

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	107342.50	15875.93
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a signature penalty or other sanction may be imposed on you if this income is treated and you fail to report it.	3 Social security wages	4 Social security tax withheld
	116778.47	7240.27
	5 Medicare wages and tips	6 Medicare tax withheld
	116778.47	1693.29

c Employer's name, address, and ZIP code

LOWE'S HOME CENTERS, LLC
1-844-475-6937
1000 LOWE'S BLVD
MOORESVILLE, NC 28117

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 53.16
12b D 9435.97	12c DD 7130.88	12d
12e	b Employer identification number (EIN) 56-0748358	a Employee's social security number ***-**-4238
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

ARJUN JUJJURI
APT 14105
4400 W UNIVERSITY BLVD
DALLAS, TX 75209-3888

Import Code: KE5YEGB8

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement **2023**

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	107342.50	15875.93
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a signature penalty or other sanction may be imposed on you if this income is treated and you fail to report it.	3 Social security wages	4 Social security tax withheld
	116778.47	7240.27
	5 Medicare wages and tips	6 Medicare tax withheld
	116778.47	1693.29

c Employer's name, address, and ZIP code

LOWE'S HOME CENTERS, LLC
1-844-475-6937
1000 LOWE'S BLVD
MOORESVILLE, NC 28117

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 53.16
12b D 9435.97	12c DD 7130.88	12d
12e	b Employer identification number (EIN) 56-0748358	a Employee's social security number ***-**-4238
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

ARJUN JUJJURI
APT 14105
4400 W UNIVERSITY BLVD
DALLAS, TX 75209-3888

Import Code: KE5YEGB8

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement **2023**

17 State income tax 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.

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	107342.50	15875.93
This information is being furnished to the Internal Revenue Service.	3 Social security wages	4 Social security tax withheld
	116778.47	7240.27
	5 Medicare wages and tips	6 Medicare tax withheld
	116778.47	1693.29

c Employer's name, address, and ZIP code

LOWE'S HOME CENTERS, LLC
1-844-475-6937
1000 LOWE'S BLVD
MOORESVILLE, NC 28117

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 53.16
12b D 9435.97	12c DD 7130.88	12d
12e	b Employer identification number (EIN) 56-0748358	a Employee's social security number ***-**-4238
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

ARJUN JUJJURI
APT 14105
4400 W UNIVERSITY BLVD
DALLAS, TX 75209-3888

Import Code: KE5YEGB8

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement **2023**

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	107342.50	15875.93
This information is being furnished to the Internal Revenue Service.	3 Social security wages	4 Social security tax withheld
	116778.47	7240.27
	5 Medicare wages and tips	6 Medicare tax withheld
	116778.47	1693.29

c Employer's name, address, and ZIP code

LOWE'S HOME CENTERS, LLC
1-844-475-6937
1000 LOWE'S BLVD
MOORESVILLE, NC 28117

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 53.16
12b D 9435.97	12c DD 7130.88	12d
12e	b Employer identification number (EIN) 56-0748358	a Employee's social security number ***-**-4238
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		

e/f Employee's name, address, and ZIP code

ARJUN JUJJURI
APT 14105
4400 W UNIVERSITY BLVD
DALLAS, TX 75209-3888

Import Code: KE5YEGB8

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement **2023**

17 State income tax 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.



047419

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.

VOID
 CORRECTED

Part I Employee		2 Social security number (SSN) ***-**-4238		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 56-0748358	
1 Name of employee (first name, middle initial, last name) ARJUN JUJJURI		7 Name of employer LOWE'S HOME CENTERS, INC.		9 Street address (including room or suite no.) PO BOX 1111 HWY 268E		10 Contact telephone number 833-877-1975	
3 Street address (including apartment no.) 4400 W UNIVERSITY BLVD APT#14105		6 Country and ZIP or foreign postal code 75209		11 City or town N WILKESBORO		13 Country and ZIP or foreign postal code 28656	
4 City or town DALLAS	5 State or province TX			12 State or province NC			

	Part II Employee Offer of Coverage												Plan Start Month (enter 2-digit number) 01	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec
14 Offer of Coverage (enter required code)		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	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. <input checked="" type="checkbox"/>				(e) Months of coverage											
18 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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
				ARJUN JUJJURI	***-**-4238			X	X	X	X	X	X	X	X

Name Reported to the IRS: ARJUN JUJJURI
4400 W UNIVERSITY BLVD
APT#14105
DALLAS TX 75209

Customer Service: 866-324-6088

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.

