### 2022 W-2 and EARNINGS SUMMARY

**Employee** Reference Copy Wage and Tax Statement Copy C for employee's record Control number Corp.

Employer use only

Employer's name, address, and ZIP code BARCLAYS SERVICES

CORPORATION BARCLAYS
745 SEVENTH AVE 18TH FLR
NEW YORK NY 10019 Batch #01941

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

SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823

b	•	yer's FED ID number 13-3714398	а	Er		ee's SS (XX-X)			
1	Wage	s, tips, other comp.	2	Fe	deral	income	tax '	with	held
		139903.12					260	069	.72
3	Social	security wages	4	Sc	ocial	security	tax v	withl	held
		146630.64					90	<b>)91</b>	.10
5	Medic	are wages and tips	6	Me	edica	re tax wi	thhe	ld	
		146630.64					2	126	.14
7	Social	security tips	8	ΑI	locate	ed tips			
9			10	De	pend	ent care	ben	efits	
11	Nonqu	alified plans	12	12a See instructions for box 12					
		-		_	<u>C</u>			<u>8.5</u>	
14	Other		12 12		Ü,		<u>672</u>	_	
		169.15 UI/WF/SWF		_	W			00.0	
		208.67 FLI 08672198 DLPP#				Ret. plan	941		
		08672198 DIPP#	13	Sia	at emp	X X	δια μ	arty	sick pay
15	State	Employer's state ID n	<b>o.</b> 16	St	ate w	ages, tip	s, et	c.	
1	٧J	133714398/000				1	424	401	.12
17	State	ncome tax	18	Lo	cal w	ages, tip	s, e	tc.	
		7607.80							
19 Local income tax			20	20 Locality name					
			- [						

139903.12 26069.72 Social security wages 146630.64 Social security tax withheld 9091.10 Medicare wages and tips 146630.64 Medicare tax withheld 2126.14 d Control number Employer use only 007636 CLI2/BD9 Employer's name, address, and ZIP code

BARCLAYS SERVICES CORPORATION BARCLAYS 745 SEVENTH AVE 18TH FLR NEW YORK NY 10019

a Employee's SSA number XXX-XX-2769  8 Allocated tips				
8 Allocated tips				
10 Dependent care benefits				
12a See instructions for box 12 C 78.56				
<sup>12b</sup> D 6727.52				
<sup>12c</sup> W 500.00				
<sup>12d</sup> AA 9418.48				
13 Stat emp. Ret. plan 3rd party sick pay				

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

SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823

15 State Employer's state ID no. 133714398/000	16 State wages, tips, etc. 142401.12				
17 State income tax	18 Local wages, tips, etc.				
7607.80					
19 Local income tax	20 Locality name				
Federal Fil	ing Copy				

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Retu 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	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	148,550.08	148,550.08	148,550.08	148,550.08
Plus GTL (C-Box 12)	78.56	78.56	78.56	78.56
Less 401(k) (D-Box 12)	6,727.52	N/A	N/A	6,727.52
Less Other Cafe 125	1,998.00	1,998.00	1,998.00	N/A
Plus ER PAID HSA (W-Box 12) Reported W-2 Wages	N/A <b>139,903.12</b>	N/A <b>146,630.64</b>	N/A <b>146,630.64</b>	500.00 <b>142,401.12</b>

2. Employee Name and Address.

## SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823

2 Federal income tax withheld

n© 2022 ADP, Inc.

Wages, tips, other comp.

1399	03.12	26069.72						
3 Social security wa 1466	ges 30.64	4 Social security tax withheld 9091.10						
5 Medicare wages at 1466	nd tips 30.64	6 Medicare tax withheld 2126.14						
d Control number	Dept.	Corp. Employer use of						
007636 CLI2/BD9			Α					
007636 CLI2/BD9 A  c Employer's name, address, and ZIP code  BARCLAYS SERVICES  CORPORATION  BARCLAYS  745 SEVENTH AVE 18TH FLR  NEW YORK NY 10019								

b	Employer's FED ID number 13-3714398	аЕ	a Employee's SSA number XXX-XX-2769			
7	Social security tips	8 A	8 Allocated tips			
9		10 Dependent care benefits				
11	Nonqualified plans	<b>12</b> a	С	78.56		
14	Other	12b	D	6727.52		
	169.15 UI/WF/SWF	12c	W	500.00		
	208.67 FLI	12d	AΑ	9418.48		
	08672198 DIPP#	<b>13</b> S	tat er	np. Ret. plan 3rd party sick pay		

