security number	_H=h=n=n=n=h291291	120

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

իկունինակնաննուն վերկինակնիրիկիկաիակոլիրիի 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

PAYER'S TIN 68-0204061

RECIPIENT'S TIN

XXX-XX-5667

3. Tax year

2022

2 State or local income tax refunds, credits, or offsets

\$3,728.00

OMB No. 1545-0120

**2023** FORM 1099-G

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

## FORM 1099-INT, INTEREST INCOME FOR TAX YEAR 2023 01/17/2024

PAGE 1 OMB NO. 1545-0112

PAYER:

BMO BANK N.A. 111 WEST MONROE STREET CHICAGO IL 60603 310633

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 CUSIP NUMBER	BOX 1/ BOX 5/	_		
COSIL MONDER	BOX 10		BOX 12	BOX 13
BMO CHECKING XXXXXXXXXXXXX8126	8.86	0.00	0.00	0.00
DITO CITECITIO IMMINIMINATO DE	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
BMO CHECKING XXXXXXXXXXXXX134	2.51	0.00	0.00	0.00
bile circletting	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
TOTALS: (The following TOTALS are be	ing 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. poss	session			
Box 8 - Tax-exempt interest			\$	0.00
Box 9 - Specified private activity k	oond interest		\$	0.00
Box 10 - Market discount	Minimum and the second of the		\$	0.00
Box 11 - Bond premium			\$	0.00
Box 12 - Bond premium on Treasury obl	Ligations		\$	0.00
Box 13 - Bond premium on tax-exempt b			\$	0.00
Box 14 - Tax-exempt and tax credit bo	ond CUSIP no.			
Box 15 - State				
Box 16 - State Identification number				
Box 17 - State tax withheld			\$	0.00
COPY B, I	FOR RECIPIENT			

DEPARTMENT OF TREASURY - INTERNAL REVENUE SERVICE



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1095-C	Employer-Provided Health II	er-Prov	rided F	<b>leaith in</b>	Surance high Keep fo	rovided Health Insurance Offer and Coverage		ge	CORRECTED	SECTED	2606	50
tment of the Treasury	9	to www ir	s any/Form	1095C for in	structions ar	Go to www irs any/Form/1095C for instructions and the latest information.	formation.				- 1	
Θl	3					A	Applicable Large Employer Member (Employer)	irge Emplo	yer Membe	er (Employ	rer)	
ame of employee (first name, middle initial, last name)	middle initial, last name)	-	2 Social	2 Social security number (SSN) XXX-XX-5667	(SSN)	7 Name of employer LELAND ST	Name of employer LELAND STANFORD JUNIOR UNIVERSITY	JUNIOR L	JNIVERSIT		8 Employer identification number (EIN) 94-1156365	on number (EIN) 365
ss (including apartr	nent no.)					9 Street addres 505 BRO	9 Street address (including room or suite no.) 505 BROADWAY, 5th FLOOR	n or suite no.)		10 Cor	10 Contact telephone number 877-905-2985	Jmber 1985
	5 State or province		6 Country	and ZIP or forei od 547-11	eign postal code	6 Country and ZIP or foreign postal code 11 City or town Q4547-1153 REDWOOD CITY	OD CITY	12 State or province CA	ovince CA	13 Cou	13 Country and ZIP or foreign postal code 94063-3122	eign postal code
ΚΙ.	5			Employe's Are on Janiary 1	e Age on	laniary 1		Plan Star	Plan Start Month (enter 2-digit number): 01	ter 2-digit n	umber): 01	
Employee One	Employee Offer of Coverage			Elliployee	10000	. 6.55			1	200	Nov	Dec
All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	debi	3	2	3
Iffer of 1A rage (enter red code)												
mployee iired ribution (see	₩	↔	7	↔	8	€	↔	₩	€9	φ.	↔	₩
ection 4980H Harbor and r Relief (enter , if applicable)												
						A A A A A A A A A A A A A A A A A A A						
P Code							1	NE COTOEM			Form	Form 1095-C (2023)

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