								Federal Box	1	Soc. Sec. Box 3 &	7 Medicare Box 5	
							es ts	102257	7.74 2.00	102257. 292.		
required to file a tax return, a negligence penalty or other sanction may be						Group Term Adoption	Life	212.1		212.	16 212.16	
imposed on you if this income is taxable and you fail to report it.						Deferred Comp (10298.2			.29)			
Form W-2 Wage						Section 125	;	(1093	.50)	(1093.5	0) (1093.50)	
Copy C—For EMP	LOYEE'S RECORI	OS				Other Preta	x/Wage Limit	(3180	.00)	(3180.0	0) (3180.00)	
						W-2 Wages		88190	0.11	98488.	98488.40	
D. CONTROL NUMBER				OMB NO. 15		1. WAGES, TIPS, OTHER COMPENSATION			2. FEE	2. FEDERAL INCOME TAX WITHHELD		
000313982801		2022			88190.11				13944.78			
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES			4. SO	4. SOCIAL SECURITY TAX WITHHELD				
36-2711213		006-95-6510				98488.40 5. MEDICARE WAGES AND TIPS				6106.28		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE				5. MEDICARE		88.40	6. ME	DICARE TAX WIT	1428.08	
Arup US Inc 77 Water Street						7 00000 050		66.40	0.411	OCATED TIPS	1420.00	
New York NY 10005						7. SOCIAL SEC	URITY TIPS		8. ALI	OCATED TIPS		
						9.			10. DF	PENDENT CARE E	ENFEITS	
E. EMPLOYEE'S FIRST NAI	ME AND INITIAL	LAST NA	ME		SUFF.	11. NONQUAL	IFIED PLANS		12.a-d	See instructions fo	r box 12 212.16	
Nairiti		Singh								D	10298.29	
80 Descanso Dr Apt 1117						14. OTHER CA	SDI	1094.79		W	1312.50	
Apt 1117 San Jose CA 95134										DD	9137.25	
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									ATUTORY RETIF	EMENT X THIRD-PARTY SICK PAY		
	S STATE ID NUMBER	16. STATE WAGE			STATE INCOME T		18. LOCAL WAGES	, TIPS, ETC. 1	9. LOCAL	INCOME TAX	20. LOCALITY NAME	
CA 141-0229	9-7		89440	.11		5306.43						

D. CONTROL NUMBER 000313982801			2022	OMB NO. 1545-0008	1. WAGES, TI	PS, OTHER COMPEN 881	ISATION 90.11	2. FEDERAL INCOME TA	XX WITHHELD 13944.78		
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYEE'S SOCIAL SECURITY NUMBER				3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD			
36-2711213 006-95-6510					98488.40				6106.28		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE						5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Arup US Inc						98488.40			1428.08		
77 Water Street New York NY 10005						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS		
					9.			10. DEPENDENT CARE	BENEFITS		
E. EMPLOYEE'S FIRST NA	ME AND INITIAL	LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d			
Nairiti		Singh						C	212.16		
80 Descanso Dr					14. OTHER CA SDI 1094.79			D 9 W	10298.29 1312.50		
Apt 1117								DD	9137.25		
San Jose CA 95134											
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE								13. STATUTORY RETI			
15. STATE EMPLOYE	STATE ID NUMBER	16. STATE WAG	ES, TIPS, ET	TC. 17. STATE INCOME	TAX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
CA 141-022	9-7		89440	.11	5306.43						

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER		0	MB NO. 1545-0008	1. WAGES, T	IPS, OTHER COMPENS		2. FEDERAL INCOME T		
000313982801		2022	NVID IVO. 1343-0008		8819	0.11		13944.78	
B. EMPLOYER IDENTIFICATION NUI	ITY NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY 1	4. SOCIAL SECURITY TAX WITHHELD			
36-2711213 006-95-6510					98488.40			6106.28	
C. EMPLOYER'S NAME, ADDRESS,	AND ZIP CODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WI	6. MEDICARE TAX WITHHELD	
Arup US Inc					9848	8.40		1428.08	
77 Water Street New York NY 10005		7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS	8. ALLOCATED TIPS			
				9.			10. DEPENDENT CARE	BENEFITS	
E. EMPLOYEE'S FIRST NAME AND II	IITIAL LAST NA	AME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d		
Nairiti	Singh						С	212.16	
00 Danasana Da				14. OTHER CA	CDI	1004	D D	10298.29	
80 Descanso Dr Apt 1117					14. OTHER CA SDI 1094.79			1312.50	
San Jose CA 95134					DD	9137.25			
USA F. EMPLOYEE'S ADDRESS AND ZIP	CODE						13. STATUTORY RET PLA	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE	D NUMBER 16. STATE WAG	ES, TIPS, ETC.	17. STATE INCOME 1	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
CA 141-0229-7		89440.11	1	5306.43					

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2022

Department of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER	OM	B NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSA	ATION	2. FEDERAL INCOME TA	X WITHHELD
000313982801	2022	B NO. 1343-0008		88190.11		13944.78	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) A. EMPLOYE	NUMBER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
36-2711213 006-95-65	98488.40			6106.28			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE			5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT	HHELD
Arup US Inc				98488	3.40		1428.08
77 Water Street New York NY 10005			7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS	
			9.			10. DEPENDENT CARE I	BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAS	NAME	SUFF.	11. NONQUAL	IFIED PLANS		12.a-d See instructions fo	r box 12
Nairiti Sin	jh					C	212.16
80 Descanso Dr			14. OTHER CA	CDI	1094.79	D	10298.29
Apt 1117			I ii o i ii ci	SDI	1094.79	W	1312.50
San Jose CA 95134						DD	9137.25
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE					13. STATUTORY RETIR	REMENT X THIRD-PARTY SICK PAY	
15. STATE EMPLOYER'S STATE ID NUMBER 16. STATE W	AGES, TIPS, ETC.	17. STATE INCOME T	AX	18. LOCAL WAGES, 7	IPS, ETC. 1	9. LOCAL INCOME TAX	20. LOCALITY NAME
CA 141-0229-7	89440.11		5306.43				