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

SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823

15 State	Employe 133714	r's state II 398/000	D no.	16	State w	ages, tips,	etc. 2401.12
17 State income tax				18	Local v	vages, tips,	etc.
7607.80							
19 Local	l income t	ax		20 Locality name			
	NJ.S	State	Ref	ere	ence	Сору	
\ <b>\</b> \_	2	Wage	an	ıd	Tax	201	22
	e filed with	Statem employee's		Inco	ome Tax	OMB No. Return.	1545-0008

1	Wages, tips, other of 1399	omp. 03.12	2 Federal income tax withhouse 26069.7				
3	Social security wag	es 30.64	4 Social security tax withheld 9091.10				
5	5 Medicare wages and tips 146630.64			6 Medicare tax withheld 2126.14			
d	Control number	Dept.		Corp.	Employer use only		
00	007636 CLI2/BD9				Α		
С	c Employer's name, address, and ZIP code						

**BARCLAYS SERVICES** CORPORATION BARCLAYS 745 SEVENTH AVE 18TH FLR NEW YORK NY 10019

b	Employer's FED ID number 13-3714398	аЕ	mple	oyee's SSA number XXX-XX-2769			
7	Social security tips	8 A	8 Allocated tips				
9		10 Dependent care benefits					
11	Nonqualified plans	12a	С			78.5	6
14	Other	12b	D		(	3727.5	2
	169.15 UI/WF/SWF		W	l		500.0	00
	208.67 FLI	12d	AΑ	Ī		9418.4	18
	08672198 DI PP#	13 8	Stat er	mp.	Ret. plan	3rd party	sick pay

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

SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823

15 State NJ	Employer's state ID no 133714398/000	16	State wages, tips, etc. 142401.12
17 State	income tax	18	Local wages, tips, etc.
	7607.80		
19 Local	income tax	20	Locality name
	NJ.State Filir	ng	Сору

Wage and Tax

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

Employee	Refe	erence	Сору
VV-∠ ;	Stateme	nd Tax nt	<b>2022</b> OMB No. 1545-0008
Copy C for employee's record Control number	ds. Dept.	Corp.	Employer use only
07636 CLI2/BD9			Α
Employer's name, a	,		

CORPORATION BARCLAYS
745 SEVENTH AVE 18TH FLR
NEW YORK NY 10019
Resect #01 Batch #01941

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

SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823

Social security wages

b	•	13-371		а	Empl		ee's SS. XX-X)		
1	Wage	s, tips, oth	ner comp.	2	Feder	al	income	tax witl	hheld
3	Socia	l security	wages	4	Socia	ıl s	ecurity	tax with	nheld
5	Medic	are wages	and tips	6 Medicare tax withheld					
7	Social	l security t	ips	8 Allocated tips					
9				10	Depe	nd	ent care	benefi	ts
11	Nonqu	ualified pla	ins	12	See in		uctions fo	r box 12 <b>8046.</b>	00
14	Other			12					
	01			12	•				
				12		_			
							Ret nlan	Brd party	
				13	Stat en	np.	X	oru party	sick pay
		Employer	r's state ID no	<u> </u>		Ĺ	<u> X</u>		sick pay
1	۱J		398/000	). 16	State	wa	<u> X</u>	s, etc.	sick pay
<b>1</b> 7	NJ State	133714	398/000	). 16	State Local	w	X ages, tip	s, etc.	r sick pay

Federal income tax withheld

### ADDITIONAL W-2 FOR BOX 12 OR BOX 14 OVERFLOW

# SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823

¤© 2022 ADP, Inc.

wedicare wages and tips		6 Medicare tax withheid					
d Control number	Dept.	Corp.	Emplo	yer use only			
007636 CLI2/BD9			Α				
c Employer's name, address, and ZIP code BARCLAYS SERVICES CORPORATION BARCLAYS 745 SEVENTH AVE 18TH FLR NEW YORK NY 10019							
b Employer's FED ID 1		a Emplo					
7 Social security tips	7 Social security tips			XXX-XX-2769 8 Allocated tips			
9		10 Dependent care benefits					
11 Nonqualified plans	12a See instructions for box 12 DD 8046.00						
14 Other		12b 12c 12d 13 Stat emp	.Ret. plan	3rd party sick pay			
e/f Employee's name, address and ZIP code SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ 08823							
NJ 133714398	/000						
17 State income tax		18 Local wages, tips, etc.					
19 Local income tax	20 Locality name						
Federa		-	ру				
MA O W	age ar	nd Tax	20	122			

