								Federal Bo	x 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an Please note that				nents.		Gross Wage			86.57 66.84			
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.						Group Term Adoption	Life		44.16	5 44.1	.6 44.16	j
Form W-2 Wage and Tax Statement 2022  Copy C—For EMPLOYEE'S RECORDS						Deferred Co Section 125	•	(907	6.38) 5.98)	•	3) (9075.98)	)
						W-2 Wages	x, wage Ellill		95.21	90721.5	90721.59	)
D. CONTROL NUMBER 001900132501			2022	OMB NO	D. 1545-0008	1. WAGES, TI	PS, OTHER COM	MPENSATION 90095.21	:	2. FEDERAL INCOME TA	7707.55	
B. EMPLOYER IDENTIFICA 20-5947231	DYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER 7231 884-95-7577						3. SOCIAL SECURITY WAGES 90721.59			4. SOCIAL SECURITY TAX WITHHELD 5624.74		
C. EMPLOYER'S NAME, A UBS Business Solution	,	ODE				5. MEDICARE	WAGES AND 1	TIPS 90721.59	(	6. MEDICARE TAX WITH	HHELD 1315.46	
1000 Harbor Blvd Weehawken NJ 0708	6					7. SOCIAL SEC	URITY TIPS		1	8. ALLOCATED TIPS		
						9.			1	O. DEPENDENT CARE B	ENEFITS	
E. EMPLOYEE'S FIRST NA Venkata Sarath Sai F		LAST NA Annare			SUFF.	11. NONQUAL	FIED PLANS		1	2.a-d See instructions for C	44.16	
1102 Northoak dr Nashville TN 37211 USA						14. OTHER				D W DD	626.38 7124.98 19713.00	
F. EMPLOYEE'S ADDRESS										EMPLOYEE - PLAN	EMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER	S STATE ID NUMBER	16. STATE WAGE	ES, TIPS, E	TC. 17	. STATE INCOME T	AX	18. LOCAL WA	AGES, TIPS, ETC.	19. L0	OCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL NUMBER 001900132501			2022	OMB NO.	1545-0008	1. WAGES, TI	PS, OTHER COM	IPENSATION 90095.21		2. FEDERAL INCOME TA	X WITHHELD 7707.55	
B. EMPLOYER IDENTIFICAT	ION NUMBER (EIN)	N NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
20-5947231 884-95-7577						90721.59			5624.74			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE							5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
UBS Business Solution	s US LLC						9	90721.59			1315.46	
1000 Harbor Blvd Weehawken NJ 07086						7. SOCIAL SEC	URITY TIPS			8. ALLOCATED TIPS		
						9.				10. DEPENDENT CARE E	BENEFITS	
E. EMPLOYEE'S FIRST NAM	E AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS			12.a-d		
Venkata Sarath Sai Re	ddy	Annare	eddy							С	44.16	
1102 Northoak dr						14. OTHER				D	626.38	
Nashville TN 37211						I II O I II E II				W	7124.98	
USA										DD	19713.00	
F. EMPLOYEE'S ADDRESS A	AND ZIP CODE									13. STATUTORY RETIRED PLAN	THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S	STATE ID NUMBER	16. STATE WAGE	ES, TIPS, ET	C. 17. S	TATE INCOME 1	AX	18. LOCAL WA	GES, TIPS, ETC.	19.	LOCAL INCOME TAX	20. LOCALITY NAME	

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2022

Department of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 001900132501	2022	OMB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENSATION 90095.21	2. FEDERAL INCOME T	AX WITHHELD 7707.55
	A. EMPLOYEE'S SOCIAL SEC	URITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	
20-5947231	884-95-7577			90721.59		5624.74
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CO	DDE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	THHELD
UBS Business Solutions US LLC				90721.59		1315.46
1000 Harbor Blvd Weehawken NJ 07086			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	
			9.		10. DEPENDENT CARE	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d	
Venkata Sarath Sai Reddy	Annareddy				С	44.16
1102 Northoak dr			14. OTHER		D	626.38
Nashville TN 37211			211 0111611		W	7124.98
USA					DD	19713.00
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RET	REMENT X THIRD-PARTY N SICK PAY
15. STATE EMPLOYER'S STATE ID NUMBER	16. STATE WAGES, TIPS, E	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME

