| FORM W-2 Wage and Tax Statement | | | | | Dept. of the Treasury - Internal Revenue Service | | | | |
|---|--|--|---|------------|---|---|-------------------|--|--|
| | EMPLOYEE'S RECC | | | copy 2 | required to file a tax ret | This information is being furnished to the Internal Revenue Service. If you ar 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. | | | |
| Thes If you v | e substitute W-2 Wages an worked in multiple locations | nd Tax Stateme s, or had severa | nts are acceptable fo I forms of special com | r filing w | ith your Federal, State and Loca on, you may receive more than c | I Income Tax Retu one of these docu | urns. ments. | | |
| by perforati returns; the instructions explanation on the other REISSUED | of your W-2 are on th cons. The white copie a blue copy is for yo for these forms, in of the letter codes side of the page. | s are for yo our records. cluding an | our tax General | | | | | | |
| D. CONTROL NUMBER | This information is being furnished to the Internal Revenue Service | | OMB NO. 1545-0008 | 1 WAGE | s, TIPS, OTHER COMPENSATION 139285.85 | 2 FEDERAL INCO | 10885.16 | | |
| B. EMPLOYER IDENTIFICAT | | | DCIAL SECURITY NUMBER | 3 SOCIA | L SECURITY WAGES | 4 SOCIAL SECUR | RITY TAX WITHHELD | | |
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| REINALT-THOMAS | CORPORATION & | | | 5 WEDR | 148205.84 | 0 MEDIOARE TA | 2148.98 | | |
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| | e and initial last name YANA VEMURI | • • • • • • • • • • • • • • • • • • • | SUFF. | 11 NON0 | QUALIFIED PLANS | ^{12 a-d} D | 8919.99 | | |
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| F. EMPLOYEE'S ADDRESS | | | | | | | | | |
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| D. CONTROL NUMBER | This information is being to the Internal Revenue S | | OMB NO. 1545-0008 | | 1 WAGES , TIPS, OTHER COMPENSATION | | | 2 FEDERAL INCOME TAX WITHHELD | | |
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| C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE | | | | | | 5 MEDICARE WAGES AND TIPS | | | 6 MEDICARE TAX WITHHELD | |
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| E. EMPLOYEE'S FIRST NAME AND | INITIAL LAST NAM | | SUFF. | 11 NONQUA | LIFIED PLANS | | ^{12 a-d} D | 8919.99 | | |
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| F. EMPLOYEE'S ADDRESS AND Z | IRCORE | | | | | | | 13 Statutory Employee | Plan X Third-Party Sick pay | |
| 15 STATE EMPLOYER'S STAT | | 16 STATE WAGES, 1 | IPS ETC | 17 STATE INCOME 1 | AX | 18 LOCAL WAGES, TIPS, ETC. | 191 OCAL | INCOME TAX | 20 LOCALITY NAME | |
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| D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service | | furnished | | | 1 WAGES, | TIPS, OTHER COMPENSATION | | 2 FEDERAL INC | COME TAX WITHHELD | |
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| C. EMPLOYER'S NAME, ADDR | ESS AND ZIP CODE | | | | 5 MEDICARE WAGES AND TIPS | | | 6 MEDICARE TAX WITHHELD | | |
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| E. EMPLOYEE'S FIRST NAME AND | | - | | SUFF. | 11 NONQUA | LIFIED PLANS | | ^{12 a-d} D | 8919.99 | |
| SURYA NARAYA | | | | | | | | DD | 21603.40 | |
| 3505 E PIKE ST | | | | | | | | | | |
| PHOENIX, AZ 85050 | | | | | | | | | | |
| | | | | | | | | 13 Statutory | Retirement Third-Party | |
| F. EMPLOYEE'S ADDRESS AND ZIPCODE | | | | | | | | Employee | Plan X Third-Party Sick pay | |
| 15 STATE EMPLOYER'S STAT | E I.D. NO. | 16 STATE WAGES, T | IPS,ETC. | 17 STATE INCOME T | AX | 18 LOCAL WAGES, TIPS, ETC. | 19 LOCAL | INCOME TAX | 20 LOCALITY NAME | |
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| Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2022 | | | | | | | | | | |

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FORM W-2 Wage and Tax Statement

