Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008 a Employee's soc. sec. no. Wages, tips, other comp 2 Federal income tax withhe 088-77-2037 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 5 Medicare wages and tips 39-1263473 6 Medicare tax withheld c Employer's name, address, and ZIP code Humana Insurance Company 500 West Main Street Louisville, KY 40202 d Control number e Employee's name, address, and ZIP code Aswitha Gudala 1041 PEDERNALES TRAIL Irving, TX 75063 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 14 Other 12b Code 2094.26 Retirement plan 12c Code 250.00 Third-party sick pay 12d Code 1562.40 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 19 Local income tax 18 Local wages, tips, etc. Form W-2 Wage and Tax Statement Dept. of the Treasury - IRS

This information is being furnished to the Internal Revenue Service

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Copy 2-To Be Filed With Employee's State, OMB No. 1545-0008 City, or Local Income Tax Return 2 Federal income tax withheld a Employee's soc. sec. no. 1 Wages, tips, other comp. 2834.19 16486.53 088-77-2037 4 Social security tax withheld 3 Social security wages b Employer ID number (EIN) 6 Medicare tax withheld 5 Medicare wages and tips 39-1263473 c Employer's name, address, and ZIP code Humana Insurance Company 500 West Main Street Louisville, KY 40202 d Control number e Employee's name, address, and ZIP code Aswitha Gudala 1041 PEDERNALES TRAIL Irving, TX 75063 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory employee | 14 Other 12b Code 2094.26 Retirement plan 12c Code 250.00 Third-party sick pay 12d Code 1562.40 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 Locality name Form W-2 Wage and Tax Statement 5057 Dept. of the Treasury - IRS

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Copy C-For EMPLOYEE'S RECORDS (See OMB No. 1545-0008 Notice to Employee on the back of Copy B.) a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 2834.19 16486.53 088-77-2037 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 5 Medicare wages and tips 6 Medicare tax withheld 39-1263473 c Employer's name, address, and ZIP code Humana Insurance Company 500 West Main Street Louisville, KY 40202 d Control number e Employee's name, address, and ZIP code Aswitha Gudala 1041 PEDERNALES TRAIL Irving, TX 75063 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 14 Other 12b Code 2094.26 12c Code Retirement plan 250.00 12d Code Third-party sick pay 1562.40 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 20 Locality name 19 Local income tax 18 Local wages, tips, etc. Form W-2 Wags and Tax Statement

Dept. of the Treasury
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanotion may be imposed on you if this income is taxable and you fall to report it.

Dept. of the Treasury - IRS

| x Return  1 Wages, tips, other comp.  16486.53  3 Social security wages  5 Medicare wages and tips  and ZIP code  e Company  treet  40202 |                                 |  |
|---|---------------------------------|--|
| 3 Social security wages  5 Medicare wages and tips  Ind ZIP code  e Company  treet  | 4 Social secur<br>6 Medicare ta | 2834.19<br>rity tax withheld<br>x withheld   |
| 5 Medicare wages and tips  and ZIP code e Company treet   | 6 Medicare ta                   | x withheld   |
| nd ZIP code<br>e Company<br>treet   |                                 |  |
| e Company<br>treet  |                                 |  |
| treet   |                                 |  |
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|   |                                 |  |
| and ZIP code  |                                 |  |
| S TDATE   |                                 |  |
| 2 IKWIT   |                                 |  |
| 0.3   |                                 |  |
| 8 Allocated tips  |                                 |  |
| o resociated tips   | 9                               |  |
| 11 Nonqualified plans   | 12a Code                        |  |
|   | C                               | 23.55  |
| her   | 12b Code                        |  |
|   | -                               | 2094.26  |
|   | W Code                          | 250.00   |
|   | 12d Code                        | 200100   |
|   | DD                              | 1562.40  |
|   |                                 |  |
| Umber 16 Ctate  | 47 01 4                         |  |
| 19 Local income ter   | 20 Locality na                  |  |
| and and the tax   | LUCIBITY NE                     | 1110   |
|   |                                 |  |
| atement 2021  | Dept. of                        | the Treasury - IR  |
|   | ner                             | 8 Allocated tips 9 11 Nonqualified plans 12a Code C 12b Code D 12c Code N 12d Code D 12d |

## 2021 W-2 and EARNINGS SUMMARY

THE RESERVE OF THE PARTY OF THE

Employee Reference Copy 2 Wage and Tax Statement Dept. Corp. 240237 WT80 A Employer's name, address, and ZIP code S CBRE INC 2375 N. GLENVILLE DRIVE, BLDG. A RICHARDSON, TX 75082 eff Employee's name, address, and ZIP code ASWITHA GUDALA 1041 PEDERNALES TRAIL IRVING, TX 75063 Employer's FED ID number 95-2743174 a Employee's SSA number XXX-XX-2037 Wages, tips, other comp. 2 Federal income tax withheld 67336.67 Social security wages 9885.68 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See Instructions for box 12 C | 4 | 12b D | 6682.80 | 12c W | 2907, 45 | 12d DD | 5120.00 | 13 State emp | Ret. plan| Sard party stick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 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.

