

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
OMB No. 1545-0048

Copy C for employee's records

d Control number	Dept	Corp.	Employer use only
084508 CHIC/B6S	002000		A 1139

c Employer's name, address, and ZIP code  
**AMDOCS INC**  
**625 MARYVILLE CENTRE DR**  
**ST LOUIS MO 63141**

Batch #03326

e/f Employee's name, address, and ZIP code  
**ARUN MOHAN KONDA**  
**23060 HALSTED ROAD**  
**APT 117**  
**FARMINGTON HILLS MI 48335**

b Employer's FED ID number	a Employee's SSA number
43-1339487	XXX-XX-9067

1 Wages, tips, other comp.	2 Federal income tax withheld
31264.87	5178.72

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
	C   28.60

14 Other	12b DD   4506.00
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
MI	43-1339487	31264.87

17 State income tax	18 Local wages, tips, etc.
1327.55	

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	MI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	32,125.02	32,125.02	32,125.02	32,125.02
Plus GTL (C-Box 12)	28.60	28.60	28.60	28.60
Less Other Cafe 125	888.75	888.75	888.75	888.75
Less Exempt Wages	N/A	31,264.87	31,264.87	N/A
<b>Reported W-2 Wages</b>	<b>31,264.87</b>	<b>0.00</b>	<b>0.00</b>	<b>31,264.87</b>

2. Employee Name and Address.

**ARUN MOHAN KONDA**  
**23060 HALSTED ROAD**  
**APT 117**  
**FARMINGTON HILLS MI 48335**

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Fold and Detach Here

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**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
 Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld
31264.87	5178.72

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084508 CHIC/B6S	002000		A 1139

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**AMDOCS INC**  
**625 MARYVILLE CENTRE DR**  
**ST LOUIS MO 63141**

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MI	43-1339487	31264.87

17 State income tax	18 Local wages, tips, etc.
1327.55	

19 Local income tax	20 Locality name

**MI. State Reference Copy**  
**W-2 Wage and Tax Statement 2022**  
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	2 Federal income tax withheld
31264.87	5178.72

3 Social security wages	4 Social security tax withheld

5 Medicare wages and tips	6 Medicare tax withheld

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084508 CHIC/B6S	002000		A 1139

c Employer's name, address, and ZIP code  
**AMDOCS INC**  
**625 MARYVILLE CENTRE DR**  
**ST LOUIS MO 63141**

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43-1339487	XXX-XX-9067

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MI	43-1339487	31264.87

17 State income tax	18 Local wages, tips, etc.
1327.55	

19 Local income tax	20 Locality name

**MI. State Filing Copy**  
**W-2 Wage and Tax Statement 2022**  
 Copy 2 to be filed with employee's State Income Tax Return.

AMDOCS INC  
625 MARYVILLE CENTRE DR 200  
ST LOUIS, MO 63141



\*APOPNA95CP00000013685A421A032\*

041169 RO9MSS01 APO 8888 9AA86 000001438  
ARUN MOHAN KONDA  
23060 HALSTED ROAD  
APT 117  
FARMINGTON HILLS, MI 48335

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2022**

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) <b>ARUN MOHAN KONDA</b>		2 Social security number (SSN) <b>XXX-XX-9067</b>		7 Name of employer <b>AMDOCS INC</b>				8 Employer identification number (EIN) <b>43-1339487</b>					
3 Street address (including apartment no.) <b>23060 HALSTED ROAD</b>				9 Street address (including room or suite no.) <b>625 MARYVILLE CENTRE DR 200</b>				10 Contact telephone number <b>314-212-8376</b>					
4 City or town <b>FARMINGTON HILLS</b>		5 State or province <b>MI</b>		6 Country and ZIP or foreign postal code <b>USA 48335</b>		11 City or town <b>ST LOUIS</b>		12 State or province <b>MO</b>		13 Country and ZIP or foreign postal code <b>USA 63141</b>			
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): <b>01</b>					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 102.00	\$ 102.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	2C
17 ZIP Code													

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	ARUN MOHAN KONDA	XXX-XX-9067		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	SUSHMA GILUKAR		08/10/1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1095-C (2022)