IRS 2023 FORM 1099-DIV - DIVIDENDS AND DISTRIBUTIONS BOX OMB NO. 1545-0110	
1a. TOTAL ORDINARY DIVIDENDS	\$13.20
1b. QUALIFIED DIVIDENDS	\$13.20
2a. TOTAL CAPITAL GAIN DISTRIBUTIONS	\$0.00
2b. UNRECAP. SEC. 1250 GAIN	\$0.00
2d. COLLECTIBLES (28%) GAIN	\$0.00
2e. SECTION 897 ORDINARY DIVIDENDS	\$0.00
2f. SECTION 897 CAPITAL GAIN	\$0.00
3. NON-DIVIDEND DISTRIBUTIONS	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$3.17
5. SECTION 199A DIVIDENDS	\$0.00
6. INVESTMENT EXPENSES	\$0.00
7. FOREIGN TAX PAID	\$0.00
9. CASH LIQUIDATION DISTRIBUTIONS	\$0.00
10. NON-CASH LIQUIDATION DISTRIBUTIONS	\$0.00
12. EXEMPT-INTEREST DIVIDENDS	\$0.00
13. SPECIFIED PRIVATE ACTIVITY BOND INTEREST DIVIDENDS	\$0.00
IRS 2023 FORM 1099-INT - INTEREST INCOME BOX OMB NO. 1545-0112	
1. INTEREST INCOME	\$0.00
2. EARLY WITHDRAWAL PENALTY	\$0.00
3. INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00
5. INVESTMENT EXPENSES	\$0.00
6. FOREIGN TAX PAID	\$0.00
8. TAX-EXEMPT INTEREST	\$0.00
9. SPECIFIED PRIVATE ACTIVITY BOND INTEREST	\$0.00
10. MARKET DISCOUNT	\$0.00
11. BOND PREMIUM	\$0.00
12. BOND PREMIUM ON TREASURY OBLIGATIONS	\$0.00
13. BOND PREMIUM ON TAX-EXEMPT BOND	\$0.00
14. TAX-EXEMPT AND TAX CREDIT BOND CUSIP NO.	

IRS 2023 FORM 1099-MISC - MISCELLANEOUS INFORMATION BOX OMB NO. 1545-0115	
1. RENTS	\$0.00
2. ROYALTIES	\$0.00
3. OTHER INCOME	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00
8. SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST	\$0.00
IRS 2023 FORM 1099-OID - ORIGINAL ISSUE DISCOUNT BOX OMB NO. 1545-0117	
1. ORIGINAL ISSUE DISCOUNT FOR 2023	\$0.00*
2. OTHER PERIODIC INTEREST	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00
5. MARKET DISCOUNT	\$0.00
6. ACQUISITION PREMIUM	\$0.00
8. OID ON U.S. TREASURY OBLIGATIONS	\$0.00*
9. INVESTMENT EXPENSES	\$0.00
10. BOND PREMIUM	\$0.00
11. TAX-EXEMPT OID	\$0.00
*This may not be the correct figure to report on your income tax return. See instructions on the back.	
IRS 2023 FORM 1099-B - PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS BOX OMB NO. 1545-0715	
1d. PROCEEDS	\$0.00
COVERED SECURITIES	\$0.00
NONCOVERED SECURITIES	\$0.00
1e. COST OR OTHER BASIS OF COVERED SECURITIES	\$0.00
1f. ACCRUED MARKET DISCOUNT	\$0.00
1g. WASH SALE LOSS DISALLOWED	\$0.00
4. FEDERAL INCOME TAX WITHHELD	\$0.00

IMPORTANT TAX INFORMATION – PLEASE RETAIN FOR YOUR RECORDS

FORM 1099-MISC 1/15/19

1099-DIV DIVIDENDS & DISTRIBUTIONS

Ordinary Dividends

DESCRIPTION	CUSIP	PAY DATE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	FEDERAL INCOME TAX WITHHELD	SECTION 199A DIVIDENDS
LOWES COMPANIES INC	548661107	11/08/23	\$13.20	\$13.20	\$3.17	\$0.00
Total Ordinary Dividends 1099-DIV box 1a			\$13.20			
Total Qualified Dividends 1099-DIV box 1b				\$13.20		
Total Federal Income Tax Withheld 1099-DIV box 4					\$3.17	
Total Section 199A Dividends 1099-DIV box 5						\$0.00

THIS PAGE IS INTENTIONALLY LEFT BLANK

EXTRADE

Form **1042-S**

Foreign Person's U.S. Source Income Subject to Withholding

2023

OMB No. 1545-0090

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1042S for instructions and the latest information.