ASWITHA GUDALA 1041 PEDERNALES TRAIL IRVING, TX 75063

Social Security Number: XXX-XX-2037

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| 1       | Wages, tips, other comp.<br>67336.67  |                  | 2 Federal income tax withheld<br>9885.68               |          |                  |
|---------|---------------------------------------|------------------|--|----------|------------------|
| 3       | occial security wages                 |                  | 4 Social security tax withheld 6 Medicare tax withheld |          |                  |
| 5       |                                       |                  |  |          |                  |
| d<br>OO | Control number<br>000000872 WNP       | Dept.<br>240237  | Corp.<br>WT80  | Employer | use only<br>9192 |
| C       | Employer's name                       |                  |  |          |                  |
| b       |                                       | ENVILLE<br>N, TX | DRIVE,<br>75082  | BLDG.    | umber            |
|         | CBRE INC<br>2375 N. GLE<br>RICHARDSOI | NVILLE<br>N, TX  | DRIVE,<br>75082  | BLDG.    | umber            |

| Employer's FED ID number<br>95-2743174 | a Employee's SSA number<br>XXX-XX-2037     |  |  |
|--|--|--|--|
| 7 Social security tips                 | 8 Allocated tips                           |  |  |
| 9                                      | 10 Dependent care benefits                 |  |  |
| 11 Nonqualified plans                  | 12a See instructions for box 12<br>C 43.05 |  |  |
| 14 Other                               | 12b D 6682.80                              |  |  |
|  | 12c W   2907.45                            |  |  |
|  | <sup>12d</sup> DD 5120.00                  |  |  |
|  | 13 Stat emp. Ret. plan 3rd party sick pay  |  |  |
| e/f Employee's name, address a         | 13 Stat emp. Ret. plan 3rd party sick p    |  |  |

ASWITHA GUDALA 1041 PEDERNALES TRAIL IRVING, TX 75063

| 15 Stat | te Employer's state | ID no. 16 State wages, tips, etc. |
|---------|---------------------|-----------------------------------|
| 17 Stat | te income tax       | 18 Local wages, tips, etc         |
| 19 Loc  | al income tax       | 20 Locality name                  |

Federal Filing Copy
W-2 Wage and Tax
Statement
OMB No. 1646-0

|                             |                                | ol income tax withheld<br>9885.68 |   |  |
|-----------------------------|--------------------------------|-----------------------------------|---|--|
| Social secu                 | rity wages                     | 4 Social                          | security tax withheld                   |  |
| Medicare wa                 | ages and tips                  | 6 Medicare tax withheld           |   |  |
| Control num<br>0000000872 W |                                |                                   | Employer use only<br>A 9192             |  |
| CBRE IN<br>2375 N.          |                                | E DRIVE                           | BLDG, A                                 |  |
| Employer's<br>95-           | FED ID numbe<br>2743174        | r a Employ                        | yee's SSA number<br>XXX-XX-2037         |  |
| Social secu                 | rity tips                      | 8 Alloca                          |   |  |
|                             |                                | 10 Dependent care benefits        |   |  |
| 1 Nonqualified              | d plans                        | 12a<br>C                          | 40.45                                   |  |
| 4 Other                     |                                | 12b D                             | 43.05<br>6682.80<br>2907.45             |  |
|                             |                                | 12d DD                            | 5120.00<br>Ret. plan 3rd party sick pay |  |
| /1 Employee's               | name address                   |                                   | X                                       |  |
| ASWITHA<br>1041 PEE         | GUDALA<br>DERNALES<br>TX 75063 | TRAIL                             |   |  |
| 5 State Emplo               | oyer's state ID                | no. 16 State v                    | vages, tips, etc.                       |  |
| 7 State income              | e tax                          | 18 Local                          | wages, tips, etc.                       |  |
| 9 Local incom               | e tax                          | 20 Localit                        | ty name                                 |  |
|                             |                                | ng Cop                            |   |  |

| 1 Wages, tips, other comp.<br>67336.67   |                           | 2 Federal income tax withheld<br>9885 . 68 |                                 |  |
|--|---------------------------|--|---------------------------------|--|
| 3 Social security wages  |                           | 4 Social security tax withheld             |                                 |  |
| Medicare wages and tips  |                           | 6 Medicare tax withheld                    |                                 |  |
| d Control number 0000000872 WNP 240237 c Employer's name, address,                                 |                           | Corp.<br>VT80                              | Employer use only<br>A 9192     |  |
| CBRE INC<br>2375 N. GLENVI<br>RICHARDSON, T  | LLE DI                    | RIVE,<br>182                               | BLDG. A                         |  |
| b Employer's FED ID nu<br>95-2743174   | imber a                   | Emplo                                      | yee's SSA number<br>XXX-XX-2037 |  |
| 7 Social security tips   | 8                         | 8 Allocated tips                           |                                 |  |
| 9  | 11                        | 10 Dependent care benefits                 |                                 |  |
| 11 Nonqualified plans  | 1:                        | C I  |                                 |  |
| 14 Other   | 13                        | Bb D                                       | 43.05<br>6682.80                |  |
|  |                           | le W                                       | 2907.45                         |  |
|  |                           | DD bi                                      | 5120.00                         |  |
|  |                           |  | Ret. plan 3rd party sick pa     |  |
|  | 13                        | Stat em                                    | X New Party sick ha             |  |
| e/I Employee's name, add<br>ASWITHA GUDA<br>1041 PEDERNAL<br>IBVING TV 756                         | dress and<br>LA<br>ES TRA | ZIP cod                                    | X                               |  |
| ASWITHA GUDAI<br>1041 PEDERNAL<br>IRVING, TX 750   | LA<br>ES TRA              | ZIP cod                                    | X                               |  |
| ASWITHA GUDA<br>1041 PEDERNAL<br>IRVING, TX 750<br>15 State Employer's stat                        | dress and<br>LA<br>ES TRA | ZIP cod                                    | X                               |  |
| ASWITHA GUDA<br>1041 PEDERNAL<br>IRVING, TX 750<br>15 State Employer's stat<br>17 State income tax | LA<br>ES TRA<br>063       | ZIP cod                                    | X                               |  |
| ASWITHA GUDA<br>1041 PEDERNAL<br>IRVING, TX 750<br>15 State Employer's stat                        | LA<br>ES TRA<br>063       | ZIP cod                                    | vages, tips, etc.               |  |