Statement

Copy B to be filed with employee's Federal Income Tax Return

1 Wages, tips, other comp.	2 Federal income tax withheld	1 Wages, tips, other comp.	2 Federal inco	
3 Social security wages	4 Social security tax withheld	3 Social security wages	4 Social secur	
5 Medicare wages and tips	6 Medicare tax withheld	5 Medicare wages and tips	6 Medicare tax	
d Control number Dept	. Corp. Employer use only	d Control number Dept.	Corp. Em	
007636 CLI2/BD9	A	007636 CLI2/BD9	A	
c Employer's name, address	, and ZIP code	c Employer's name, address, an	nd ZIP code	
BARCLAYS S CORPORATIO BARCLAYS 745 SEVENTH NEW YORK N	N AVE 18TH FLR	BARCLAYS SER CORPORATION BARCLAYS 745 SEVENTH A NEW YORK NY	VE 18TH	
b Employer's FED ID numbe 13-3714398	a Employee's SSA number	b Employer's FED ID number 13-3714398	a Employee's	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tip	
9	10 Dependent care benefits	9	10 Dependent	
11 Nonqualified plans	12a DD 8046.00		DD <sub> </sub>	
14 Other	12b	14 Other	12b	
	12c	7	12c	
	12d	7	12d	
	13 Stat emp. Ret. plan 3rd party sick pa	y	13 Stat emp. Ret.	
e/f Employee's name, address SATISH KAPALAVA 219 RACHAEL CT FRANKLIN PARK N	YI	e/f Employee's name, address an SATISH KAPALAVAYI 219 RACHAEL CT FRANKLIN PARK NJ		
15 State Employer's state ID 133714398/000	no. 16 State wages, tips, etc.	15 State Employer's state ID no. NJ 133714398/000	16 State wages	
17 State income tax	18 Local wages, tips, etc.	17 State income tax	18 Local wages	
19 Local income tax	20 Locality name	19 Local income tax	20 Locality nan	
NJ.State F Wage Stateme Copy 2 to be filed with employee's S	Reference Copy and Tax 2022 nt OMB No. 1545-0008 ate Income Tax Refurn.	NJ.State Fillin W-2 Wage an Statemer Copy 2 to be filed with employee's State	d Tax 2	
COP, 2 to be med with employees o	ac notine tax notani.			

1	. 3 , . , . ,		2 Federal income tax withheld			
3	,		4 Social security tax withheld			
5 Medicare wages and tips		6 Medicare tax withheld				
d	Control number	Dept.	Corp.	Emplo	yer use only	
007	7636 CLI2/BD9			Α		
С	Employer's name, a	ddress, a	nd ZIP c	ode		
BARCLAYS SERVICES CORPORATION BARCLAYS 745 SEVENTH AVE 18TH FLR NEW YORK NY 10019						
b	Employer's FED ID 13-371439		a Emp		A number X-2769	
7	Social security tips	-	8 Allo	cated tips		
9			10 Dep	endent car	e benefits	
11	Nonqualified plans		12a DE	ρ <sub> </sub>	8046.00	
	Nonqualified plans Other		12b	) 	8046.00	
			DE	)   	8046.00	
			12b	)   	8046.00	
14	Other		12b 12c 12d 13 State	emp. Ret. pla	8046.00	
e/f S/ 21		AVAY CT	12b 12c 12d 13 State	emp. Ret. pla		
e/f S/ 21 FF	Employee's name, a ATISH KAPAL 9 RACHAEL RANKLIN PAR State Employer's s J 133714398	AVAY CT RK NJ	12b 12c 12d 13 State and ZIP coll	Ret. pla X ode	n 3rd party sick pay	
e/f S/ 21 FF	Employee's name, a ATISH KAPAL 9 RACHAEL RANKLIN PAR	AVAY CT RK NJ	12b 12c 12d 13 State and ZIP coll	emp. Ret. pla X ode	n 3rd party sick pay	
14 e/f S/A 21 FF	Employee's name, a ATISH KAPAL 9 RACHAEL RANKLIN PAR State Employer's s J 133714398	AVAY CT RK NJ	12b 12c 12d 13 State 14 O882	Ret. pla X ode	n 3rd party sick pay	
14 e/f S/A 21 FF	Employee's name, a ATISH KAPAL 19 RACHAEL RANKLIN PAR State Employer's s 1J 133714398 State income tax	AVAY CT RK NJ tate ID no.	12b 12c 12d 13 State 14 O882 16 State 18 Loc 20 Loc	Bernon Ret. plan X X X X X X X X X X X X X X X X X X X	n 3rd party sick pay	

#### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of vour tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You Box 12. The following list explains rite codes shown in Box 12. The may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Peferrals under code H are limited to \$7,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C-Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D-Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H-Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040

 $\mbox{\bf P-}\mbox{\bf Excludable}$  moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA - Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

**HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

### NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

### **IMPORTANT NOTE:**

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



### **Notice to Employee**

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.