Copy B
for Recipient

01010121151419114 UNIQUE FORM IDENTIFIER AMENDED AMENDMENT NO.

1 Income code 28	2 Gross income 1,218.83	3 Chapter indicator. Enter "3" or "4" 3	13a Recipient's U.S. TIN, if any	13f Ch. 3 status code
		3a Exemption code 00	4a Exemption code	13g Ch. 4 status code
		3b Tax rate 30.00	4b Tax rate	
5 Withholding allowance NA		13h Recipient's GIIN		
6 Net income		13i Recipient's foreign tax identification number, if any 783104238		
7a Federal tax withheld 365.65		13k Recipient's account number Y13931291		
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>		13l Recipient's date of birth (YYYYMMDD) 1 9 9 3 0 7 0 7		
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>		14a Primary Withholding Agent's Name (if applicable)		
8 Tax withheld by other agents		14b Primary Withholding Agent's EIN		
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)		15 Check if pro-rata basis reporting <input type="checkbox"/>		
10 Total withholding credit (combine boxes 7a, 8, and 9)		15a Intermediary or flow-through entity's EIN, if any		
11 Tax paid by withholding agent (amounts not withheld) (see instructions)		15b Ch. 3 status code		
12a Withholding agent's EIN 731375001		15c Ch. 4 status code		
12b Ch. 3 status code 02		15d Intermediary or flow-through entity's name		
12c Ch. 4 status code		15e Intermediary or flow-through entity's GIIN		
12d Withholding agent's name CHICKASAW NATION DEPARTMENT OF COMMERCE		15f Country code		
12e Withholding agent's Global Intermediary Identification Number (GIIN)		15g Foreign tax identification number, if any		
12f Country code U.S.		15h Address (number and street)		
12g Foreign taxpayer identification number, if any		15i City or town, state or province, country, ZIP or foreign postal code		
12h Address (number and street) 2020 LONNIE ABBOTT BLVD		16a Payer's name		
12i City or town, state or province, country, ZIP or foreign postal code ADA, OK 74820		16b Payer's TIN		
13a Recipient's name ARJUN JUJJURI		16c Payer's GIIN		
13b Recipient's country code IN		16d Ch. 3 status code		
13c Address (number and street) 4400 W UNIVERSITY BLVD APT 14105		16e Ch. 4 status code		
13d City or town, state or province, country, ZIP or foreign postal code DALLAS, TX US, 75209		17a State income tax withheld 97.51		
		17b Payer's state tax no. 731375001		
		17c Name of state OK		

1042s: 2154914



Form 1042-S (2023)

Form **1042-S**

Foreign Person's U.S. Source Income Subject to Withholding

2023

OMB No. 1545-0090

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1042S for instructions and the latest information.

Copy C
For Recipient

01010121151419114 UNIQUE FORM IDENTIFIER AMENDED AMENDMENT NO.

1 Income code 28	2 Gross income 1,218.83	3 Chapter indicator. Enter "3" or "4" 3	13a Recipient's U.S. TIN, if any	13f Ch. 3 status code
		3a Exemption code 00	4a Exemption code	13g Ch. 4 status code
		3b Tax rate 30.00	4b Tax rate	
5 Withholding allowance NA		13h Recipient's GIIN		
6 Net income		13i Recipient's foreign tax identification number, if any 783104238		
7a Federal tax withheld 365.65		13k Recipient's account number Y13931291		
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>		13l Recipient's date of birth (YYYYMMDD) 1 9 9 3 0 7 0 7		
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>		14a Primary Withholding Agent's Name (if applicable)		
8 Tax withheld by other agents		14b Primary Withholding Agent's EIN		
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions)		15 Check if pro-rata basis reporting <input type="checkbox"/>		
10 Total withholding credit (combine boxes 7a, 8, and 9)		15a Intermediary or flow-through entity's EIN, if any		
11 Tax paid by withholding agent (amounts not withheld) (see instructions)		15b Ch. 3 status code		
12a Withholding agent's EIN 731375001		15c Ch. 4 status code		
12b Ch. 3 status code 02		15d Intermediary or flow-through entity's name		
12c Ch. 4 status code		15e Intermediary or flow-through entity's GIIN		
12d Withholding agent's name CHICKASAW NATION DEPARTMENT OF COMMERCE		15f Country code		
12e Withholding agent's Global Intermediary Identification Number (GIIN)		15g Foreign tax identification number, if any		
12f Country code U.S.		15h Address (number and street)		
12g Foreign taxpayer identification number, if any		15i City or town, state or province, country, ZIP or foreign postal code		
12h Address (number and street) 2020 LONNIE ABBOTT BLVD		16a Payer's name		
12i City or town, state or province, country, ZIP or foreign postal code ADA, OK 74820		16b Payer's TIN		
13a Recipient's name ARJUN JUJJURI		16c Payer's GIIN		
13b Recipient's country code IN		16d Ch. 3 status code		
13c Address (number and street) 4400 W UNIVERSITY BLVD APT 14105		16e Ch. 4 status code		
13d City or town, state or province, country, ZIP or foreign postal code DALLAS, TX US, 75209		17a State income tax withheld 97.51		
		17b Payer's state tax no. 731375001		
		17c Name of state OK		

1042s: 2154914



Form 1042-S (2023)