2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records Control number Employer use only 0000031301 VAY MV10 E S 9468 Employer's name, address, and ZIP code ROBERT BOSCH LLC ONE TOWER LANE STE 3100 OAKBROOK TERRACE, IL 60181 e/f Employee's name, address, and ZIP code SRINIVASARAO LACHIPOTHU 35813, WOODINGTON COURT **APT 42203 FARMINGTON HILLS, MI 48335** b Employer's FED ID number a Employee's SSA number 36-2903176 XXX-XX-9917
1 Wages, tips, other comp. 2 Federal income tax withh 202226.06 36899.62 3 Social security wages ecurity tax withheld 9932.40 160200.00 wages and tips 214444.76 3239.45 Social security tips 10 Dependent care benefits 12a See instructions for box 12 252.00 14 Other 1028,16 PRETAX INS 12b D 12c DD 15 State Employer's state ID no. 16 State wages, tips, etc. MI 36-2903176 202226.06

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information file a new W-4 with your payroll department.

Social Security Number: XXX-XX-9917

2 Federal income tax withheld

36899.62

SRINIVASARAO LACHIPOTHU 35813, WOODINGTON COURT **APT 42203 FARMINGTON HILLS, MI 48335**

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1 Wages, tips, other comp.

202226.06

0 2023 ADP, Inc

Wages, tips, other comp.

202226.06 Social security wages

PAGE 1 OF 1

36899.62

2 Federal Income tax withheld

4 Social security tax withheld

MI	36-2903176		202226.06						
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9 Local	Income tax	1.02							
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C	Employer's name, ROBERT BOS ONE TOWER OAKBROOK	CH LLC	TE 3100			C	ROE	er's name, a BERT BOS TOWER I BROOK T	CH LLC	E 3100		
b	Employer's FED I	D number 76		XXX-	SA number XX-9917			yer's FED II 36-29031		a Emplo	XXX	
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Wage and Tax

Statement

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13 Stat emp. Ret. plan 3rd party sick pay

FARMINGTON HILLS, MI 48335 15 State Employer's state ID no. 16 State wages, tips, etc. MI 36-2903176 202226.00 202226.06 17 State Income tax 18 Local wages, tips, etc. 8401.82 19 Local income tax 20 Locality name

City or Local Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's City or Local income Tax Return

1095-C Employer-Provided Health is						for wave seconds						OMB No. 1545-2251 600120		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1095C for Instructions											CTED	2023		
Part I Employ	ree					Appli	cable Large E	mployer Men	ber (Employer)		8 14 11			
1 Name of employee (fir SRINIVASAR) 3 Street address (includi	40	LACHIPO	THU	The second secon	al security number (SSN) X-XX-9917	ROBE	er employer ERT BOSCH					8 Employer identifica 36-290317	6	
35813, WOOI			42203				OWER LANE		,			855-215-		
City or town FARMINGTON		5 State or province MI		6 Country and US 483	d ZIP or foreign postal cod		11 City or town OAKBROOK TERRACE		12 State or province IL			13 Country and ZIP or foreign postal code US 60181		
Part II Employ	ee Offer of Co	overage		Employee's	Age on January 1:		F	lan Start Mo	nth (enter 2-digit no	umber): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
4 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	
5 Employee Required Contribution see instructions)	\$	\$ 72.00	\$ 72.00	\$ 72.00	\$ 76.00 \$ 7	6.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.0	0 \$ 76.00	\$ 76.00	
6 Section 4990H Safe Harbor and Other Relief (enter code, f applicable)	2C													
7 ZIP Code														
For Privacy Act and Pr	aperwork Reduct	lion Act Notice, se	se separate Instruc	tions.			Cat. No. 6070	05M				Fo	rm 1095-C (2023)	

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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. (e) Months of coverage (d) Covered all 12 months Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (c) DOB (if SSN or other (b) SSN or other TIN (a) Name of covered individual(s) First name, middle initial, last name TIN is not available) × XXX-XX-9917 18 SRINIVASARAO LACHIPOTHU 19 20 21 22 23 27 30

Form 1095-C (2023)