PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1.866-769-7526					
postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET	state or province country. Z	IP or foreign	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities,
SODEXO 401(K) EMPLOYEES' RET			\$ 22.62	0000	Retirement or
			2a Taxable amount	1 2022	Profit-Sharing Plans,
	SVGS PLAN & IRUSI				IRAs, Insurance
P.O. BOX 990071			\$ 22.62	2 FORM 1099-R Total	Contracts, etc.
HARTFORD, CT 06199			2b Taxable amount not determined	distribution	X Copy B
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included	4 Federal income tax	Report this income on your
			in box 2n)	withheld	federal tax
04-3581074	***-	**-1690	s	\$	return. If this form shows
	-t \ -ltu town state		5 Employee contributions/Designat	ed 8 Net unrealized appreciati	federal income
RECIPIENT'S name, street address (including a province, country, and ZIP or foreign postal	code	or	Roth contributions or insurance	in employer's securities	Box 4, attach
, , , , , , , , , , , , , , , , , , , ,			premiums		this copy to your return.
PAVANI GODA			7 Distribution code(s) IRA/SER	P/ 8 Other	your return.
135			SIMPLE	o other	This information is
924 N CHARLES ST			1	\$	% being furnished to the IRS.
MACOMB, IL 61455-4408		12 FATCA filling	9a Your percentage of total distribution	Sb Total employee contribu	tions the ins.
	T	requirement		% S	16 State distribution
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.		14 State tax withheld	15 State/Payer's state no.	
\$	Control	10 0-1 -1	\$ 0.00	18 Name of locality	\$ 22.62
Account number (see instructions) SODEXHO		13 Date of payment	e e	To Hame of Tocarry	\$
Form 1099-R		www.irs.gov/	Form 1099R	Department of the Tre	asury-Internal Revenue Service
10111 1000 11		www.ms.gov			
		☐ CORRECT	ED (IF CHECKED)	0MD No. 1545-0110	Distributions From
PAYER'S name, street address, city or town, postal code, and phone no.	state or province, country, ZI	IP or foreign	1 Gross distribution \$ 22.62	OMB No. 1545-0119	Pensions, Annuities, Retirement or
STATE STREET RETIREE SERVICES			2a Taxable amount		Profit-Sharing Plans,
SODEXO 401(K) EMPLOYEES' RET: 1-866-769-7526	SVGS PLAN & TRUST				IRAs, Insurance
P.O. BOX 990071			\$ 22.62		Contracts, etc.
HARTFORD, CT 06199			2b Taxable amount not determined	Total distribution	X Copy C
PAYER'S TIN	RECIPIENT'S TIN		3 Capital gain (included	4 Federal Income tax	For Recipient's
			in box 2a)	withheld	Records
04-3581074	***-	**-1690	s	s 0	.00
RECIPIENT'S name, street address (Including province, country, and ZIP or foreign postal PAVANI GODA	code		Roth contributions or insurance premiums \$ 7 Distribution code(s) IRA/SEP.	in employer's securities \$ / 8 Other	
135			SIMPLE	o other	This information is
924 N CHARLES ST			1	\$	% being furnished to
MACOMB, IL 61455-4408		12 FATCA filing requirement	9a Your percentage of total distribution	9b Total employee contributi 5	ons the ma.
		requirement	9101110411011		
10 Amount allocable to IRR within 5 years	11 1st year of desig Roth		14 State tax withheld		16 State distribution
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.		14 State tax withheld	15 State/Payer's state no.	16 State distribution
10 Amount allocable to IRR within 5 years \$ Account number (see instructions)		13 Date of payment	\$ 0.00	15 State/Payer's state no.	
s		13 Date of payment	7, 51615 1811 11111111111	15 State/Payer's state no. IL/04-3581074-000	\$ 22.62
S Account number (see instructions)	contrib.	13 Date of payment	\$ 0.00	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality	\$ 22.62 19 Local distribution
\$ Account number (see instructions) SODEXHO	contrib.	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality	\$ 22.62 19 Local distribution \$ sury-Internal Revenue Service
S Account number (see instructions) SODEXHO Form 1099-R (keep for your records)	contrib.	www.irs.gov/	\$ 0.00	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality	\$ 22.62 19 Local distribution \$ surry-Internal Revenue Service Distributions From
S Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no.	state or province, country, Z	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Trea	\$ 22.62 19 Local distribution \$ sury-Internal Revenue Service Distributions From Pensions, Annuities, Retirement or
S Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES	state or province, country, Z	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R TED (IF CHECKED) 1 Gross distribution	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treatment of the Treat	\$ 22.62 19 Local distribution \$ surry-Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans,
S Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-769-7526	state or province, country, Z	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treat OMB No. 1545-0119 2022	\$ 22.62 19 Local distribution \$ sury-Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance
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S Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071 HARTPORD, CT 06199	state or province, country, Z POR SVGS PLAN & TRUST	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount \$ 22.62 2b Taxable amount not determined	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Tres OMB No. 1545-0119 2022 FORM 1099-R Total distribution	S 22.62 19 Local distribution s sury-Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2
S Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401 (K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071	state or province, country, Z	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution 5 22.62 2a Taxeble amount \$ 22.62 2b Taxeble amount not determined 3 Capital gain (included	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax	s 22.62 19 Local distribution s Issury-Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2 File this copy
S Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071 HARTPORD, CT 06199 PAYER'S TIN	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount \$ 22.62 2b Taxable amount not determined	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Tres OMB No. 1545-0119 2022 FORM 1099-R Total distribution	s 22.62 19 Local distribution s sury-Internal Revenue Service Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2 File this copy with your state,
Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071 HARTFORD, CT 06199	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN	www.irs.gov/	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution 5 22.62 2a Taxeble amount \$ 22.62 2b Taxeble amount not determined 3 Capital gain (included	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax withheld	Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. Copy 2 File this copy with your state, city, or local income tax
S Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1.866-769-7526 P.O. BOX 990071 HARTPORD, CT 06199 PAYER'S TIN	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN ***-*	www.irs.gov/ CORRECT IP or foreign *-1690	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount \$ 22.62 2b Taxable amount not determined 3 Capital gain (included in box 2a)	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax withheld \$ 0	Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2 File this copy with your state, city, or local income tax
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Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-765-7526 P.O. BOX 990071 HARTPORD, CT 06199 PAYER'S TIN 04-3581074 RECIPIENT'S name, street address (including a province, country, and ZIP or foreign postal	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN ***-*	www.irs.gov/ CORRECT IP or foreign *-1690 or	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount 5 22.62 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designate Roth contributions or insurance premiums \$ 7 Distribution code(s) IRA/SEP SIMPLE 1	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax withheld \$ 0 0 6 Net unrealized appreciation in employer's securities \$ 8 Other \$ 8 Other	Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2 File this copy with your state, city, or local income tax return, when required.
Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071 HARTPORD, CT 06199 PAYER'S TIN 04-3581074 RECIPIENT'S name, street address (including a province, country, and ZIP or foreign postal PAVANI GODA 135	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN ***-*	www.irs.gov/ CORRECT IP or foreign *-1690	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount 5 22.62 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designate Roth contributions or insurance premiums 5 7 Distribution code(s) IRA/SEP SIMPLE 1 9a Your percentage of total	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax withheld \$ 0 0 6 Net unrealized appreciation in employer's securities \$ 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Distributions From Pensions, Annuities, Retirement or Contracts, etc. Copy 2 File this copy with your state, city, or local income tax return, when required.
Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071 HARTPORD, CT 06199 PAYER'S TIN 04-3581074 RECIPIENT'S name, street address (including a province, country, and ZIP or foreign postal PAVANI GODA 135 924 N CHARLES ST MACOMB, IL 61455-4408	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN ***-* Int. no.), city or town, state code	www.irs.gov/ CORRECT IP or foreign *-1690 or	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount 5 22.62 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designate Roth contributions or insurance premiums 5 7 Distribution code(s) IRA/SEP SIMPLE 1 9a Your percentage of total	15 State/Payer's state no. IL/04-3581074-000 18 Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax withheld \$ 0 0 6 Net unrealized appreciation in employer's securities \$ 8 Other \$ 8 Other	Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2 File this copy with your state, city, or local income tax return, when required.
Account number (see instructions) SODEXHO Form 1099-R (keep for your records) PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401 (K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071 HARTPORD, CT 06199 PAYER'S TIN 04-3581074 RECIPIENT'S name, street address (including a province, country, and ZIP or foreign postal PAVANI GODA 135 924 N CHARLES ST	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN ***-* ipt. no.), city or town, state code	www.irs.gov/ CORRECT IP or foreign *-1690 or	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount \$ 22.62 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designate Roth contributions or insurance premiums \$ 7 Distribution code(s) IRA/SEP SIMPLE 1 9a Your percentage of total distribution	Its State/Payer's state no. IL/04-3581074-000 Its Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax withheld \$ 0 0 6 Net unrealized appreciation in employer's securities \$ 1 8 Other \$ 1 5 State/Payer's state no.	Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S name, street address, city or town, postal code, and phone no. STATE STREET RETIREE SERVICES SODEXO 401(K) EMPLOYEES' RET 1-866-769-7526 P.O. BOX 990071 HARTPORD, CT 06199 PAYER'S TIN 04-3581074 RECIPIENT'S name, street address (including a province, country, and ZIP or foreign postal PAVANI GODA 135 924 N CHARLES ST MACOMB, IL 61455-4408	state or province, country, Z POR SVGS PLAN & TRUST RECIPIENT'S TIN ***-* Int. no.), city or town, state code	www.irs.gov/ CORRECT IP or foreign *-1690 or	\$ 0.00 17 Local tax withheld \$ Form1099R ED (IF CHECKED) 1 Gross distribution \$ 22.62 2a Taxable amount 5 22.62 2b Taxable amount not determined 3 Capital gain (included in box 2a) \$ 5 Employee contributions/Designate Roth contributions or insurance premiums 5 7 Distribution code(s) IRA/SEP SIMPLE 1 9a Your percentage of total distribution 14 State tax withheld	Its State/Payer's state no. IL/04-3581074-000 Its Name of locality Department of the Treat OMB No. 1545-0119 2022 FORM 1099-R Total distribution 4 Federal income tax withheld \$ 0 0 6 Net unrealized appreciation in employer's securities \$ 1 8 Other \$ 15 State/Payer's state no.	Distributions From Pensions, Annuities, Retirement or Profit—Sharing Plans, IRAs, Insurance Contracts, etc. X Copy 2 File this copy with your state, city, or local income tax return, when required.

