Employee Reference Cop Wage and Tax

Corp. 211366 SANF/9VB 341000 2833 T Employer's name, address, and ZIP code

SNOWFLAKE INC 106 E BABCOCK ST 3A BOZEMAN MT 59715

Batch #03082

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

b	Employer's FED ID number 46-0636374	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
	18.00 SDI 153.33 PFI	12d
	19860 112	13 Stat emp. Ret. plan 3rd party sick pay
15	State Employer's state ID no TOTAL STATE	o. 16 State wages, tips, etc.
••	State income tax 1524.35	18 Local wages, tips, etc.
10	Local Income tou	AA

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.

	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
Gross Pay	33,696.80	33,696,80	33,696.80	33,696,80
Plus GTL (C-Box 12)	27.20	27.20	27.20	27.20
Less Exempt Wages	N/A	33,724.00	33,724.00	N/A
Reported W-2 Wages	33,724.00	0.00	0.00	33,724.00

2. Employee Name and Address.

AAKANKSHA PATIL 432 WAYNE STREET JERSEY CITY NJ 07302

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2 Federal income tax withheld

4 Social security tax withheld

3633.43

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Wages, tips, other comp

3 Social security wages

33724.00

19 Local income tax	20 Locality name				
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 Dept. 211366 SANF/9V8 341000	Corp. Employer use only T 2833				
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 7 Social security tips	a Employee's SSA number XXX-XX-0927 8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12 C 27.20				
14 Other 18.00 SDI 153.33 PFL	12b 12c 12d 13 Stat emp Ret. plan 3rd party sick pay				
e/i Employee's name, address AAKANKSHA PATIL 432 WAYNE STREE JERSEY CITY NJ 0 15 State Employer's state ID TOTAL STATE	- ET 07302				
17 State income tax 1524.35					
	20 Locality name				
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Wage and Tax

Statement

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

Control number Dept.	Corp.	Emplo	oyer use only	
211366 SANF/9V8 341000		T	2833	
SNOWFLAKE II 106 E BABCOO BOZEMAN MT	CK ST	3 A		
b Employer's FED ID number 46-0636374	a Emplo		A number	
	a Emplo	XXX-X	A number CX - 0927	
46-0636374	B Alloca	XXX-X ited tips		
46-0636374 7 Social security tips	B Alloca	XXX-X ited tips	(X-0927	
46-0636374 7 Social security tips	8 Alloca	XXX-X ited tips	CX - 0927 e benefits	
46-0636374 7 Social security tips 9 11 Nonqualified plans	8 Alloca 10 Deper	XXX-X ited tips	CX - 0927 e benefits	
46-0636374 7 Social security tips 9 11 Nonqualified plans 14 Other	8 Alloca 10 Deper	XXX-X ited tips	CX - 0927 e benefits	

b	Employer's FED ID number 46-0636374	a Employee's SSA number XXX - XX - 0927			
7	Social security tips	8 Allocat			
9		10 Dependent care benefits			
11	Nonqualified plans	12a C		27.20	
14	Other	12b			
	18.00 NY SDI 153.33 NY PFL	12c			
		12d			
		13 Stat emp	. Ret. plan	3rd party sick pay	
e/1	Employee's name, address	and ZIP cod	e		
Α	AKANKSHA PATIL 32 WAYNE STREE				

I				
DETAC		Employer's state ID no. 46 - 0636374	16	State wages, tips, etc. 33724.00
D AND		1524.32		Local wages, tips, etc.
- FOI	19 Loca	l income tax	20	Locality name

JERSEY CITY NJ 07302

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ge and	Tax 4	20	23
rement			1545-0008
-	ge and tement	ge and Tax	

_	33724.00			redera	al incom	3633 . 43
3	3 Social security wages			Social	security	tax withheld
5	5 Medicare wages and tips			Medica	are tax v	vithheld
d	Control number	Dept.		Corp.	Emp	loyer use only
21	211366 SANF/9V8 341000				Т	2833
С	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 C 27.20
14	Other	12b
	18.00 NY SDI 153.33 NY PFL	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa
e/1	Employee's name, address	and ZIP code

AAKANKSHA PATIL 432 WAYNE STREET JERSEY CITY NJ 07302

d				
d	15 State	Employer's state ID no. 46 - 0636374	16	State wages, tips, etc.
-	NY	46-0636374		33724.00
	17 State	income tax	18	Local wages, tips, etc.
7		1524.32		
^	19 Loca	income tax	20	Locality name

NY.State Filing Copy Wage and Tax Statement
Copy 2 to be filed with employee's State Income Tax Refurn. NJ.State Reference Cop

