Employee Reference Copy Wage and Tax Statement Copy C for employee's records. d Control number Dept. Corp. Employer use only 0000012030 NL7 BQP1 E S 11034 c Employer's name, address, and ZIP code ABBVIE INC 1 N WAUKEGAN RD NORTH CHICAGO, IL 60064

e/f Employee's name, address, and ZIP code RAGHAVA DANWADA 10424 SPADE DR LOMA LINDA, CA 92354

b Er	nployer's FED ID number 32-0375147	er a Employee's SSA number XXX-XX-1641
1 Wa	ges, tips, other comp.	2 Federal income tax withheld
	173193.97	33953.58
3 So	cial security wages	4 Social security tax withheld
	147000.00	9114.00
5 Me	dicare wages and tips	6 Medicare tax withheld
	175629.13	2546.62
7 So	cial security tips	8 Allocated tips
9::::		10 Dependent care benefits
11 N	onqualified plans	12a See instructions for box 12 C 219.30
14 0	her	12b D 2435.16
		12c W I 3407.69
		12d AA 678.60
		13 Stat emp. Ret. plan 3rd party sick pa
15 St	ate Employer's state ID I	no. 16 State wages, tips, etc.
17 St	ate income tax 10706.37	18 Local wages, tips, etc.
10 1	cal income tax	20 Locality name

1 Wages, tips, other comp. 173193.97		2 Federal income tax withheld 33953.58			
3 Social security wages 147000.00		4 Social security tax withheld 9114.00			
Medicare wages and tips 175629.13		6 Medicare tax withheld 2546.62			
d Conti	rol number	Dept.	Corp.	Employer	use only
0000000000	0000012030 NL7		BQP1	ES1	1034
NOI	WAUKEGA RTH CHICA	GO, IL			
b Emplo	yer's FED ID 32-037514		a Employee's SSA number XXX-XX-1641		
7 Social security tips		8 Allocated tips			
7 30ciai	security ups			ident care b	enefits
g 11 Nonq	ualified plans		10 Deper		
g 11 Nonq	ualified plans		10 Deper	ndent care b	or box 12
g 11 Nonq	ualified plans		10 Deper	ndent care b estructions f	or box 12 219.30
g 11 Nonq	ualified plans		10 Deper	ndent care b estructions f	or box 12 219.30 2435.16
A Nonq	ualified plans		10 Deper 12a See in C 12b D 12c W 12d AA 13 Stat emp.	ndent care b	219.30 2435.16 3407.69 678.60
9 11 Nonq 14 Other e/f Empl RAGI 10424	ualified plans	address NWAD	10 Deper 12a See in C 12b D 12c W 12d AA 13 Stat emp. and ZIP c	ndent care b	219.30 2435.16 3407.69 678.60
11 Nonq 14 Other 14 RAGI 10424 LOM	ualified plans ualified plans pyee's name, HAVA DA 4 SPADE D	address NWAD R A 9235	10 Deper 12a See in C 12b D 12c W 12d AA 13 Stat emp. 13 A ZIP C A	Ret plan 3rd p	or box 12 219.30 2435.16 3407.69 678.60 party sick pa
11 Nonq 14 Other e/f Emple RAGI 10424 LOM/	ualified plans byee's name, HAVA DA 4 SPADE DA LINDA, C	address NWADA R A 9235 tate ID no	10 Deper 12a See in C 12b D 12c W 12d AA 13 Stat emp and ZIP c	Ret plan 3rd prode	219.30 2435.16 3407.69 678.60 party sick pa

Statement
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

2022 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

any adjustments made by your employer. GROSS PAY 179,888.50 SOCIAL SECURITY 9,114.00 TAX WITHHELD BOX 04 OF W-2 FED. INCOME TAX WITHHELD 33,953.58 MEDICARE TAX 2,546.62 WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX 10,706.37 SUI/SDI 0.00 BOX 17 OF W-2 BOX 14 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2 0.00

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-1641

RAGHAVA DANWADA 10424 SPADE DR LOMA LINDA, CA 92354

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PAGE 1 OF 3

2022 W-2 and EARNINGS SUMMARY

M C-///	age ar Statem	nd Tax ent	
Copy C for employee's Control number	Dept.	Corp.	Employer use only
0000012030 NL7		BQP1	E S 11035
Employer's name, a ABBVIE INC 1 N WAUKEGA NORTH CHICA	N RD		ode
e/f Employee's name, RAGHAVA DA 10424 SPADE D LOMA LINDA, C	NWAD R	A	code
Employer's FED ID	number	a Emplo	yee's SSA number
32-037514 Wages, tips, other co	17		XXX-XX-1641 al income tax withheld
Social security wage	s	4 Social	security tax withheld
Medicare wages and	tips	6 Medic	are tax withheld
Social security tips		8 Alloca	ited tips
			endent care benefits
11 Nonqualified plans		DDI	nstructions for box 12 6570.41
14 Other		12b 12c	<u> </u>
		12d 13 Statem	p Ret. plan 3rd party sick pa
5 State Employer's s	tate ID no		wages, tips, etc.
	rate ID IIO		Make their the same
17 State income tax		IR Foca	l wages, tips, etc.
19 Local income tax		20 Loca	lity name
Social security wage Medicare wages and	tips	6 Medic	are tax withheld
d Control number 0000012030 NL7	Dept.	Corp.	Employer use only E S 11035
c Employer's name, a ABBVIE INC 1 N WAUKEGA NORTH CHICA	AN RD AGO, IL	60064	
b Employer's FED ID 32-037514 7 Social security tips	number 17	a Emplo	oyee's SSA number XXX-XX-1641 ated tips
			endent care benefits
Nonqualified plans			instructions for box 12
14 Other		DD 12b	6570.41
		12c	
		12d	
		13 Stat em	p. Ret plan 3rd party sick pay
e/f Employee's name, RAGHAVA DA 10424 SPADE D LOMA LINDA, C	NWAD R	A	L Code
15 State Employer's s	state ID no	. 16 State	e wages, tips, etc.
17 State income tax		18 Loca	ıl wages, tips, etc.
19 Local income tax	Accessor 19	20 Loca	ality name
W-2 Federa W Copy B to be filed with	lage ar Staten	nd Tax	2022

