



Employee Reference Copy W-2 Wage and Tax Statement 2023

OMB No. 1545-0048
d Control number Dept Corp Employer use only
211366 SANF/9VB 341000 T 2833

c Employer's name, address, and ZIP code
SNOWFLAKE INC
106 E BABCOCK ST 3A
BOZEMAN MT 59715
Batch #03082

e/f Employee's name, address, and ZIP code
AAKANKSHA PATIL
432 WAYNE STREET
JERSEY CITY NJ 07302

Table with 20 rows and 2 columns containing tax and wage information: 1 Wages, tips, other comp. 33724.00, 2 Federal income tax withheld 3633.43, 3 Social security wages, 4 Social security tax withheld, 5 Medicare wages and tips, 6 Medicare tax withheld, 7 Social security tips, 8 Allocated tips, 9, 10 Dependent care benefits, 11 Nonqualified plans, 12a See instructions for box 12 C 27.20, 12b, 12c, 12d, 13 Stat emp, Ret. plan 3rd party sick pay, 15 State Employer's state ID no. TOTAL STATE, 16 State wages, tips, etc., 17 State income tax 1524.35, 18 Local wages, tips, etc., 19 Local income tax, 20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Table with 5 columns: Wages, Tips, other Compensation Box 1 of W-2, Social Security Wages Box 3 of W-2, Medicare Wages Box 5 of W-2, NY State Wages, Tips, Etc. Box 16 of W-2. Rows include Gross Pay (33,696.80), Plus GTL (C-Box 12) (27.20), Less Exempt Wages (N/A), and Reported W-2 Wages (33,724.00).

2. Employee Name and Address.

AAKANKSHA PATIL
432 WAYNE STREET
JERSEY CITY NJ 07302

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Form 1: Federal Filing Copy W-2 Wage and Tax Statement 2023. Includes employer and employee information, and tax details for Federal filing.

Form 2: NY State Reference Copy W-2 Wage and Tax Statement 2023. Includes employer and employee information, and tax details for NY State filing.

Form 3: NY State Filing Copy W-2 Wage and Tax Statement 2023. Includes employer and employee information, and tax details for NY State filing.



NJ State Reference Copy
W-2 Wage and Tax **2023**
 Statement

OMB No. 1545-0048
 Copy 2 to be filed with employee's State Income Tax Return.
 Control number: 211366 SANF/9V8
 Dept: 341000
 Corp: T
 Employer use only: 2834

c Employer's name, address, and ZIP code
SNOWFLAKE INC
106 E BABCOCK ST 3A
BOZEMAN MT 59715

 Batch #03082

e/f Employee's name, address, and ZIP code
AAKANKSHA PATIL
432 WAYNE STREET
JERSEY CITY NJ 07302

b Employer's FED ID number 46-0636374	a Employee's SSA number XXX-XX-0927
1 Wages, tips, other comp. 33724.00	2 Federal income tax withheld 3633.43
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 27.20
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State Employer's state ID no. NJ 460636374/000	16 State wages, tips, etc. 33724.00
17 State income tax .03	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	NJ State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	33,696.80
Plus GTL (C-Box 12)	27.20
Reported W-2 Wages	33,724.00

2. Employee Name and Address.

AAKANKSHA PATIL
432 WAYNE STREET
JERSEY CITY NJ 07302

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1 Wages, tips, other comp. 33724.00	2 Federal income tax withheld 3633.43
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number: 211366 SANF/9V8	Dept: 341000
Corp: T	Employer use only: 2834
c Employer's name, address, and ZIP code SNOWFLAKE INC 106 E BABCOCK ST 3A BOZEMAN MT 59715	
b Employer's FED ID number 46-0636374	a Employee's SSA number XXX-XX-0927
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 27.20
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code AAKANKSHA PATIL 432 WAYNE STREET JERSEY CITY NJ 07302	
15 State Employer's state ID no. NJ 460636374/000	16 State wages, tips, etc. 33724.00
17 State income tax .03	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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NJ State Filing Copy
W-2 Wage and Tax **2023**
 Statement

OMB No. 1545-0048
 Copy 2 to be filed with employee's State Income Tax Return.

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.

600120

OMB No. 1545-2251

2023

VOID
 CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name)
Aakanksha Patil

2 Social security number (SSN)
XXX-XX-0927

7 Name of employer
Snowflake Inc.

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN)
46-0636374

3 Street address (including apartment no.)
432 Wayne Street

9 Street address (including room or suite no.)
450 Concar Drive

10 Contact telephone number
844-766-9355

4 City or town
Jersey City

5 State or province
NJ

6 Country and ZIP or foreign postal code
US 07302

11 City or town
San Mateo

12 State or province
CA

13 Country and ZIP or foreign postal code
US 94402

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (Enter 2-digit number):

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1												Plan Start Month (Enter 2-digit number):					
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec						
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2D	2H	2H	2H	2H	2H	2B	2B	2B	2B				

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	June	July	Aug	Sept	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"/>	<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"/>	<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"/>	<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"/>	<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"/>
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"/>

Form **1095-C** (2)