

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2023	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000031301 VAY		MV10	E S 9468
c 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 withheld		
202226.06	36899.62		
3 Social security wages	4 Social security tax withheld		
160200.00	9932.40		
5 Medicare wages and tips	6 Medicare tax withheld		
214444.76	3239.45		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 252.00		
14 Other	12b D 12218.70		
1028.16 PRETAX INS	12c DD 7684.38		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		
	X		
15 State Employer's state ID no.	16 State wages, tips, etc.		
MI 36-2903176	202226.06		
17 State income tax	18 Local wages, tips, etc.		
8401.82			
19 Local income tax	20 Locality name		

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

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



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Federal Filing Copy	
W-2	2023
Wage and Tax Statement	
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008	

MI. State Filing Copy	
W-2	2023
Wage and Tax Statement	
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

City or Local Filing Copy	
W-2	2023
Wage and Tax Statement	
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008	

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				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SRINIVASARAO LACHIPOTHU		2 Social security number (SSN) XXX-XX-9917		7 Name of employer ROBERT BOSCH LLC		8 Employer identification number (EIN) 36-2903176	
3 Street address (including apartment no.) 35813, WOODINGTON COURT APT 42203				9 Street address (including room or suite no.) 1 TOWER LANE			
4 City or town FARMINGTON HILLS		5 State or province MI		6 Country and ZIP or foreign postal code US 48335		10 Contact telephone number 855-215-4434	
11 City or town OAKBROOK TERRACE		12 State or province IL		13 Country and ZIP or foreign postal code US 60181			

14 Offer of Coverage (enter required code)	Employee's Age on January 1:												Plan Start Month (enter 2-digit number): 01													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																									
17 ZIP Code																										

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

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"/>																										
(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 SRINIVASARAO LACHIPOTHU	XXX-XX-9917		X																							
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