Employee Reference Copy

ADDITIONAL W-2 FOR BOX 12 OR 14 OVERPLOW

Social Security Number: XXX-XX-1641

RAGHAVA DANWADA 10424 SPADE DR LOMA LINDA, CA 92354

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PAGE 2 OF 3

2022 W-2 and EARNINGS SUMMARY CA. State Reference Copy This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that Wage and Tax you may also find helpful. The following reflects your final pay stub, plus Statement opy 2 to be filed with employee's State Income Tax Return. any adjustments made by your employer. GROSS PAY 179,888.50 Control number Corp. Employer use only SOCIAL SECURITY 9,114.00 TAX WITHHELD 0000012030 NL7 BQP1 E S 11036 BOX 04 OF W-2 Employer's name, address, and ZIP code FED. INCOME 33,953.58 MEDICARE TAX 2,546.62 ABBVIE INC TAX WITHHELD WITHHELD 1 N WAUKEGAN RD BOX 02 OF W-2 BOX 06 OF W-2 NORTH CHICAGO, IL 60064 SUI/SDI STATE INCOME TAX 10,706.37 0.00 BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX 0.00 BOX 19 OF W-2 e/f Employee's name, address, and ZIP code RAGHAVA DANWADA 10424 SPADE DR LOMA LINDA, CA 92354 b Employer's FED ID number a Employee's SSA number XXX-XX-1641 2 Federal income tax withheld 32-0375147 Wages, tips, other comp 173193.97 33953.58 3 Social security wages 4 Social security tax withheld 147000.00 9114.00 5 Medicare wages and tips 6 Medicare tax withheld 175629.13 2546.62 To change your employee W-4 profile information 7 Social security tips 8 Allocated tips file a new W-4 with your payroll department 10 Dependent care benefits 9 11 Nonqualified plans 12a See instructions for box 12 Social Security Number: XXX-XX-1641 RAGHAVA DANWADA 14 Other 12b 10424 SPADE DR 12d | 13 Stat emp. | Ret. plan | 3rd party sick party LOMA LINDA, CA 92354 15 State Employer's state ID no. 16 State wages, tips, etc. 014-7855 CA 74725.19 17 State income tax 18 Local wages, tips, etc. 5754.22 19 Local income tax 20 Locality name © 2022 ADP, Inc. PAGE 3 OF 3 Fold and Detach Here 2 Federal income tax withheld Wages, tips, other comp 2 Federal income tax withheld Wages, tips, other comp. Wages, tips, other comp. 173193.97 33953.58 173193.97 33953.58 173193.97 33953.58 3 Social security wages 4 Social security tax withheld 4 Social security tax withheld 3 Social security wages 3 Social security wages 147000.00 9114.00 147000.00 9114.00 147000.00 9114.00 withheld wages and tips 175629.13 6 Medicare ta: wages and tips 175629.13 vages and tips 175629.13 2546.62 2546.62 2546.62 Control number Corp. Employer use only d Control number Corp. BQP1 0000012030 NL7 E S 11036 0000012030 NL7 BQP1 E S 11036 c Employer's name, address, and ZIP code c Employer's name, address, and ZIP code **ABBVIE INC ABBVIE INC** 1 N WAUKEGAN RD 1 N WAUKEGAN RD NORTH CHICAGO, IL 60064 NORTH CHICAGO, IL 60064 a Employee's SSA numbe XXX-XX-1641 Employer's FED ID number 32-0375147 Allocated tips Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12c

12d 13 Stat emp. Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code

RAGHAVA DANWADA 10424 SPADE DR LOMA LINDA, CA 92354

15 State CA	Employer's state ID no. 014-7855 1	16	State wages, tips, etc. 74725.19
17 State	5754.22		Local wages, tips, etc.
19 Local	income tax	20	Locality name

CA. State Filing Copy
Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return.

d Control number	Dept.	Corp.	Emplo	yer use only
0000012030 NL7		BQP1	ES	11036
c Employer's name, a ABBVIE INC 1 N WAUKEGA NORTH CHICA	N RD		ode	
b Employer's FED ID 32-037514	number 17			SA number XX-1641
7 Social security tips		8 Alloca	ted tips	
9		10 Depe	endent ca	re benefits
11 Nonqualified plans		12a		
14 Other		12b		
		12c		
		12d	To the second	
		13 Stat em	p. Ret. plan X	3rd party sick pa
e/f Employee's name,	address		code	

RAGHAVA DANWADA 10424 SPADE DR LOMA LINDA, CA 92354

16 State wages, tips, etc. 100043.79	1
18 Local wages, tips, etc.	-
20 Locality name	Į.
	18 Local wages, tips, etc.

State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. 2 Federal income tax withheld 4 Social security tax withheld Employer use only

b Employer's FED ID number 32-0375147	a Employee's SSA number XXX-XX-1641 8 Allocated tips		
7 Social security tips			
0	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 RAGHAVA DANWADA

10424 SPADE DR LOMA LINDA, CA 92354

15 State	Employer's state ID no. 32-0375147 000 8	16	State wages, tips, etc. 100043.79
17 State	income tax 4952.15	18	Local wages, tips, etc.
19 Local	income tax	20	Locality name

State Filing Copy Wage and Tax Statement