

CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. STATE STREET RETIREE SERVICES FOR SODEXO 401(K) EMPLOYEES' RET SVGS PLAN & TRUST 1-866-769-7526 P.O. BOX 990071 HARTFORD, CT 06199		1 Gross distribution \$ 22.62		OMB No. 1545-0119 2022 FORM 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 04-3581074		RECIPIENT'S TIN ***-**-1690		2a Taxable amount \$ 22.62		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PAVANI GODA 135 924 N CHARLES ST MACOMB, IL 61455-4408		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return. This information is being furnished to the IRS.	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. <input type="checkbox"/>		5 Employee contributions/Designated Roth contributions or insurance premiums \$			
Account number (see instructions) SODEXHO--		12 FATCA filing requirement <input type="checkbox"/>		7 Distribution code(s) 1		8 Other \$ %	
13 Date of payment		9a Your percentage of total distribution %		9b Total employee contributions \$		16 State distribution \$ 22.62	
14 State tax withheld \$ 0.00		15 State/Payer's state no. IL/04-3581074-000		17 Local tax withheld \$		18 Name of locality \$	
19 Local distribution \$		17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. STATE STREET RETIREE SERVICES FOR SODEXO 401(K) EMPLOYEES' RET SVGS PLAN & TRUST 1-866-769-7526 P.O. BOX 990071 HARTFORD, CT 06199		1 Gross distribution \$ 22.62		OMB No. 1545-0119 2022 FORM 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 04-3581074		RECIPIENT'S TIN ***-**-1690		2a Taxable amount \$ 22.62		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PAVANI GODA 135 924 N CHARLES ST MACOMB, IL 61455-4408		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0.00		Copy C For Recipient's Records This information is being furnished to the IRS.	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. <input type="checkbox"/>		5 Employee contributions/Designated Roth contributions or insurance premiums \$			
Account number (see instructions) SODEXHO--		12 FATCA filing requirement <input type="checkbox"/>		7 Distribution code(s) 1		8 Other \$ %	
13 Date of payment		9a Your percentage of total distribution %		9b Total employee contributions \$		16 State distribution \$ 22.62	
14 State tax withheld \$ 0.00		15 State/Payer's state no. IL/04-3581074-000		17 Local tax withheld \$		18 Name of locality \$	
19 Local distribution \$		17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$	

Form 1099-R (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. STATE STREET RETIREE SERVICES FOR SODEXO 401(K) EMPLOYEES' RET SVGS PLAN & TRUST 1-866-769-7526 P.O. BOX 990071 HARTFORD, CT 06199		1 Gross distribution \$ 22.62		OMB No. 1545-0119 2022 FORM 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S TIN 04-3581074		RECIPIENT'S TIN ***-**-1690		2a Taxable amount \$ 22.62		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PAVANI GODA 135 924 N CHARLES ST MACOMB, IL 61455-4408		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0.00		Copy 2 File this copy with your state, city, or local income tax return, when required.	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. <input type="checkbox"/>		5 Employee contributions/Designated Roth contributions or insurance premiums \$			
Account number (see instructions) SODEXHO--		12 FATCA filing requirement <input type="checkbox"/>		7 Distribution code(s) 1		8 Other \$ %	
13 Date of payment		9a Your percentage of total distribution %		9b Total employee contributions \$		16 State distribution \$ 22.62	
14 State tax withheld \$ 0.00		15 State/Payer's state no. IL/04-3581074-000		17 Local tax withheld \$		18 Name of locality \$	
19 Local distribution \$		17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

d Control number 00755674	1 Wages, tips, other compensation 54858.88	2 Federal income tax withheld 9027.40
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
 Deloitte Consulting LLP
 4022 Sells Drive
 Hermitage TN 37076-2903

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 3343.45
12b	12c	12d

b Employer identification number (EIN) 06-1454513	a Employee's social security number 385-89-1690		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address and ZIP code
 Pavani Goda
 518 Wigwam Hollow Cir
 Macomb IL 61455

2022	15 State IL	Employer's state ID No. 06-1454513-000	16 State wages, tips, etc. 54858.88
------	-------------	---	--

Form W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)	17 State income tax 2715.46	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00755674	1 Wages, tips, other compensation 54858.88	2 Federal income tax withheld 9027.40
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
 Deloitte Consulting LLP
 4022 Sells Drive
 Hermitage TN 37076-2903

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 3343.45
12b	12c	12d

b Employer identification number (EIN) 06-1454513	a Employee's social security number 385-89-1690		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address and ZIP code
 Pavani Goda
 518 Wigwam Hollow Cir
 Macomb IL 61455

2022	15 State IL	Employer's state ID No. 06-1454513-000	16 State wages, tips, etc. 54858.88
------	-------------	---	--

Form W-2 Wage and Tax Statement Copy B-To Be Filed With Employee's FEDERAL Tax Return	17 State income tax 2715.46	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00755674	1 Wages, tips, other compensation 54858.88	2 Federal income tax withheld 9027.40
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
 Deloitte Consulting LLP
 4022 Sells Drive
 Hermitage TN 37076-2903

