								Federal B	ox 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. 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. Form W-2 Wage and Tax Statement 2022 Copy C—For EMPLOYEE'S RECORDS						Gross Wage Txbl Benefit Group Term Adoption Deferred Co Section 125 Other Preta W-2 Wages	cs Life omp x/Wage Lii	(1000 (40) mit	000.08 144.41 48.04 00.08 36.80	144. 48.0)) (4036.8	11 144.41 14 48.04 0) (4036.80)	L ‡
												,
D. CONTROL NUMBER 000453499701		202			. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 86155.65			2. FEDERAL INCOME TAX WITHHELD 11711.73			
B. EMPLOYER IDENTIFICA	ATION NUMBER (EIN)	A. EMPLOYEE'S	SOCIAL SECU	IRITY NUMBI	ER	3. SOCIAL SECURITY WAGES			4	4. SOCIAL SECURITY TAX WITHHELD		
20-3469219		641-59-7300				96155.73 5. MEDICARE WAGES AND TIPS					5961.66	
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AN	D TIPS 96155.73	1	5. MEDICARE TAX WIT	HHELD 1394.26	
INFOR (US), LLC 13560 Morris Road						7 00000 050	UDITY TIPS	90155.73		ALLOCATED TIPS	1394.20	_
Suite 4100 Alpharetta GA 30004						7. SOCIAL SEC	URITY TIPS		- '	B. ALLOCATED TIPS		
Applatetta GA 30004						9.			1	O. DEPENDENT CARE E	ENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						11. NONQUALIFIED PLANS			1	12.a-d See instructions for box 12 C 48.04		
Santosh Bucchanahalli Govindaraju										D	10000.08	
1009 Emil Pl Allen TX 75013						14. OTHER				w	3648.16	
USA										DD	5628.00	,
F. EMPLOYEE'S ADDRESS AND ZIP CODE									1	3. STATUTORY RETIREMPLOYEE PLAN	EMENT X THIRD-PARTY SICK PAY	J
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TO					AX	18. LOCAL	WAGES, TIPS, ETC.	19. L	OCAL INCOME TAX	20. LOCALITY NAME		

D. CONTROL NUMB 000453499701	ER		2022	OMB N	NO. 15	45-0008	1. WAGES, TI	PS, OTHER CO	OMPENSATION 86155.65		2. FEDERAL INCOME TA	X WITHHELD 11711.7	'3
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAG	ES		4. SOCIAL SECURITY TAX WITHHELD			
20-3469219 641-59-7300							96155.73		5961.66				
C. EMPLOYER'S NA	ME, ADDRESS, AND ZIP C	CODE					5. MEDICARE	WAGES AND	TIPS		6. MEDICARE TAX WITHHELD		
INFOR (US), LLC								96155.73 1394.26				16	
13560 Morris Road Suite 4100						7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS							
Alpharetta GA 30004							9.				10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIR:	T NAME AND INITIAL	LAST NA	ME			SUFF.	11. NONQUAL	FIED PLANS			12.a-d		
Santosh		Buccha	anahalli G	Sovindar	aju						С		48.04
1009 Fmil Pl							14. OTHER				D		10000.08
Allen TX 75013											W		3648.16
USA										DD 5628.00		5628.00	
F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIRED PLAN		RD-PARTY K PAY	
15. STATE EMPL	OYER'S STATE ID NUMBER	16. STATE WAG	ES, TIPS, E	TC.	17. STATE	E INCOME T	AX	18. LOCAL V	WAGES, 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		OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION	2. FEDERAL INCOME T			
000453499701	2022	ONB NO. 1343-0008		86155.65		11711.73		
B. EMPLOYER IDENTIFICATION NUMBER (EIN)	A. EMPLOYEE'S SOCIAL SEC	CURITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
20-3469219	641-59-7300			96155.73		5961.66		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CO	DDE		5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD		
INFOR (US), LLC				96155.73		1394.26		
13560 Morris Road Suite 4100 Alpharetta GA 30004			7. SOCIAL SEC	CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS 10. DEPENDENT CARE BENEFITS		
Alpharetta GA 30004			9.		10. DEPENDENT CARE			
E. EMPLOYEE'S FIRST NAME AND INITIAL	LAST NAME	SUFF.	11. NONQUAL	IFIED PLANS	12.a-d			
Santosh	Bucchanahalli (Govindaraju			С	48.04		
1009 Fmil Pl			14. OTHER		D	10000.08		
Allen TX 75013			211 0111211		W	3648.16		
USA					DD	5628.00		
F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RET	REMENT X THIRD-PARTY 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

D. CONTROL	LNUMBER			284B NO. 1545 0000	1. WAGES, TI	PS, OTHER COMPENSATI	ON	2. FEDERAL INCOME TA	X WITHHELD	
000453499	9701			OMB NO. 1545-0008	86155.65			11711.73		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELE			XX WITHHELD	
20-3469219 641-59-7300						96155.73 5961.			5961.66	
C. EMPLOYE	R'S NAME, ADDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD	
INFOR (US						96155.7	73	1394.26		
13560 Morris Road Suite 4100 Alpharetta GA 30004						CURITY TIPS		8. ALLOCATED TIPS		
Арнагена	GA 30004				9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYE	E'S FIRST NAME AND INITIAL	LAST NAI	ME	SUFF.	11. NONQUALIFIED PLANS			12.a-d See instructions for	box 12	
Santosh		Buccha	nahalli Gov	vindaraju				C	48.04	
	DI.			,	14. OTHER			D	10000.08	
1009 Emil Allen TX 7					14. OTHER			W	3648.16	
USA /	5013		DD				5628.00			
	E'S ADDRESS AND ZIP CODE							13. STATUTORY RETIR	EMENT X THIRD-PARTY SICK PAY	
15. STATE	EMPLOYER'S STATE ID NUMBER	16. STATE WAGE	S, TIPS, ETC.	. 17. STATE INCOME T	AX	18. LOCAL WAGES, TIP	S, ETC. 19	9. LOCAL INCOME TAX	20. LOCALITY NAME	