



Employee Reference Copy W-2 Wage and Tax Statement 2023

Form containing employee and employer information: Control number 010070, Dept. ATLA/V2T, Employer use only 143, Employer name SUPERNAL LLC, Employee name ALEKSANDR GORBASHEV, etc.

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; Social Security Wages; Medicare Wages; DC, State Wages, Tips, Etc. Rows include Gross Pay, Plus GTL, Less 401(k), Less Cafe 125 HSA, and Reported W-2 Wages.

Note - Fringe benefits include : Other \$808.35

2. Employee Name and Address.

ALEKSANDR GORBASHEV
10 K STREET SOUTHEAST
APT 217
WASHINGTON DC 20003

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Fold and Detach Here

Form 1: Summary of wages and taxes. Includes boxes 1-6 (Wages, Federal income tax, Social security, Medicare) and boxes 15-20 (State taxes, locality name).

Form 2: Summary of wages and taxes. Includes boxes 1-6 (Wages, Federal income tax, Social security, Medicare) and boxes 15-20 (State taxes, locality name).

Form 3: Summary of wages and taxes. Includes boxes 1-6 (Wages, Federal income tax, Social security, Medicare) and boxes 15-20 (State taxes, locality name).



034223 90042728002 5 01 01 1 0000 0 000
 ALEKSANDR GORBASHEV
 105 TUBEFLOWER
 IRVINE, CA 92618-0870

For questions please call: 1-800-655-2265



CORRECTED (if checked) Date Printed 01/15/2024

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CAPITAL ONE N.A. 1680 CAPITAL ONE DR MCLEAN, VA 22102		Payer's RTN (optional)	OMB No. 1545-0112 Form 1099-INT (Rev. January 2022)	Interest Income	
PAYER'S TIN 72-0210640		1 Interest income <p style="text-align: right;">\$7,711.32</p>	For calendar year 2023		
RECIPIENT'S TIN ***-**-0654		2 Early withdrawal penalty	3 Interest on U.S. Savings Bonds and Treasury obligations		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ALEKSANDR GORBASHEV 105 TUBEFLOWER IRVINE, CA 92618-0870		4 Federal income tax withheld	5 Investment expenses	Copy B For Recipient This is important tax information and is being furnished to the IRS. 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.	
		6 Foreign tax paid	7 Foreign country or U.S. possession		
		8 Tax-exempt interest	9 Specified private activity bond interest		
		10 Market discount	11 Bond premium		
		12 Bond premium on Treasury obligations	13 Bond premium on tax-exempt bond		
Account number (see instructions) See Detail Below	FATCA filing requirement <input type="checkbox"/>	14 Tax-exempt and tax credit bond CUSIP no.	15 State	16 State identification no.	17 State tax withheld

Form **1099-INT** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service

** See Details

Product Description	Account Number	Interest Income	Early Withdrawal Penalty	Fed Income Tax Withheld	State Income Tax Withheld
CHECKING	*****5893	\$13.36			
SAVINGS	*****8260	\$2,081.52			
CD	*****1976	\$5,616.44			
		\$7,711.32			

Instructions for Recipient

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the total unemployment compensation paid to you this year. Combine the box 1 amounts from all Forms 1099-G and report the total as income on the unemployment compensation line of your tax return. Except as explained below, this is your taxable amount. If you are married filing jointly, each spouse must figure his or her taxable amount separately. If you expect to receive these benefits in the future, you can ask the payer to withhold federal income tax from each payment. Or, you can make estimated tax payments. For details, see Form 1040-ES. If you made contributions to a governmental unemployment compensation program or to a governmental paid family leave program and received a payment from that program, the payer must issue a separate Form 1099-G to report this amount to you. If you itemize deductions, you may deduct your contributions on Schedule A (Form 1040) as taxes paid. If you do not itemize, you only need to include in income the amount that is in excess of your contributions.

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 should receive Form 1099-INT for the interest. However, the payer may include interest of less than \$600 in the blank box next to Box 9 on Form 1099-G. Regardless of whether the interest is reported to you, report it as interest income on your tax return. 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 2012 taxes.

Box 4. Shows backup withholding or withholding you requested on unemployment compensation, Commodity Credit Corporation (CCC) loans, or certain crop disaster payments. Generally, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9 for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 5. Shows reemployment trade adjustment assistance (RTAA) payments you received. Include on Form 1040 on the "Other income" line. See the Form 1040 instructions.

Box 6. Shows taxable grants you received from a federal, state, or local government.

Box 7. Shows your taxable Department of Agriculture payments. If the payer shown is anyone other than the Department of Agriculture, it means the payer has received a payment, as a nominee, that is taxable to you. This may represent the entire agricultural subsidy payment received on your behalf by the nominee, or it may be your pro rata share of the original payment. See Pub. 225 and the Instructions for Schedule F (Form 1040) for information about where to report this income. Partnerships, see Form 8825 for how to report.

Box 8. If this box is checked, the amount in box 2 is attributable to an income tax that applies exclusively to income from a trade or business and is not a tax of general application. If taxable, report the amount in box 2 on Schedule C or F (Form 1040), as appropriate.

Box 9. Shows market gain on CCC loans whether repaid using cash or CCC certificates. See the Instructions for Schedule F (Form 1040).

Box 10a-11. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-G and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099g.

CORRECTED (if checked)

PAYER'S Name, Address, City, State, and ZIP Code Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue 1101 4th St, SW Washington, DC 20024		1 Unemployment compensation \$	OMB No. 2545-0120	2023 Form 1099-G	Certain Government Payments Copy B For Recipient <small>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.</small>
PAYER'S Federal ID Number 536001131		2 State or local income tax refunds, credits or offsets \$ 1,380.00	3 Box 2 amount is for tax year 2022		
RECIPIENT'S identification number ***-**-0654		5 RTAA payments \$	6 Taxable grants \$	7 Agriculture payments \$	
Recipient's Name GORBASHEV ALEKSANDR 10 K ST SE APT 217 WASHINGTON, DC 20003-0199		8 If checked, box 2 is trade or business income <input type="checkbox"/>	9 Market gain	10a State	
Account number		10b State identification no.	11 State income tax withheld \$		



Supernal
1101 16th Street NW
Washington DC, DC 20036

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ALEKSANDR GORBASHEV
105 TUBEFLOWER
IRVINE CA 92618-0870

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Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2251

2023

Department of the Treasury
Internal Revenue Service

▶ 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				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Aleksandr Gorbashev		2 Social security number (SSN) xxx-xx-0654		7 Name of employer Supernal		8 Employer identification number (EIN) 85-2684144	
3 Street address (including apartment no.) 105 Tubeflower				9 Street address (including apartment no.) 1101 16th Street NW		10 Contact telephone number 202-568-9125	
4 City or town Irvine		5 State or province CA	6 Country and ZIP or foreign postal code USA 92618	11 City or town Washington DC		12 State or province DC	13 Country and ZIP or foreign postal code United States 20036

Part II Employee Offer and Coverage			Employee's Age on January 1						Plan Start Month: 01					
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
	1A													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													
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	Jun	Jul	Aug	Sep	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"/>
24			<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"/>
25			<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"/>
26			<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"/>



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