Wage and Tax

2023 W-2 and EARNINGS SUMMARY (422)

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

27.20

Gross Pay 33,696.80 Plus GTL (C-Box 12) Reported W-2 Wages 33,724.00

2. Employee Name and Address.

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2 Statement over's State Income Tax Dept. Corp. 211366 SANF/9V8 341000 Employer's name, address, and ZIP code SNOWFLAKE INC 106 E BABCOCK ST 3A BOZEMAN MT 59715 Batch #03082

ef Employee's name, address, and ZIP code AAKANKSHA PATIL

432 WAYNE STREET JERSEY CITY NJ 07302

_						
ь		s FED ID number	er a			A number
	46	-0636374			XXX - X	X-0927
1	wages, ti	pa, other comp.	2	2 Federal Income tax with		
_		33724.0	0			3633.43
3	Social sec	curity wages	4	Social	security	tax withheld
5	Medicare	wages and tips	6	Medica	re tax w	lthheld
7	Social sec	curity tips	8	Allocat	ted tips	
9			10	Depend	dent care	benefits
11	Nonqualif	ed plans	12a	See inst	ructions f	or box 12
				C		27.20
14	Other		12b			
			12c			
			12d			
			13	Stat emp	Ret plan	3rd party sick pay
15	State Em	ployer's state ID	no. 16	State w	ages, tip	os, etc.
		636374/000				33724.00
17	State inco	me tax		Local w	ages, ti	os, etc.
19	Local inco		_	ocality	/ name	

Wages, tips, other comp. 2 Federal income tax withheld 33724.00 3633.43 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld d Control number Dept. Corp. Employer use only 211366 SANF/9V8 341000

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

Ь	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
-	Fmplovee's pame address	1775

AAKANKSHA PATIL 432 WAYNE STREET JERSEY CITY NJ 07302

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1	15 State	Employer's state ID no.	16 State wages, tips, etc.
	NJ	460636374/000	33724.00
	17 State	income tax	18 Local wages, tips, etc.
		.03	
	19 Local	income tax	20 Locality name
	I		l .

NJ.State Filing Copy Wage and Tax Statement

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form 109	5-0		GOTO		V/Form 1095C for in:	turn. Keep for	Aont tecor	and	Cove	\ n _)ID			20			
Department of t Internal Revenu	e Service			2 8	OCIAL PAGE	actions and	the latest	us. informa		rage		CC	RRECT	ED			23		
Part	Employee	middle initial, last	name/		ocial security number (SSN)		- Silila	tion.				Memb	er (En	ploye	r)		(EIN)	
nternal Revenue Service Part Employee Name of employee (first name, middle initial, last name) XXX-XX-0927							7 Name of employer Applicable Large Employer Member (Employer) 8 Employeridentification number								I (EIIV)				
Aakanksh 3 Street addre	na Patil sstincludingapartm	nent no.)		_			Snowfla 9 Street add	ress (inclu	dingros					10 C	6-06363 ontact tel	74 ephonen	umber		
432 Wayne Street 6 State or province					Country and ZIP or foreign postal code US 07302		9 Street address (including room or suite no.) 450 Concar Drive							844-766-9355 13 Country and ZIP or foreign postal code					
4 City or town		NI			OS 0/302		· · City or tov	٧n		10.00	te or prov	rince					ngii posto.		
Jersey Cit	mployee Offe	er of Covera	ge Feb	Ma	Employee's	Age on Ja	San Mat	eo						l	S 9440	2	01		
Part II	All 12 Months	Jan	100		Apr	May		22		CA	Ctart	Month	(Enter 2	-digit r	umber)		De		
	All 12 Molles			!			June		July			Sept		Oct	\rightarrow	Nov	-		
Offer of Coverage (ente	31	1H	1H	1H	1H	18	1E			AL	ig					E	IE		
equired code) 15 Employee Required							10		<u>IE</u>	1E		1E		1E	1	L			
Contribution (s Instructions)	\$	\$	\$	\$	\$	\$	\$ 75.00	\$ 75.	00	\$ _{75.00}		\$ 75.00	\$ 75	5.00	\$ 75.0	00	\$ 75.00		
6 Section 1980H Safe Harbor and Oth Relief (enter co	ner ide,	2A 2A		2A	2A						7 13.00								
applicable)			2A 2A		20	2D	2H		2H			2H		2B		2B		2B	
7 ZIP Code Part III C	covered Indivi	iduals	red coverage	e, check	the box and enter	the informat	tion for one	ah is di							playaa				
					(c) DOB (if SSN or		ed (e) Months of Coverage												
(a) Name of covered individual(s) First name, middle initial, last name		dividual(s)	al(s) (b) SSN or other TIN		other TIN is	(d) Covered all 12 month		Enh	Feb Mar					July Aug		Oct	Nov Dec		
	name, middle imaa	,1851.10.110		1	not available)					Apr	May	June		Aug	Sept				
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9		-																	
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