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FOLD AND TEAR ALONG PERFORATION D. CONTROL NUMBER This information is being furnished to the Internal Revenue Service PENSATION TAX WITHHELD R CON OMB NO. 1545-0008 139285.85 10885.16 EMPLOYER IDENTIFICATION N A. EMPLOYEE'S OCIAL SECURITY NUMBER 38-1889682 XXX-XX-1642 147000.00 9114.00 WITHHELD EMPLOYER'S NAME, ADDRESS AND ZIP CODE REINALT-THOMAS CORPORATION & 148205.84 2148.98 20225 N SCOTTSDALE ROAD SCOTTSDALE, AZ 85255 ALLOCATED DEPENDANT CARE BENEFITS REISSUED STATEMENT EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF 11 NONQUALIFIED PLANS ^{12 a-d} D 8919.99 SURYA NARAYANA VEMURI 3505 E PIKE ST PHOENIX, AZ 85050 DD 21603.40 14 OTHE Retirement Third-Party Plan X Sick pay 13 Statutory Employee F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO. 16 STATE WAGES, TIPS, ETC. 18 LOCAL WAGES, TIPS, ETC. 20 LOCALITY NAME 17 STATE INCOME TAX 9 LOCAL INCOME TAX

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

AZ 0381889682

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Visit www.irs.gov for e-file details.

Dept. of the Treasury - Internal Revenue Service

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20225 N SCOTTSDALE ROA SCOTTSDALE, AZ 85255

PRESORTED 1st CLASS **U.S POSTAGE** PAID Ceridian Corporation

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IMPORTANT TAX DOCUMENT ENCLOSED

SURYA NARAYANA VEMURI 3505 E PIKE ST PHOENIX, AZ 85050

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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.gow/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 form 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 also be able to claim a refund on Form 843. See the Instructions for Form 843.

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 your

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 your 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 1.4% Medicare Tax withheld on all Medicare tax on any of those 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 includes the 1.4% Medicare Tax withheld on all 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 becala security and Medicare tax be allocated tip. Beform 4137 to figure the social security and Medicare tax owed on tips you dight report to your employer. Enter this amount of the wages line of your tax return. Social security and Medicare tax owed on tips you dight report to your employer. Enter this amount on the wages line of your tax return. By tilling Form 4137, your social security and Medicare tax owed on tips you urcerely to your social security and Medicare tax owed on tips you dight report to your employer plant into site.
 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 (cafetria) plan). Any amount over your employer's plan limit is also included in box 1.3 ee Form 2441.
 Box 11. This amount is (a) reported in box 1 if it is a distribution made to your fram onoqualified or section 457(b) plant to the defered amount. This box shouldn't be used if you had a

alendar year, your elimpsoys with the Social Security Administration of Special Wage Payments, with the Social Security Administration of Special Wage Payments, with the Social Security Administration of the Special Wage Payments, with the Social Security Administration of the Special Wage Payments, the special speci

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 elective deferrals. For code G, the limit on elective deferrals in the use of the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall 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 deferrals, consider these amounts is revices of the overall elective defaults, consider these amounts for the year shown, not the current year.
 Ar Uncollected social security or RFTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
 B-Uncollected social security or RFTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
 C-Taable cost of group-term tife 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 section 403(b) salary reduction SEP
 G-Elective deferrals under a section 403(b) salary reduction SEP
 G-Elective deferrals under a section 403(b) salary reduction SEP
 G-Elective deferrals under a section 403(b) salary reduction for the section 401(c)(118(b) instructions.
 H-Detolected social escurity or NFTA tax on taxable cost of group-term tip insurance over \$50,000 (former employees only, not included in box 1, 3, or 5)
 K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.
 L-Nontaxable sick pay (information only, not included in box 1, 3, or 5)
 M-Donolected social security or RFTA tax on taxab

instructions. N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) O-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 slock 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 near

Beclinit and a section 122 (clastering plant) by your results savings account. Report on Form 8899, Health Savings Accounts (HSAs).
 Y-Deferrals under a nonqualified deferred compensation plan.
 Z-income under a 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 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 at ax-exempt organization section 457(b) plan.
 FF-Permitted benefits under a qualified small employer health reimbursement.
 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 "Hetirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub.
 Sto-A. Contributions use this box to report information such as state disability insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilifies.
 Rot Ta. Employers use this box to report railcoad retimement (RTA) compensation.
 Note: Keep Copy C of the you begin receiving social security benefits, keep Copy C on trailcoad retivenent (RTA) compensation.
 Note: Keep Copy C of the Quest on about your work record and/or earnings in a particular year.