



**W-2** Wage and Tax Statement **2022**  
 Copy C for employee's records. OMB No. 1545-0008

**Employee Reference Copy**

**d** Control number 000286 Dept. RN/8IT Corp. Employer use only **A** 46

**c** Employer's name, address, and ZIP code  
**CSXTECH INC**  
 4975 PRESTON PARK BLVD STE 55  
 PLANO, TX 75093

Batch #99874

**e/f** Employee's name, address, and ZIP code  
**DEEPAK THAKKALLAPALLY**  
 10871 KINGSFORD LN  
 FRISCO, TX 75035

**b** Employer's FED ID number 46-4859679 **a** Employee's SSA number XXX-XX-3260

**1** Wages, tips, other comp. 102999.66 **2** Federal income tax withheld 15873.05

**3** Social security wages 102999.66 **4** Social security tax withheld 6385.98

**5** Medicare wages and tips 102999.66 **6** Medicare tax withheld 1493.50

**7** Social security tips **8** Allocated tips

**9** **10** Dependent care benefits

**11** Nonqualified plans **12a** See instructions for box 12

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

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
Gross Pay	104,308.00	104,308.00	104,308.00
Less Other Cafe 125	1,308.34	1,308.34	1,308.34
<b>Reported W-2 Wages</b>	<b>102,999.66</b>	<b>102,999.66</b>	<b>102,999.66</b>

2. Employee Name and Address.

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**W-2** Wage and Tax Statement **2022**  
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

**Federal Filing Copy**

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**CSXTECH INC**  
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 PLANO, TX 75093

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 FRISCO, TX 75035

**15** State Employer's state ID no. **16** State wages, tips, etc.

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**W-2** Wage and Tax Statement **2022**  
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

**State Reference Copy**

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**CSXTECH INC**  
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 PLANO, TX 75093

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**9** **10** Dependent care benefits

**11** Nonqualified plans **12a**

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

**e/f** Employee's name, address and ZIP code  
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 10871 KINGSFORD LN  
 FRISCO, TX 75035

**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

**W-2** Wage and Tax Statement **2022**  
 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

**City or Local Reference Copy**

**d** Control number 000286 Dept. RN/8IT Corp. Employer use only **A** 46

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