2022 W-2 and EARNINGS SUMMARY



Emplo	yee Reference	Сору	
M-2	yee Reference Wage and Tax Statement	2022)
44 2	Statement	OMB No. 1545-000	18

Copy C for employee's records.

d Control number Dept. 064161 NCN3/96W B87205

Corp.

Employer use only EIC 4383

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				
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 1 19.88				
14 Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick par				
15 State Employer's state ID (1L 52-2282038 000					
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 MACOMB IL 61455-4408

O 2022 ADP, Inc.

1	Wages, tips, other comp. 1968.52		2 Federal income tax withheld			
3	Social security wages		4 Social	security tax withheld		
5	Medicare wages and tips		6 Medica	are tax withheld		
d 06	Control number 34161 NCN3/96W	Dept. B87205	Corp.	Employer use only T EIC 4383		

SDH EDUCATION WEST LLC P.O. BOX 17033 AUGUSTA GA 30903

mber a Employee's SSA number XXX - XX - 1690
8 Allocated tips
10 Dependent care benefits
12a See instructions for box 12 D 19.88
12b
12c
12d
13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

PAVANI GODA 924 N CHARLES ST

MACOMB IL 61455-4408

15 State | Employer's state ID no. | 16 State wages, tips, etc. | 1968.52 18 Local wages, tips, etc. 17 State income tax 97.44 20 Locality name 19 Local income tax

Federal Filing Copy 2 Wage and Tax Statement

1	Wages, tips, other of	68.52	2 Federal income tax withheld			
3	Social security wages		4 Social security tax withheld			
5	Medicare wages and tips		6 Medicare tax withheld			
d 06	Control number 64161 NCN3/96W	Dept. B87205	Corp.	Employer use only T EIC 4383		

Fold and Detach Here ->

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 D 19.88		
14	Other	12b		
		12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		

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. 16 State wages, tips, etc. 12-2282038 000 2 1968.52 17 State income tax 18 Local wages, tips, etc. 97.44

20 Locality name

IL.State Reference Copy W-2 Wage and Tax 20
Statement
Copy 2 to be filled with employer's State Income Tax Redurb.

1	Wages, tips, other comp. 1968.52		2 Federal income tax withheld				
3	Social security wages		4	Social	secu	rity tax v	vithheld
5	Medicare wages and tips		6	Medica	are ta	x withhe	ld
d 06	Control number 4161 NCN3/96W	Dept. B87205		Corp.	T		use only 4383

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 D 19.88
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay

e/i 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. 16 State wages, tips, etc. IL 52-2282038 000 2 1968.52 18 Local wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name

IL.State Filing Copy 2 Wage and Tax 2 Statement