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Department of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

B. EMPLOYER IDENTIFICATION NUMBER (EIN) 20-5947231  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  UBS Business Solutions US LLC 1000 Harbor Blvd Weehawken NJ 07086  E. EMPLOYEE'S FIRST NAME AND INITIAL Venkata Sarath Sai Reddy 1102 Northoak dr  LAST NAME A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD 90721.59  7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 9. 10. DEPENDENT CARE BENEFIT C. EMPLOYEE'S FIRST NAME AND INITIAL Venkata Sarath Sai Reddy Annareddy 1102 Northoak dr	7707.55
Supply   S	HHELD
20-5947231 884-95-7577 90721.59  C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  UBS Business Solutions US LLC 1000 Harbor Blvd Weehawken NJ 07086  T. SOCIAL SECURITY TIPS  8. ALLOCATED TIPS  9. 10. DEPENDENT CARE BENEFIT  E. EMPLOYEE'S FIRST NAME AND INITIAL Venkata Sarath Sai Reddy Annareddy 1102 Northoak dr  14. OTHER  9. 11. NONQUALIFIED PLANS C. C. D. D. W. W. W.	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE  UBS Business Solutions US LLC  1000 Harbor Blvd  Weehawken NJ 07086  E. EMPLOYER'S FIRST NAME AND INITIAL  Venkata Sarath Sai Reddy  1102 Northoak dr  S. MEDICARE WAGES AND TIPS  9. SOCIAL SECURITY TIPS  8. ALLOCATED TIPS  9. 10. DEPENDENT CARE BENEFI  LAST NAME  Annareddy  11. NONQUALIFIED PLANS  12.a-d See instructions for box 12  C C D W	5624.74
UBS Business Solutions US LLC 1000 Harbor Blvd Weehawken NJ 07086  7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS  9. 10. DEPENDENT CARE BENEFI  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Venkata Sarath Sai Reddy 1102 Northoak dr  14. OTHER  9721.59  1. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C D W	
1000 Harbor Blvd Weehawken NJ 07086  7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS  9. 10. DEPENDENT CARE BENEFI  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Venkata Sarath Sai Reddy 1102 Northoak dr  11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C D W	
Weehawken NJ 07086  9. 10. DEPENDENT CARE BENEFIT  E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME Surf. Venkata Sarath Sai Reddy Annareddy  1102 Northoak dr 14. OTHER  VALUE OF THE SURFIT OF THE SUR	1315.46
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Venkata Sarath Sai Reddy Annareddy 1102 Northoak dr 11. NONQUALIFIED PLANS 12.a-d See instructions for box 12 C C D W	
Venkata Sarath Sai Reddy Annareddy C 1102 Northoak dr 14. OTHER U	.s
1102 Northoak dr 14. OTHER W	
1102 Northoak dr 14. OTHER W	44.16
1102 NOTITION UT	626.38
	7124.98
Nashville TN 37211 USA DD	19713.00
13. STATUTORY RETIREMENT	
F. EMPLOYEE'S ADDRESS AND ZIP CODE EMPLOYEE ☐ PLAN	X THIRD-PARTY
15. STATE   EMPLOYER'S STATE ID NUMBER   16. STATE WAGES, TIPS, ETC.   17. STATE INCOME TAX   18. LOCAL WAGES, TIPS, ETC.   19. LOCAL INCOME TAX   20. LOCAL WAGES, TIPS, ETC.   19. LOCAL INCOME TAX   20. LOCAL WAGES, TIPS, ETC.   19. LOCAL WAGES,	X THIRD-PARTY SICK PAY