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a DD 3343.45
12b	12c	12d

b Employer identification number (EIN) 06-1454513	a Employee's social security number 385-89-1690		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address and ZIP code
 Pavani Goda
 518 Wigwam Hollow Cir
 Macomb IL 61455

2022	15 State IL	Employer's state ID No. 06-1454513-000	16 State wages, tips, etc. 54858.88
------	-------------	---	--

Form W-2 Wage and Tax Statement Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 2715.46	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control number 00755674	1 Wages, tips, other compensation 54858.88	2 Federal income tax withheld 9027.40
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
 Deloitte Consulting LLP
 4022 Sells Drive
 Hermitage TN 37076-2903

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a DD 3343.45
12b	12c	12d

b Employer identification number (EIN) 06-1454513	a Employee's social security number 385-89-1690		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address and ZIP code
 Pavani Goda
 518 Wigwam Hollow Cir
 Macomb IL 61455

2022	15 State IL	Employer's state ID No. 06-1454513-000	16 State wages, tips, etc. 54858.88
------	-------------	---	--

Form W-2 Wage and Tax Statement Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 2715.46	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

2022 W-2 and EARNINGS SUMMARY



Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0048

Copy C for employee's records.
 d Control number Dept. Corp. Employer use only
 064161 NCN3/96W B87205 T EIC 4383

c Employer's name, address, and ZIP code
 SDH EDUCATION WEST LLC
 P.O. BOX 17033
 AUGUSTA GA 30903
 Batch #04076

e/f Employee's name, address, and ZIP code
 PAVANI GODA
 924 N CHARLES ST
 135
 MACOMB IL 61455-4408

b Employer's FED ID number 52-2282038	a Employee's SSA number XXX-XX-1690
1 Wages, tips, other comp. 1968.52	2 Federal income tax withheld 1968.52
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 19.88
14 Other	12b 12c 12d
15 State Employer's state ID no. IL 52-2282038 000 2	16 State wages, tips, etc. 1968.52
17 State income tax 97.44	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	IL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	1,988.40	1,988.40	1,988.40	1,988.40
Less 401(k) (D-Box 12)	19.88	N/A	N/A	19.88
Less Exempt Wages	N/A	1,988.40	1,988.40	N/A
Reported W-2 Wages	1,968.52	0.00	0.00	1,968.52

2. Employee Name and Address.

PAVANI GODA
 924 N CHARLES ST
 135
 MACOMB IL 61455-4408

© 2022 ADP, Inc.

1 Wages, tips, other comp. 1968.52	2 Federal income tax withheld 1968.52
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

d Control number Dept. Corp. Employer use only
 064161 NCN3/96W B87205 T EIC 4383

c Employer's name, address, and ZIP code
 SDH EDUCATION WEST LLC
 P.O. BOX 17033
 AUGUSTA GA 30903

b Employer's FED ID number 52-2282038	a Employee's SSA number XXX-XX-1690
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 19.88
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay X	

e/f Employee's name, address and ZIP code
 PAVANI GODA
 924 N CHARLES ST
 135
 MACOMB IL 61455-4408
 15 State Employer's state ID no.
 IL 52-2282038 000 2
 16 State wages, tips, etc.
 1968.52
 17 State income tax
 97.44
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

Federal Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0048
 Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 1968.52	2 Federal income tax withheld 1968.52
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

d Control number Dept. Corp. Employer use only
 064161 NCN3/96W B87205 T EIC 4383

c Employer's name, address, and ZIP code
 SDH EDUCATION WEST LLC
 P.O. BOX 17033
 AUGUSTA GA 30903

b Employer's FED ID number 52-2282038	a Employee's SSA number XXX-XX-1690
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 19.88
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay X	

e/f Employee's name, address and ZIP code
 PAVANI GODA
 924 N CHARLES ST
 135
 MACOMB IL 61455-4408
 15 State Employer's state ID no.
 IL 52-2282038 000 2
 16 State wages, tips, etc.
 1968.52
 17 State income tax
 97.44
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

IL State Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0048
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 1968.52	2 Federal income tax withheld 1968.52
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

d Control number Dept. Corp. Employer use only
 064161 NCN3/96W B87205 T EIC 4383

c Employer's name, address, and ZIP code
 SDH EDUCATION WEST LLC
 P.O. BOX 17033
 AUGUSTA GA 30903

b Employer's FED ID number 52-2282038	a Employee's SSA number XXX-XX-1690
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 19.88
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay X	

e/f Employee's name, address and ZIP code
 PAVANI GODA
 924 N CHARLES ST
 135
 MACOMB IL 61455-4408
 15 State Employer's state ID no.
 IL 52-2282038 000 2
 16 State wages, tips, etc.
 1968.52
 17 State income tax
 97.44
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

IL State Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0048
 Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

FOLD AND DETACH HERE